UNIVERSITY OF CAPE COAST

COPING MECHANISMS, STRESS AND LIFE SATISFACTION OF PRIMARY CAREGIVERS OF CHILDREN LIVING WITH AUTISM SPECTRUM DISORDERS IN THE CAPE COAST METROPOLIS

BY

EMMANUEL YAW GYIMAH

2024

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EMMANUEL YAW GYIMAH

Thesis submitted to the Department of Education and Psychology of the Faculty of Educational Foundations, College of Education Studies, University of Cape Coast, in partial fulfilment of the requirements for the award of Master of Philosophy Degree in Special Education.

JANUARY 2024

DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature:.. Date:..........................

Name:……………………………………………………………………………..

Supervisors' Declaration

I hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

Supervisor's Signature:... Date:.................................

Name:……………………………………………………………………………..

ABSTRACT

The objective of the research was to investigate coping, stress and life satisfaction of primary caregivers of children living with autism spectrum disorders in Cape Coast Metropolis. The study was a qualitative phenomenological research study. The accessible population included all parents reporting to the Centre for Child Development Referral and Research (CCDR), University of Cape Coast and Aboom Special School, Cape Coast. A total of 12 participants (parents and caregivers) living with children with autism were purposively selected for the study. During the data gathering process, an interview guide that was self-designed was utilised. Semi-structured interviews were used in gathering data from participants. Responses were recorded, transcribed and analysed. Each research question was analysed using themes and categories from the data collected. Results on the parental stress revealed that participants were unable to control the important things in their lives and they were unable to control irritations in their life. Coping mechanisms participants often engaged in included looking for religious coping, reliance on family and personal strategies such as accepting their situation. It could be observed that although participants were stressed, they were satisfied with where they are in life right now. They are content with their lives and would not change many things. The study recommended that primary caregivers of children with autism should receive training on some strategies to manage their stress. Also, receiving assistance from government, NGOs and other well-meaning individuals could help reduce their stress levels.

ACKNOWLEDGEMENTS

I offer my deepest gratitude to my supervisor, Dr Edward Kofi Ntim of the University of Cape Coast, for his insightful comments, helpful ideas, and unwavering support, all of which contributed to the accomplishment of the goals set for this work.

Also, I express my gratitude to the Dean of Graduate Studies, Professor Sarah Darkwa, the Registrar of the School of Graduate Studies, Mr Eugene Hesse, the Hall Master of the Valco Trust Hall, Dr Samuel Essien-Baidoo, and Dr Regina Mawusi for their consistent words of encouragement and support. I would also like to express my gratitude to every family member for being very helpful in bringing me this far.

Furthermore, I appreciate Ebenezer Takyi-Wadieh's support throughout the thesis and would like to thank him for it. I also thank the Centre for Child Development Referral and Research (CCDR), University of Cape Coast and the Aboom Special School in Cape Coast, both of which were responsible for collecting the data used in the study. Throughout the entire data collection process, they were incredibly patient, cooperative, and encouraging, and I am very grateful to them. I owe an equal amount of gratitude to all my friends for the unceasing encouragement they provided, which kept me motivated to progress on this project.

DEDICATION

Dedicated to my parents, family and friends.

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CHAPTER ONE

INTRODUCTION

Studies have shown that one child out of every one hundred has some kind of the autism spectrum disorder (ASD) (World Health Organisation [WHO], 2022). The prevalence of stigmatising attitudes toward autism can create a number of challenges for families that have a member of their family who has been diagnosed with the disorder (Gona, Newton, Rimba, Mapenzi, Kihara, Vijver, & Abubakar, 2016). The stress of parenting has been linked to lower levels of well-being in both the mother and the father (Jennings & Dietz, 2007). Therefore, parents who report more daily parenting difficulties report lower levels of life satisfaction (Jennings & Dietz, 2007). Also, parents who experience more significant life events report lower levels of life satisfaction, as well as lower mood and greater emotional distress (Jennings & Dietz, 2007). As a consequence of this, it is of the foremost relevance to consider the effects of stress on life satisfaction of primary caregivers living with children with autism, in addition to the coping mechanisms that exist within the African culture that have been utilised to lessen the severity of the aforementioned effects.

Background to the Study

Autism Spectrum Disorder, more commonly referred to as ASD, is a neurological and developmental disease that affects how people learn, behave, communicate, and connect socially with other people (National Institute of Mental Health, 2022). Although autism can be diagnosed at any age, it is considered a "developmental disorder". This is because symptoms often appear within the first two years of a person's life. People with ASD frequently have difficulty communicating and interacting with others. Children with autism may also experience limited interests. In addition, they engage in repetitive behaviours, and symptoms that affect their ability to function in school, work, and other areas of life (Diagnostic and Statistical Manual of Mental Disorders (DSM-5). This is due to the fact that persons with ASD have difficulty understanding what other people are saying to them and how they are reacting to what they are saying (American Psychiatric Association [APA], 2013).

According to Bauman and Kemper (2005) and O'Reilly, Lewis, and Elsabbagh (2017), ASD is brought on by abnormal brain development and neuronal reorganisation in early childhood. According to Lord, Elsabbagh, Baird, and Veenstra-Vanderweele (2018), formerly unreliable subcategories (such as Asperger's disorder and pervasive developmental disorder not otherwise specified) are now merged under the single diagnosis of ASD. This is the case because ASD is now considered to be the most accurate classification of these conditions. In addition, the DSM-5 acknowledges unequivocally that ASD can coexist with other illnesses, such as genetic disorders (example is fragile X syndrome). It can also exist with mental problems (such as schizophrenia) (e.g., Attention-Deficit Hyperactivity Disorder [ADHD]). ASD can be identified by the delayed development of social skills, repetitive behaviours, and difficulties with speech and nonverbal communication (Ibrahimagic, Patkovic, Radic, & Hadzic, 2021).

There are three subtypes of ASD identified in literature. The initial category of autistic disorder is "classical" autism disorder. People who are diagnosed with "typical autism" have motor stereotypies and disruptive behaviours, in addition to not being able to communicate verbally and suffering from severe cognitive impairment (Caronna, Milunsky, & Tager-Flusberg, 2008). Intellectual disability is characterised by unique interests and occupations and delayed language development. It also includes reduced social and communication abilities, and a delay in language acquisition. People who are identified with Asperger's syndrome have a milder degree of autism than those who are autistic (Salifu & Mate-Kole, 2014). It is possible that these individuals have normal cognitive and language abilities, or it is possible that they have slight language problems; however, they typically have poor social skills. The third subtype of ASD is characterised by pervasive developmental condition. This is frequently referred to as atypical autism. Patients who have been given this diagnosis exhibit fewer and less severe signs of autism, and their primary challenges may revolve solely around difficulties with social skills and communication. Autism is characterised by cognitive abnormalities in addition to behavioural deficits in the individuals who have it.

In 2022, the World Health Organization (WHO) reported that autism affects approximately one in every one hundred children. A study conducted in Korea found the prevalence to be 2.64 percent (Kim, Leventhal, Koh, Fombonne, Laska, Lim, Cheon, Kim, Kim, Lee, & Song, 2011), a study conducted in New Jersey revealed the rate to be 2.93 percent (Baio, Wiggins, Christensen, Maenner, Daniels, Warren, Kurzius-Spencer, Zahorodny, Rosenberg, White, & Durkin, 2018), and a study conducted in South Carolina found the estimate to be 3.62 percent (Carpenter et al., 2017). In addition, Baio et al., (2018) posits that the Centre for Disease Control and Prevention (CDC) estimates a prevalence of (1.68%) among 8-year-old children residing in the United States.

A higher prevalence of ASD in Sub-Saharan Africa has been highlighted by numerous studies. A Tunisian study identified 51.2% of nonverbal ASD occurrences (Belhadj, Mrad, & Halayem, 2006). Similarly, a study of two North African countries, Tunisia and Egypt, indicated a significant prevalence of ASD among African children with developmental issues, with 11.5% and 33.6%, respectively, of these children having ASD (Seif Eldin, Habib, Noufal, Farrag, Bazaid, Al-Sharbati, Badr, Moussa, Essali, & Gaddour, 2008). The results of a study that was carried out in Nigeria by Bakare, Ebigbo, and Ubochi (2012) revealed that 11.4% of the forty children who were put through the diagnostic process were found to meet the criteria for autism in childhood. The ratio of males to girls was four to one. In another study conducted in Nigeria, Lagunju, Bella-Awusah, and Omigbodun (2014) discovered an autistic spectrum disorder in 54 out of 2320 patients, which corresponds to a prevalence estimate of 2.3%. In addition, it was found that parents initially recognised a change in their child's development at a mean age of 22.1 months, and they were diagnosed at a mean age of 44.7 months. Approximately 75% of people identified with ASD also exhibited concurrent neurological abnormalities, according to estimates (Lagunju, et al., 2014).

Studies undertaken in other African nations have demonstrated the presence of ASD throughout Africa. However, the prevalence of autism in Ghana is unknown. In Uganda, 68 children were diagnosed with one or more moderate to severe neurodevelopmental disorders. These disorders included, cerebral palsy, and epilepsy including eight children with ASD (Kakooza-Mwesige, Andrews, Peterson, Mangen, Eliasson, & Forssberg, 2017). Also, conditions that were part of this diagnosis included cognitive, speech and language, hearing, or vision impairment, (Kakooza-Mwesige et al., 2014). Regarding the findings of these investigations, the prevalence of ASD in sub-Saharan African nations is relatively high. According to Chambers, Wetherby, Stronach, Njongwe, Kauchali, and Grinker, (2017), ten out of every twenty-six children in South Africa are diagnosed with an autistic spectrum condition (ASD). In more recent research, Pillay, Duncan, and de Vries, (2021) stated that out of a total population of 1,154,353 school-aged children in the Western Cape Province of South Africa, 940 children with an ASD diagnosis were detected, which corresponds to a rate of 0.08%. This rate is based on the fact that the number of children with ASD was discovered among school-aged youngsters. The ratio of males to females was 5.50 to 1, indicating that more males than females are affected by ASD.

ASD poses a huge financial burden on affected children, their families, and society as a whole. In addition, these children are significantly influenced by a number of outcomes that are associated with ASD. Negative outcomes have been linked to having more than one mental health condition (Gordon-Lipkin, Marvin, Law, & Lipkin, 2018), being bullied at school (Shu, Chiang, & Lin, 2019; Zeedyk, Rodriguez, Tipton, Baker, & Blacher, 2014), and missing school altogether (Kearney, 2008; Zeedyk et al., 2014). In terms of improvement, the gathered research indicates that if children with ASD are treated as early as feasible, their results are greatly improved, and the society burdens are significantly decreased (Vivanti, Prior, Williams, & Dissanayake, 2014). Autism patients' development, health, and overall well-being, as well as their quality of life, can be enhanced through the employment of a wide range of therapy approaches beginning in early childhood and continuing throughout their lifetimes (WHO, 2022). Children with autism can enhance their capacity for successful communication and social interaction if they have rapid access to evidence-based early psychosocial therapies (WHO, 2022). It is recommended that standard maternity and child health care include child growth monitoring as part of the process. Once autism has been detected, it is essential that children, adolescents, and adults with autism, as well as their caregivers, receive relevant information about the condition. They need access to resources, referrals, and practical support that is adapted to their specific situation and evolving requirements (WHO, 2022).

In contrast, primary caregivers whose children have autism face considerable obstacles in the process of raising their children. ASD remains mostly unknown and misunderstood in Ghana, and the government pays the disorder little to no attention. As a result, parents are obliged to get very costly and limited support for their children alone (Orfson-Offei, 2021). Parents of children who have the autistic trait are faced with a number of challenges. Some of these include financial hardship and a lack of open discussion about how to best support families dealing with children who have this trait, including its causes, impacts, symptoms, and strategies for dealing with them (Agyekum, 2018).

One of the key reasons to the high levels of discrimination and stigmatisation in Ghana is the prevalence of ignorance among the general populace (Donkor, Matthews, & Ogundeji, 2018). The majority of Ghanaian families are unaware of ASD. Hence, when a parent gives birth and the child has ASD, the child is commonly referred to as "Bosom Ba," which literally translates to "accursed children." Bosom Ba are those with whom societies and individuals avoid to associate with in public (Agyekum, 2018; Wireko-Gyebi & Ashiagbor, 2018). The Ministry of Health, the Ghana Health Service, and health-related non-governmental organizations are making multiple attempts to come up with novel ways to educate the public about autism during autism awareness week. However, they are facing challenges as families dealing with autism and the general public in Ghana do not even know much about it. This is due to the fact that ASD in its entirety, is relatively unknown in Ghana (Wireko-Gyebi & Ashiagbor, 2018).

Parents who are stressed out might be less involved, attentive, patient, and tolerant with their children, and they might also be more likely to punish them. These changes could also happen at the same time as a rise in the use of disciplinary measures (Bornstein & Zlotnik, 2008). You can lessen the effect that stress has on your daily life by using a variety of techniques that help you deal with it (Lazarus & Folkman, 1985). Several studies have found that cultural factors may affect how people deal with problems (Chun, Moos, & Cronkite, 2006; Santiago, Torres, Brewer, Fuller, & Lennon, 2016).

Some Australian parents reportedly dealt with this issue by locking all doors in the house to protect their children with autism, other family members, and their possessions (Owen & McCann, 2018). Stewart, McGillivray, Forbes, and Austin (2017) and Paynter, Riley, Beamish, Davies, & Milford, (2018) posit that others avoided facing the reality of the situation by engaging in avoidance behaviours such as engaging in leisure activities, talking about the matter with others, or staying in denial. Due to the absence of social assistance available to parents in Kenya, they were compelled to rely on numerous superstitions and beliefs, such as altering their children's diets and seeking spiritual healing for themselves (Gona et al., 2016).

Allotey (2020) found that parents of children with ASD in Ghana face significant levels of stress, are stigmatised, and have difficulty enrolling their children in elementary school. In addition, it was discovered that the prevalent cultural belief regarding the origin of this disorder is that a lack of spirituality and belief in the supernatural is to blame. As a result, the majority of parents cope with the disorder by educating themselves about it, modifying their habits, seeking spiritual guidance, seeking the support of family and friends, and rejecting widespread negative attitudes in society. It is evident that some parents are able to rely on the social institutions in their country to help them with the problem. Other parents on the other hand have had to drastically alter their way of living to deal with their child's disorder. They do this in order to give their children the best possible care.

When caring for their children with autism, primary caregivers may experience significant pressure. They may also encounter negative parental self-perceptions and reduced satisfaction with the parent-child bond. Also, experiences of challenging child behaviours were reported more frequently by primary caregivers of children with ASD. Further, compared to parents of generally well developing children, they may be more likely to exhibit depressive symptoms and resort to active avoidance as a coping method (Lai, Goh, Oei, & Sung, 2015). There is a chance that stress will lead to feelings of despair, anxiety, melancholy, tension, and dissatisfaction (Suleman, Hussain, Shehzad, Syed, & Raja, 2018).

When faced with difficulties and worries, either internal or external, a person will experience stress (Petroff, 2008). People typically view stress as a negative emotional, cognitive, behavioural, and physiological process. This occurs when a person attempts to adapt to or cope with environmental challenges. This viewpoint is backed by the research (Bernstein, Penner, Stewart, & Roy, 2008).

Sources of stress are inextricably linked to regular existence. Stress is seen essential because, without it, humans and other animals would become listless and unproductive. In addition, it is unavoidable because it is connected to an external experience, whether it is peaceful or stressful. Failure to adapt to a stressful circumstance can lead to brain malfunction, physiological issues, and a number of psychological diseases like sadness, anxiety, pain, and burnout due to stress's direct influence on the brain and the structure of the body as a whole (Petroff, 2008). When we refer to stress, we are referring to a sensation of tension with both biological and psychological origins (Bernstein et al., 2008). It is the inability of an entity, such as a person or animal, to respond effectively to emotional or physical threats, whether they are genuine or imagined.

There is some evidence that the stress caused by day-to-day challenges correlates more strongly than the stress caused by major life events; yet, stress from each of these reasons leads to diminished emotional well-being (Jennings & Dietz, 2007). Highly stressed primary caregivers report not just a detrimental influence on their emotional health, but also a less optimistic position in relation to parenting and less enjoyment in their parental role. In addition to the detrimental effect that high stress has on their emotional well-being, high stress also negatively affects their physical health (Jennings & Dietz, 2007).

Moreover, they tend to take less pleasure in and enjoyment from their children. It should not come as a surprise that they have lower levels of parenting self-efficacy. This indicates that parents report feeling less competent in performing parental duties and less certain that their efforts would have a positive impact on their children (Jennings & Dietz, 2007). For some parents and caregivers, high levels of parental stress might contribute to the increase of psychiatric disorders. These psychiatric disorders may include such conditions as anxiety and depression. For example, women who endure a higher amount of parental stress due to their children's low birth weight or medical issues are more likely to develop postpartum depression (Jennings & Dietz, 2007). Potentially harmful results may result from the effects of parental stress on the attitudes and behaviours of parents toward their children (Bornstein & Zlotnik, 2008). Negative effects of parental stress can include less involvement, less attention, less patience, and more harsh discipline (Bornstein & Zlotnik, 2008). This disruption in the family's functioning can have a negative effect on the children's social competence (Bornstein & Zlotnik, 2008).

It is also likely that stress has a lasting impact on how satisfied caregivers and parents are in their roles. A state of being happy with one's life requires contentment or acceptance of one's life circumstances. It also involves the fulfilment of one's desires and needs for one's life as a whole (Sousa & Lyubomirsky, 2001). In its most fundamental form, life satisfaction is an individual's subjective appraisal of the quality of their existence (Sousa & Lyubomirsky, 2001). Due to the inherent evaluative function of the notion, life satisfaction evaluations need a considerable degree of reflection (Sousa & Lyubomirsky, 2001). According to Altay and Avcı (2009), a person's level of life satisfaction can be determined by analysing the difference between their current possessions and their aspirations. Feeling happy typically means one is content with one's life (Altay & Avcı, 2009). On the other hand, negative emotions are associated with a sense of dissatisfaction with one's life (Altay & Avcı, 2009). It may be necessary for a person to establish coping techniques in order to manage the stress they are facing (Altay & Avcı, 2009).

Coping methods encompass both actions and thoughts oriented toward the control of the situation and the accompanying negative emotions (Algorani, & Gupta, 2023). These behaviours and attitudes are geared toward coping with the previously described unpleasant emotions. They are adaptive and quick to respond to environmental changes (Aldwin, 2004). Consequently, it is feasible to acquire new approaches and alter existing ones in order to adapt to changing conditions. The most frequent coping techniques include cognitive restructuring. Others also engage in emotional-focused coping and problem-focused coping. In addition, others consider social support available, religious coping, and cognitive reframes, despite the availability of a wide range. These strategies are not mutually exclusive; they can be applied in any order, either simultaneously or sequentially, depending on the situation (Aldwin, 2004). A cyclical process characterises the ultimate stage of coping. The individual is instructed to evaluate the influence of their coping methods on the outcomes and modify them as appropriate (Aldwin, 2004). Individuals may utilise a variety of strategies until they find one that "works," i.e., produces the desired result.

While some causes of stress, such as the death of a loved one, may be perceived identically across cultures, the definitions of what defines a stressor and the degree to which a given event is viewed as stressful can vary considerably (Aldwin, 2004). Culture influences both the responses of individuals to normative stressors and the responses of cultures to such stressors (Aldwin, 2004). It is a fact that cultural factors significantly impact how people behave and how they cope with stressful situations. This truth has been widely recognised (Lazarus & Folkman, 1984). Both the assessment of potential stressors and the impression of the acceptability of a specific coping approach for a given event are affected, according to the cultural values, beliefs, and norms hypothesis put out by Lazarus and Folkman. As a result, when presented with stress, a person's potential coping mechanisms are confined by their cultural features. Consequently, all civilizations, ethnicities, and races share the experience of coping with stress and finding strategies to manage with it. Despite this, people from different cultures may approach and react to the same stressors differently. Specifically in regards to their expectations, methods, and results of coping (Lam, & Zane, 2004; Chun, et al., 2006).

There is evidence to imply that countries, as cultural units (Schwartz, 2006), are diverse from one another by the ways in which their population reacts and cope. Whiles it is also possible that certain cultural aspects serving as moderating variables for the diversity in the adaptability of reaction (Guan, Deng, & Zhou, 2020). In defining culture, Schwartz (2006, p. 138) views culture as "the rich complex of meanings, ideas, practises, symbols, conventions, and values that permeates a society". According to studies, when a group of individuals are confronted with a crisis, they have a tendency to revert to behaviours that are within the range of previously established collective options (Ibanez & Sisodia, 2020; Roy, 2020).

Individualism and collectivism are the two approaches to human behaviour that have been studied the most, despite the fact that several phenomena have been given as potential reasons for cultural variations (Chun et al., 2006). Both cultural positions (individualism and collectivism) are characterised by a prioritisation of one's own interests over those of one's own community.

A collectivistic attitude views the group as the central unit of society and places an emphasis on harmony, duty, and coherence with the group, as well as common rules and objectives. But individualism places a premium on each person as the fundamental social unit, and as such, it places a premium on things like personal freedom and success (Chun et al., 2006; Shulruf et al., 2007). Because of this, in individualist societies, people's sense of who they are tends to revolve solely around themselves and their families. Members of collectivist cultures are expected to be responsible members of in-groups that help them form a more complete sense of self (Hofstede, 2011). Consequently, it is vital to evaluate the impact of stress on the quality of life of primary caregivers whose children have autism, as well as the coping mechanisms that these primary caregivers have created to manage their stress and buffer its negative impact on their quality of life.

Statement of the Problem

My interactions as an educator with families where a member of the family has ASD have shown me that there is a dearth of information on the disorder's origins, symptoms, and management strategies. The lack of understanding and awareness surrounding ASD poses a significant challenge, leading to widespread misconceptions and often resulting in the unfair blaming of parents for their child's disorder. In many instances, individuals, and even some families, lack sufficient knowledge about ASD, contributing to stigmatization and exacerbating the difficulties faced by parents in raising children with ASD. This issue is particularly pronounced in societal interactions, where the complexities of ASD are not fully grasped, leading to judgment and misplaced blame. Consequently, addressing the gap in understanding and combating societal misperceptions surrounding ASD is crucial for fostering empathy, support, and a more inclusive environment for families navigating the challenges of raising children with ASD.

Caregiving for children on the autistic spectrum can be challenging. They are also difficult to manage due to the emotional and financial toll they take on primary caregivers (Agyekum, 2018). It can be challenging to work with or care for children with autism because of the stigma and discrimination that their families face. Anthony (2010) suggests that a connection can be drawn between ASD and demonic possession or curses passed down via families. According to Anthony, the majority of families who have children with autism believe that the disorder is the result of misbehaviour on the part of the children's fathers or other family members.

Primary caregivers of children with ASD in Ghana have been the focus of several studies on stigma and forgiveness (Oti-Boadi, Dankyi, & Kwakye-Nuako, 2020), a knowledge-sharing protocol in Ghana (Kissi-Abrokwah, & Kodua-Ntim, 2021), we have challenges, the cry of caregivers with children living with ASD in Ghana (Apaah, Vivian Efua, Armah, & Ohene, 2023) and the experiences of Ghanaian parents (Oti-Boadi, Oppong-Asante, & Malm, 2020) and experiences of single mothers (Mbamba, & Ndemole, 2021;

Mbamba, Yeboaa, & Ndemole, 2023). However, there seems to be inadequate research on primary caregivers' stress, life satisfaction and coping strategies.

Furthermore, most of these studies were conducted in Accra (Oti-Boadi, Dankyi, & Kwakye-Nuako, 2020; Oti-Boadi, Oppong-Asante, & Malm, 2020; Apaah, et al., 2023) and Kumasi (Mbamba, & Ndemole, 2021; Mbamba, Yeboaa, & Ndemole, 2023). However, the issue of stress, coping strategies, and life satisfaction of primary caregivers of children with autism in Cape Coast had been underexplored. This study aimed to fill this gap by investigating the experiences of primary caregivers of children with autism in Cape Coast, providing insights into the complex interplay between stress, coping strategies, and life satisfaction within this unique geographical and cultural context.

Purpose of the Study

The main purpose of this study is to assess coping mechanism, stress and life satisfaction of primary caregivers of children living with ASD in the Cape Coast Metropolis. The study specifically seeks to:

1. Determine how primary caregivers of children living with autism experience stress.
2. Identify the coping mechanism of primary caregivers of children living with autism
3. Identify the life satisfaction of primary caregivers of children living with autism.

Research Questions

1. How do primary caregivers of children living with autism experience stress?

2. What are the coping mechanisms of primary caregivers of children living with autism?
3. What are the life satisfaction experiences of primary caregivers of children living with autism?

Significance of the Study

The findings of this study will inform the Ghana Health Service, special educators, clinical health psychologists, Autism awareness and prevention groups or associations, and other health professionals about the impact of stress on the life satisfaction experienced by primary caregivers caring for children with autism. This will greatly assist health practitioners in incorporating assessment of culturally relevant coping strategies during therapy sessions with primary caregivers of children with autism. In addition, this would go a long way toward incorporating coping into psychotherapy for primary caregivers of children with autism.

Moreover, policymakers, stakeholders, and non-governmental organizations (NGOs) engaged in the realm of autism support and mental health care will find the study's results of paramount interest and significance. The understanding of stressors and coping mechanisms among primary caregivers can inform the development of targeted policies and initiatives aimed at providing tailored support. By acknowledging and addressing the specific needs identified in this study, policymakers and NGOs can play a crucial role in fostering a supportive environment for primary caregivers of children with autism, ultimately contributing to improved overall outcomes for both caregivers and their wards.

In addition, community leaders who advise their members in times of hardship, particularly primary caregivers of children with autism, will be able to comprehend and effectively utilise the right coping mechanisms for their members' benefit. This is particularly crucial for primary caregivers whose children have autism. This study will add to the current body of knowledge on the coping methods employed by primary caregivers in Ghana whose children have been diagnosed with autism.

Delimitation of the Study

The study was delimited to primary caregivers of children living with autism in the Cape Coast Metropolis. Primary caregivers reporting to the Centre for Child Development Referral and Research (CCDR), University of Cape Coast, Aboom Special School, Cape Coast and people who do not exhibit mental health problems and willing to take part in the study were included. Even though primary caregivers of children living with autism sometimes experience other psychological conditions such as discrimination, stigmatisation, shame, guilt, stress, anxiety and depression, this study was delimited to only coping, stress, and life satisfaction.

Limitations of the Study

One limitation is the use of individuals who have reported ASD cases and are currently receiving help from special schools. As such, they may have gotten used to the situation since no criteria was set for the number of years since the child was diagnosed. This implies that, it is possible these individuals may have already accepted the situation and are currently coping well with it. The results may not be a reflection of families whose children have been recently diagnosed of ASD.

Definition of Terms

In the context of this study, it is vital to establish clear definitions for key terms to ensure a comprehensive and shared understanding of the concepts explored. The following definitions serve as foundational pillars for the current study:

Stress: stress among caregivers of children with autism refers to the emotional, psychological, and physical strain experienced by individuals responsible for the daily care and well-being of children diagnosed with ASD.

Coping: the ever-evolving mental and behavioural attempts made by primary caregivers of children with autism to deal with a variety of stresses that are deemed too much for the individual to bear or are simply beyond their sphere of competence.

Life satisfaction: the degree to which primary caregivers of children living with ASD have positive opinion of the high-level quality of his or her life as a whole.

Organization of the Study

The study is organised into five chapters. The background to the study, the statement of the problem, the purpose of the study, research objectives, research questions, significance of the study, delimitations, limitations, definitions of terms, and finally the organisation of the study were all covered in the first chapter, which is the introduction. Chapter two reviews literature on the theoretical framework, conceptual framework, and empirical review. The research design, study area, population, sampling procedure, data collection instruments, data collection procedures, and data processing and analysis are presented in chapter three. Chapter four presents the results and discussion of findings. Chapter five, includes a summary of the results, conclusion, recommendations, and suggestions for further research.

CHAPTER TWO

LITERATURE REVIEW

Introduction

The main purpose of this study was to investigate coping, stress and life satisfaction of primary caregivers of children living with Autism Spectrum Disorder (ASD) in the Cape Coast Metropolis. The second chapter of the study discussed the theoretical framework and conceptual review of the study. The empirical review was discussed in reference to the objectives that guided the study.

Theoretical Framework

Lazarus and Folkman Stress and Coping Theory

Lazarus and Folkman's (1984) Stress and Coping Theory stands as a seminal and influential framework for understanding how individuals navigate stressors and cope with the demands of their environment. According to this theory, stress arises from a perceived imbalance between an individual's assessment of personal and societal resources and the demands they believe they must meet. This imbalance can originate from both internal and external factors, with strained relationships exemplifying situations that can lead to mental and emotional strain (Lazarus & Folkman, 1984).

The theory emphasizes the significance of cognitive processes, particularly the appraisal of events and their components in terms of their value to one's well-being. Lazarus and Folkman propose that before taking action to alleviate tension, it is essential to conduct a mental evaluation to assess the potential for a situation to induce stress (Lazarus & Folkman, 1984).

In the transactional theory of stress and coping, the appraisal of the significance of a stressful event is pivotal in determining the use of coping strategies and the ultimate resolution of the stressor. Primary and secondary evaluations, involving cognitive mechanisms, play a central role. Primary evaluation identifies the significance of an individual's interaction with their surroundings to their overall health and happiness, categorizing events as positively or negatively meaningful. It involves determining whether an event is pertinent to a person and may be evaluated as either beneficial or harmful, threatening, or challenging (Folkman, 1984; Lazarus & Folkman, 1984).

When faced with perceived stressful conditions, individuals engage in primary evaluation by assessing available resources to overcome obstacles. This assessment leads to categorizing events as positive, irrelevant, or stressful, indicating potential harm, loss, threat, or hardship. The transaction can be interpreted as either positive or stressful based on this evaluation. The initial step in primary evaluation involves assessing what is at risk by asking whether one is in danger or gaining benefits in the present or future. If the answer is affirmative, the scenario is categorized as a risk, an obstruction, or a loss (Berjot & Gillet, 2011).

Stressful transactions are further assessed based on whether they result in significant harm or loss, threatened harm or loss, or difficulty. Threat and harm assessments focus on events with the potential to cause pain, damage, and elicit negative emotions. Positive emotions distinguish optimistic assessments, focusing on potential progress and advantages, from pessimistic assessments of risks or dangers (Hobfoll, 1989; Lazarus, 1999). A challenge mindset encourages focusing on accomplishment, social rewards, and personal growth, while a threat mindset implies risks to health or self-esteem (Berjot & Gillet, 2011).

The secondary evaluation in this transactional theory involves assessing coping resources and answering the question, "Can I handle this situation?" This step demonstrates confidence in one's ability to solve the problem, considering coping resources, situational controllability, and past coping strategies (Folkman, 1984; Dewe & Cooper, 2007). The interaction of these elements defines coping mechanisms used to shape, manage, or resolve the stressor (Dewe & Cooper, 2007).

Lazarus and Folkman's theory, with its focus on cognitive and behavioral attempts to cope with stressful situations, significantly influences the study of coping, stress, and life satisfaction among primary caregivers of children with ASD in the Cape Coast Metropolis.

By employing this theoretical framework, the study gains a comprehensive understanding of how caregivers appraise and cope with the unique stressors associated with caring for a child with ASD. The theory provides a lens through which the researchers can explore the caregivers' cognitive processes, coping strategies, and the interplay between stress appraisal and coping mechanisms, ultimately informing interventions tailored to the specific needs of this caregiving population (Lazarus & Folkman, 1984).

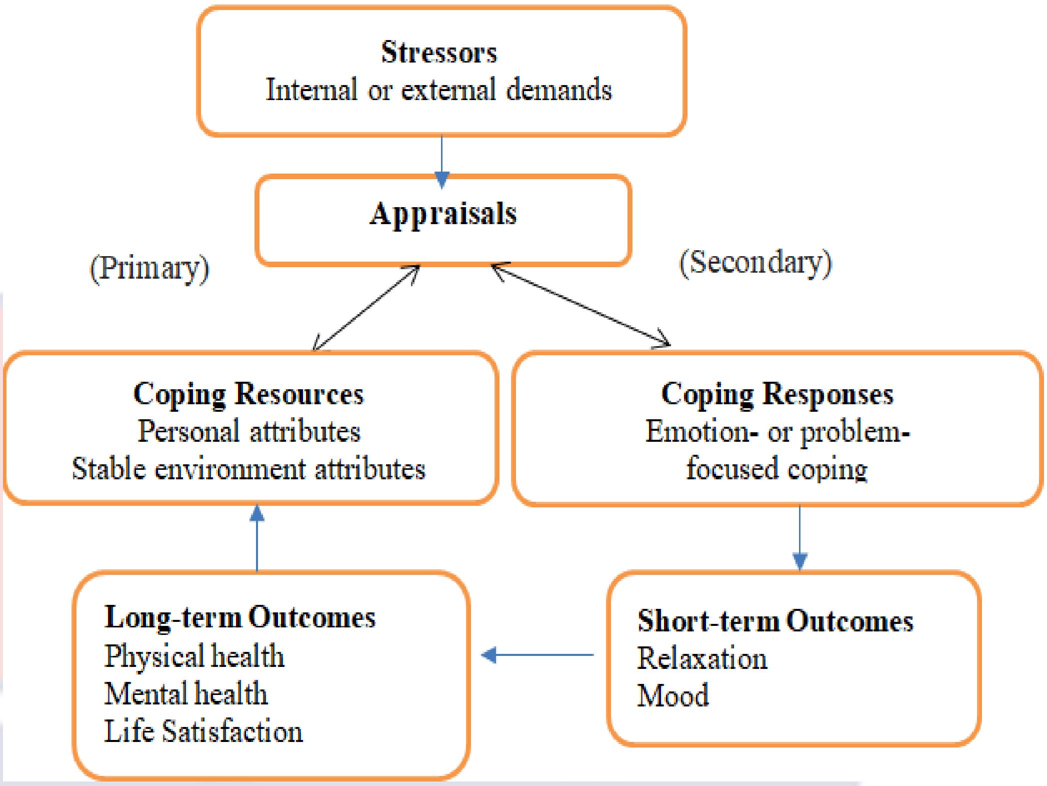

Figure 1: Transactional Model of Stress and Coping (Lazarus & Folkman, 1984).

The ABC-X Model of Family Stress and Coping

The ABC-X Model of Family Stress and Coping, proposed by Hill in 1958, serves as a comprehensive theory for understanding the dynamics of stress within families. The theory highlights the interplay of three key variables-A, B, and C-whose interactions lead to the emergence of X, representing the severity of a crisis within the family structure (Boss, 2002). The theory finds its roots in social systems theory and family sociology, conceptualizing the family as a complex system that requires equilibrium to function properly and support its members with adequate psychological and financial resources.

Variable A in the ABC-X model pertains to stressor events, encompassing any changes in the family structure, values, responsibilities, functions, or boundaries that induce anxiety and disrupt the family equilibrium

(Rosino, 2016). Stressors can arise from internal or external sources, ranging from personal decisions like starting a family to external events like natural disasters or acts of terrorism (McCubbin & Patterson, 1983; Boss, 2002). The categorization considers the origin, nature, duration, and magnitude of stressors.

Variable B represents household resources, crucial for managing stressful situations and preventing crises. These resources include psychological factors like self-esteem, family-level dynamics such as communication and cohesion, and tangible assets like wealth and assets (Hill, 1958; Rosino, 2016). Adaptability, reflecting a family's ability to adjust to challenging circumstances, is identified as a key resource, impacting the family's resilience and coping mechanisms (Hobfoll & Spielberger, 2003).

Variable C focuses on meanings attributed to stressful situations. Families interpret and make sense of their surroundings, and their initial reactions to stressors can become self-fulfilling prophecies (Hill, 1958; Rosino, 2016). The family's outlook, optimism, and ability to reframe negative situations influence their coping strategies and overall mental health (Patterson & Garwick, 2003).

The X factor, the outcome variable, signifies the impact of stressor events on the family. It reflects the spectrum of consequences, ranging from bonadaptation (positive adjustment) to maladaptation (persistent disparity between stressors and coping ability) (McCubbin, & Patterson, 2014; Lavee, McCubbin, & Patterson, 1985). Families that are well-prepared, possess adequate resources, and maintain realistic expectations are less likely to experience crises in response to stressors.

In the context of the study on coping, stress, and life satisfaction of primary caregivers of children with ASD in the Cape Coast Metropolis, the ABC-X Model provides a valuable lens. By utilizing this theoretical framework, the study gains insights into how caregivers appraise stressor events (A), utilize coping resources (B), and interpret these events (C), ultimately influencing the outcomes (X) for both the caregivers and the children with ASD. The model allows for an exploration of the dynamics within these families, offering a comprehensive understanding of their coping mechanisms and potential areas for intervention and support. The ABC-X Model, with its emphasis on family resilience and adaptability, aligns well with the complexities of caregiving for children with special needs, justifying its relevance and application in the study (Hastings, 2003; Cuzzocrea, Larcan, & Westh, 2013).

Integrated Perspectives on Stress, Coping, and Life Satisfaction

The Lazarus and Folkman Stress and Coping Theory and the ABC-X Model of Family Stress and Coping offer complementary perspectives when applied to understanding the stress, coping mechanisms, and life satisfaction of primary caregivers of children with autism. The combination of these theories provides a comprehensive framework that considers both individual and family-level dynamics in navigating the challenges associated with caregiving for children with autism.

Lazarus and Folkman's Stress and Coping Theory, developed in 1984, emphasizes the cognitive appraisal process individuals undergo when faced with stressors. It suggests that individuals evaluate the significance of a stressful event and utilize coping strategies to manage the demands and emotions associated with it. In the context of caregivers of children with autism, this theory allows for an in-depth exploration of how primary caregivers perceive and appraise the unique stressors related to raising a child with special needs.

The ABC-X Model of Family Stress and Coping, proposed by Hill in 1958, extends the analysis to the family level. It considers stressor events (A), family resources (B), and the meanings attached to the stressor (C) as interactive variables that contribute to the overall outcome (X) for the family. This model is particularly important in the context of caregivers of children with autism because it recognizes the family as a complex system. The family's ability to adapt, utilize resources, and derive positive meanings from stressors becomes crucial in understanding how they collectively cope with the challenges posed by autism.

Combining these two theories allows for a holistic examination of the stress experienced by caregivers, both individually and within the family unit. Lazarus and Folkman's theory provides insight into the cognitive processes and individual coping strategies, while the ABC-X Model offers a broader perspective on how family-level factors, such as cohesion, adaptability, and shared meanings, contribute to the overall stress-coping dynamic.

In the case of caregivers of children with autism, stressors may include the daily challenges of caregiving, societal stigmas, and uncertainties about the child's future. Lazarus and Folkman's theory helps explain how caregivers cognitively appraise these stressors and develop coping mechanisms at the individual level. Meanwhile, the ABC-X Model acknowledges that the family's collective resources, such as emotional support, communication, and adaptability, play a crucial role in determining the overall family outcome.

The ABC-X Model's emphasis on the family is particularly pertinent in the context of caregiving for children with autism. These families often navigate a complex web of stressors, requiring not only individual coping strategies but also a cohesive family unit to effectively address the challenges. The family's ability to adapt, leverage available resources, and construct positive meanings collectively influences the overall well-being and life satisfaction of both caregivers and the child with autism.

The combination of Lazarus and Folkman's Stress and Coping Theory with the ABC-X Model provides an understanding of the stress, coping mechanisms, and life satisfaction of primary caregivers of children with autism. By integrating individual cognitive processes with family-level dynamics, this combined framework offers valuable insights for understanding the well-being of families affected by autism.

Conceptual Framework

The study's conceptual framework in the second chapter focused on developmental disabilities, specifically ASD. It provided a comprehensive understanding of ASD characteristics and challenges, alongside an examination of broader concepts such as stress, life satisfaction, and coping mechanisms.

Developmental Disabilities

Developmental disabilities encompass a range of conditions arising from impairments in physical, learning, language, or behavioral areas. These conditions initiate during the developmental period, affecting day-to-day functioning and typically persist throughout an individual's lifetime (Jablensky, Johnson, Bunney, Cruz, Durkin, Familusi, Gourie-Devi, Jamison, Jenkins, Kaaya, & Kleinman, 2001). Specifically, developmental disabilities involve functional limitations resulting from disorders of the developing nervous system. These limitations become apparent in infancy or childhood, either as delays in achieving developmental milestones or as a lack of function in one or more domains, including cognition, motor performance, vision, hearing and speech, and behavior (Jablensky et al., 2001).

The term "developmental disabilities" refers to a wide diversity of conditions that might be the direct or indirect outcome of a person's lack of cognitive or physical ability. The signs and symptoms of developmental impairments typically first appear during a person's formative years and continue unabated throughout their entire lives (Patel & Merrick, 2011). A study that polled more than 100,000 American parents found that around 14% of the country's youngsters have some form of developmental disabilities (Boyle, Boulet, Schieve, Cohen, Blumberg, Yeargin-Allsopp, Visser, & Kogan, 2011). Intellectual disabilities, ASD, Down syndrome, language and learning problems, cerebral palsy, vision impairment, and hearing loss are some of the conditions that fall under this category. In addition, developmental disabilities are characterised by deficiencies in motor skills and development sequences, both of which might impede the individual's capacity for independence and normal growth (Matson, Fodstad, & Boisjoli, 2008). There is a high likelihood of detection before the age of 18, and once present, they persist for the rest of the affected person's life. For example, some children may have problems sleeping, which could necessitate more attention from their parents (Richdale, Francis, Gavidia-Payne, & Cotton, 2000).

The phrase "developmental disability" is used to describe a wide range of conditions that impact development, but it is most often applied to developmental delay, intellectual disability, and ASD. Numerous biological and environmental factors affect a child's development. Among the biological factors, male gender is considered to be a significant risk factor. According to the findings of a number of research (Stich, Baune, Caniato, Mikolajczyk, & Kramer, 2012), the prevalence rate of DD was discovered to be higher in males than in girls.

Lai, Tseng, and Guo (2018) likewise came to the conclusion that the incidence rates are higher in boys than in girls. However, the researchers believe that this disparity is not likely related to the fact that males receive more attention than girls do because girls had a higher proportion of early reports. People of many different races, ethnicities, educational levels, and social standings can be affected by developmental impairments. There are 5.4 million people in the United States who have a developmental disability, as reported by the National Association of Councils on Developmental Disabilities. There is an approximate prevalence rate of 17 percent among children under the age of 18 (Lai, et al., 2018)

There is a wide range of additional negative outcomes associated with having a developmental disability, from poorer mental health to poorer physical health to more social inequality (Emerson, 2003; Gurney, McPheeters, & Davis, 2006; Emerson & Hatton, 2007; Vasilopoulou & Nisbet, 2016). In families with children who have developmental disabilities, parental well-being, particularly female well-being, is also lower than average, and this group difference manifests itself in the early stages of the child's life (Hastings, 2016). According to the available data, children who are diagnosed with a developmental disability or a chronic medical condition have a significantly higher chance of suffering an injury or being involved in an accident than children who do not have these diagnoses (Xiang, Stallones, Chen, Hostetler, & Kelleher, 2005).

It has been hypothesised that this risk could be attributable to aspects of the children's personalities that are a direct disabilities result of their, such as reduced motor control, cognitive deficits, or antisocial conduct (Limbos, Ramirez, Park, Peek-Asa, & Kraus, 2004).

Another possible cause of childhood injuries is the presence of risk factors within the family, such as inadequate supervision from parents (Schwebel, Hodgens, & Sterling, 2006). According to Emerson (2003), young children with developmental difficulties have a significantly higher incidence of behavioural issues. Problematic behaviours, such as throwing tantrums, experiencing mood swings, and engaging in destructive behaviour, are examples of behaviours that are regarded as inappropriate or culturally deviant (Quine, 1992). Stress among parents has also been linked to sleep issues in children diagnosed with Down syndrome (DD) (Richdale, Francis, Gavidia-Payne, & Cotton, 2000).

The term "stress" refers to a condition of raised emotional stress, which is typically brought on by a circumstance that is perceived as being either dangerous or difficult (APA, 2000). A child's ability to participate in many aspects of daily life is severely limited if they have a developmental disability (Dunst, 2007). Interventions typically aim to improve children's quality of life in order to mitigate the negative effects of these constraints (Chow, Lo, & Cummins, 2005).

Autism

The range of symptoms that make up autism is referred to as the autistic spectrum. This indicates that there is a range of possible impairments, from mild to severe. Restrictive or repetitive patterns of behaviour, as well as difficulties communicating and interacting socially (such as responding improperly in discussions, misreading nonverbal cues, or failing to make age-appropriate friendships), are diagnostic criteria for ASD (APA, 2013). From 2007 to 2015, the CDC reported increasing rates of ASD, most recently documented as 1 in 68 children (Christensen et al.,, 2016). They have narrow interests and engage in behaviours that are repetitious (Matson, Nebel-Schwalm, & Matson, 2007). In 2010, 0.147% of all children born around the world were diagnosed with autism (CDC, 2014). Three diagnostic criteria for autism in children were laid out in the DSM-5, the American Psychiatric Association's manual of mental disorders published in 2011. When diagnosing ASD, three key factors are considered: challenges in social communication and engagement, the presence of at least two characteristics related to restricted interests and repetitive behaviours, and the age at which symptoms first appear. These elements collectively contribute to a comprehensive assessment, enabling clinicians to accurately identify individuals with ASD.

Originally characterised in the DSM-IV-TR as a group of different disorders. ASD now encompasses autistic disorder, pervasive developmental disorder not otherwise specified, and Asperger Syndrome (APA, 2000). Autism Spectrum Disorder (ASD), introduced as a new diagnosis in the fifth edition of the Diagnostic and Statistical Manual (DSM-5), aims to categorize individuals facing challenges related to social communication, social interaction, and the presence of restrictive and repetitive behaviors, interests, or activities (APA, 2013). ASD serves as a replacement for a set of diagnoses found in the fourth edition of the DSM (DSM-IV), including Autistic Disorder, Pervasive Developmental Disorder Not Otherwise Specified, and Asperger's Disorder (APA, 2000). These diagnoses were formerly grouped under the category labeled Pervasive Developmental Disorders. The evolution from the DSM-IV to DSM-5 reflects a more comprehensive understanding and classification of the spectrum of autism-related conditions.

Because people with ASD present such a wide range of symptoms, the diagnosis is somewhat vague. Some people have minor symptoms and impairment, while others have severe symptoms that severely hinder their ability to socialise and perform at work or school.

ASD is a broad diagnostic umbrella that includes a variety of mental health issues. The immediate family and the extended family of a person with ASD may be affected by the individual's behaviour repertoire (which may include, for example, a lack of verbal communication, social deficits, and aggressive behaviour) (Hastings, Kovshoff, Ward, Espinosa, Brown & Remington, 2005). Children with autism usually present with a wide range of sensory sensitivities, obsessive hobbies, and unusual worldviews (Mash & Wolfe, 2013). Ninety percent of co-morbid symptoms in young children with autism are abnormal sensory responses (Leekam, Nieto, Libby, Wing, & Gould, 2007), eighty-six percent are sleep disruptions (Liu, Hubbard, Fabes & Adam, 2006), and seventy percent are gastrointestinal abnormalities (Ibrahim, Voigt, Katusic, Weaver, & Barbaresi, 2009). Also, 34% of co-morbid symptoms are related to self-injurious behaviour, and another 22% are related to aggression and irritability (Hartley, Sikora, & McCoy, 2008).

Because of the core symptoms as well as the co-morbid symptoms, nearly every element of the child's functioning can be disrupted; as a result, the coping skills of the parents can be tested, and their mental health might be negatively impacted (Montes & Halterman, 2007). The National Institute of Mental Health (2018) reports that factors that contribute to ASD are not entirely understood by professionals (ASD). Studies continue to point to the possibility that genes and environmental factors can work together to influence development in ways that can lead to ASD. Despite the fact that researchers are still attempting to figure out why some people have ASD and others do not, having a sibling who also has ASD, having primary caregivers who are older than average, possessing a particular genetic predisposition. A person's risk of developing ASD is higher if they have a genetic abnormality such as Down syndrome, fragile X syndrome, or Rett syndrome. Being born with a very low birth weight are some of the factors that increase the risk of developing ASD. People who have these risk factors do not necessarily develop the disorder on their own if they have them. The symptoms of ASD can appear in a variety of ways; these include the following observable symptoms in the child's behaviour (Choque Olsson, Rautio, Asztalos, Stoetzer, & Bölte, 2016):

1. A child with autism will always attempt to distance himself from other individuals.
2. A child with autism will not be able to hold a conversation with children his age, and if he is able to establish friends, he will have difficulty maintaining such relationships.

3. They have trouble understanding the emotional conditions and sentiments of those around them.
4. A child with autism may struggle to comprehend facial expressions, gestures, and distinct voice tones.

In addition, one of the characteristics of persons with autism is that they do not concentrate their attention on the faces of the people around them; as a result, they are unable to recognise and pick up on the proper behavioural patterns of others.

1. They struggle with both verbal and nonverbal communication. Some individuals are incapable of developing any form of language.
2. Another indication of autism in children is that they do not share enough with their parents and caregivers, do not seek comfort from them, do not provide emotional input, and do not spend much time with others.
3. Sometimes, the child with autism refers to himself in the third person, by his own name, rather than in the first person with "me" or "my"; this indicates an inability to recognise oneself.

In addition to these symptoms, persons with ASD may also experience irritability and sleep difficulties. A person with ASD may have a wide range of abilities, despite the fact that they struggle with a number of challenges:

1. The capacity for in-depth knowledge acquisition and the maintenance of information retention over extended periods of time
2. Having excellent abilities in both visual and auditory learning
3. Having an extensive knowledge of mathematics, science, music, or the arts (National Institute of Mental Health, 2018).

According to the findings of Ilias, Liaw, Cornish, Park, and Golden, (2017), the rejection of children with autism by society in many regions of Africa makes the already difficult condition even more difficult to manage. When they are in environments where they are more accepted, children who have ASD have a better chance of being proficient in fundamental kinds of verbal and non-verbal communication (Badu, 2016). Their conditions never improve in settings where society tends to alienate them from each other (McGrath, 2006). Therefore, as a result of the pervasive social interaction deficiencies that are characteristic of ASD, there is a minimal possibility of these children having connections in the absence of interventions that have been particularly intended for the aim of fostering those interactions. Bakare, Ebigbo, and Ubochi (2012) stressed that the presence of peers around children with autism is insufficient, and as a result, they urged the necessity for direct intervention mechanisms that target the children's social interactions and the development of their language abilities. Children frequently become the targets of criticism and bullying (Schroeder, Cappadocia, Bebko, Pepler, & Weiss, 2014; Bonis, 2016), and they frequently react by isolating themselves, acting aggressively, becoming hostile, or inflicting harm on themselves. These challenges are made even more difficult by a rigid adherence to routines and an overactive reaction to sensory input (Prince-Hughes, 2004; Bonis, 2012).

As a result of a projected increase in ASD diagnoses of 6% up to 15% per year, ASD is the developmental condition that is rising at the quickest rate in the country (Bonis, 2016). Given that signs of ASD appear at various stages of development and that it is critical to begin therapy as early and as intensively as possible, parent participation in ASD intervention programmes is absolutely necessary for effective treatment (Strauss, Mancini, Fava, & SPC Group. 2013; Smith & Iadarola, 2015). However, according to Iadarola, Pérez-Ramos, Smith, and Dozier (2019), the experiences of the parent can also have an effect on the child who has ASD. Even though there is a lack of reliable statistics on the subject in Ghana, it is believed that one out of every 87 children younger than three years old has ASD (Ghana Web, 2017). However, some studies have not been able to determine the number of children in Ghana who have autism due to the fact that these children are frequently classified as intellectually impaired (Salifu & MateKole, 2014).

Stress experienced by primary caregivers with children living with Autism

The study of psychology has determined that the sensation of stress arises from a combination of mental pressure and physical tension (Shahsavarani, Azad Marz Abadi, & Hakimi Kalkhoran, 2015). While lower stress levels may be beneficial for health, high stress has been associated with various health and social issues (Tucker, Sinclair, Mohr, Adler, Thomas, & Salvi, 2008). Caring for a child with autism can impose emotional stress, necessitate significant lifestyle adjustments, and create financial burdens, leading to profound changes in the lives of caregivers (Valicenti-McDermott, Lawson, Hottinger, Seijo, Schechtman, Shulman, & Shinnar, 2015). The stress in parenting arises when the demands exceed the perceived resources to meet those demands (Shahsavarani et al., 2015).

Caregivers of children with autism face challenges such as physical strain, psychological discomfort, emotional fatigue, and economic upheaval, becoming highly dependent on those responsible for their care (Khan, Batool, & Akhtar, 2021). The economic burden associated with the care and education of autistic children is notably higher than that of typical children (Bilgin & Kucuk, 2010). Mothers, in particular, report increased levels of psychological and physical suffering and experience additional stress related to child care (Benderix, Nordström, & Sivberg, 2006).

The stress associated with caring for an autistic child can adversely affect a mother's mental health, given the uneven cognitive development, disruptive behavior, and lifelong nature of the disorder (McGrath, 2006; Batool & Khurshid, 2015). The stress is exacerbated by the chronic nature of the disorder, uneven cognitive development, and the challenges of managing behavioral issues in autistic children (Batool & Khurshid, 2015).

Caring for a child with autism spectrum disorder is universally considered highly stressful, leading to parental depression, anxiety, anger, sadness, disappointment, guilt, reduced quality of life, and strain on relationships (Khanna, Madhavan, Smith, Patrick, Tworek, & Becker-Cottrill, 2011; Zablotsky, Bradshaw, & Stuart, 2013; Wong et al., 2016). Factors contributing to this stress include the complexity of ASD symptoms, their impact on family life, difficulties in accessing support services, and societal reactions to autism (Ludlow, Skelly, & Rohleder, 2012; Seymour et al., 2017).

Challenges faced by primary caregivers in Ghana include financial loss, lack of knowledge sharing, and a general lack of awareness about autism, contributing to discrimination and stigmatization (Agyekum, 2018; Tsinigo & Behrman, 2017; Donkor et al., 2018). This lack of knowledge also leads to negative outcomes for parents' mental health and may exacerbate the severity of symptoms in autistic individuals (Seymour et al., 2013).

Various protective factors against the negative outcomes of stressful parenting have been explored, including the individual qualities of both parents and children, social support, and the ecological perspective (McStay, Dissanayake, Scheeren, Koot, & Begeer, 2014; Derguy et al., 2016). Parental stress tends to increase with a child's diagnosis, as parents grapple with understanding the condition and its implications (Webster, Cumming, & Rowland, 2016; Marks, Lurie, & Schutt, 2016). High levels of social support have been associated with improved well-being for parents and caregivers (Derguy et al., 2016).

The role of maternal personality qualities in stress perception, such as a reduced belief in accessible resources or control over parenting skills, remains unclear (Derguy et al., 2016). The developmental challenges associated with ASD have a detrimental impact on families, reducing parental happiness (Olsson & Hwang, 2001). Families dealing with ASD encounter obstacles like financial pressure, shifts in family dynamics, and reduced self-esteem due to social stigma (Crane et al., 2016; DePape & Lindsay, 2015; Oprea & Stan, 2012). To address the challenges, there is a need for early, intensive prenatal treatments to identify potential carriers of autism spectrum disorder, allowing parents to prepare mentally and initiate treatment sooner (Badu, 2016).

Life Satisfaction

An individual's evaluation of his or her own life is one definition of life satisfaction, which is commonly discussed in relation to the concept of subjective well-being (Pavot & Diener, 2008). Having a positive attitude on life in general is what it means to be satisfied with one's existence. Those who are healthy and happy tend to focus less on the obstacles that life presents.

The feeling of contentment with one's life is remarkably consistent over time (Baird, Lucas, & Donnellan, 2010). As a construct, it can be measured using anything from a straightforward query regarding an individual's level of contentment with their life to more complex, multi-item assessments (Diener, Wirtz, Biswas-Diener, Tov, Kim-Prieto, Choi, & Oishi, 2009). The feeling of contentment with one's life can function as a buffer and has been related to better outcomes in terms of both one's physical and mental health (Marsiglia, Booth, Baldwin, & Ayers 2013; Pavot & Diener, 2008). The presence of a child who has behavioural disorders or problems causes an increase in tensions within the family's relationships, and the atmosphere within the family is affected and maybe made more vulnerable as a result (Sadeghi, Rahimipour, & Alimohammadi, 2017). Children who have ASD frequently exhibit severe signs of mental and physical health impairment, which can result in difficulties with day-to-day functioning.

Pearlin and Bierman (2013) hypothesised that the primary effects of providing care for a loved one are either feelings of depression or an increased sense of life satisfaction. Parents and extended family members of children with ASD face a range of negative outcomes (Lu et al., 2015). In my experience, parents whose children have been diagnosed with autism tend to consider their situation as unique and withdraw socially (McConnell, Savage, & Breitkreuz, 2014). In comparison to parents of children without ASD or with other disabilities, those whose children have been diagnosed with ASD exhibit lower levels of psychological well-being (Hartley, Papp, Mihaila, Bussanich, Goetz, Hickey, 2016). The satisfaction of parents of children with ASD can vary based on a number of factors, such as the child's age, gender, level of ASD-related behaviours, and the complexity of the parent's own behavioural issues (Huang, Yen, Tseng, Tung, Chen, & Chen, 2014; McStay et al. 2014). Time spent providing care, challenging behaviours, and mental health issues are recognised to be factors that affect the level of life satisfaction experienced by parents of children with intellectual disability (Park, & Kim, 2019). Parents of children with ASD often report poorer levels of self-esteem, marital satisfaction, and personal satisfaction, as well as increased rates of anxiety, despair, and dissatisfaction.

Parental happiness is often severely compromised in families with children with autism, especially for mothers (Bourke-Taylor, Howie, & Law, 2010; Benjak, 2011). The parent's health and ability to provide for the child and the family are negatively impacted by the myriad challenges they face on a daily basis as a result of providing care (Bekhet, Johnson, & Zauszniewski, 2012; Bonis, 2016).

Both families with and without a disabled child recognise the importance of community and pride in one's own abilities as crucial components of a fulfilling existence (Lu, Jiang, Sun, & Lou, 2020). Positive correlations were found between income, social support, and self-esteem in a sample of Chinese parents of children with ASD (Lu et al. 2020). You can get a glimpse of what it is like to be a parent of a child with special needs by comparing your own life satisfaction to the parent of a typical child.

Caring for a child with autism can be stressful and put a strain on the health of the caregiver, particularly that of women (Bourke-Taylor, et al., 2010; Benjak, 2011). The parent's health and ability to provide for the child and the family are negatively impacted by the myriad challenges they face on a daily basis as a result of providing care (Bekhet, Johnson, & Zauszniewski, 2012; Bonis, 2016). People whose levels of life satisfaction fall somewhere in the medium or average range typically have the goal of elevating those levels to a higher level.

When caring for a child who has a disability, a parent's physical health may suffer in addition to their overall level of life satisfaction. Poor health is related with higher levels of parental stress in families that are vulnerable to falling apart (Turney & Hardie, 2018). One's physical health and happiness in life may both take a hit when caring for a disabled child. Higher levels of parental stress are associated with worse health in families at risk of disintegrating (Turney & Hardie, 2018). Higher levels of parental stress and poorer health were linked to lower levels of life satisfaction, while greater family support and better income were linked to higher levels of happiness (Fuentes, 2012). It has been found that primary caregivers of children with ASDs (ASD) typically report a lack of social support, which may have an impact on the amount of life satisfaction they experience. The financial cost and stress of caring for a child with autism is reduced for middle- and upper-class families, and those with more disposable income are better equipped to meet their child's requirements. This is because families with higher incomes are more likely to be able to afford services (Fuentes, 2012). Advocates for autism, including legislators, researchers, and service providers, place a particular emphasis on the significance of elevating the standard of living for families whose children have ASD (Werner & Shulman, 2013). When assessing how well primary caregivers have adjusted to their child's impairment, one of the most important factors to look at is the quality of life of the family. The holistic approach to defining quality of life considers how an individual's physical and mental health, social and financial connections, spiritual and cultural beliefs, and interactions with major features of their environment all play a role (Dardas & Ahmad, 2014).

Coping Strategies

Coping consists of three parts: the actions taken, the feelings experienced, and the thoughts processed in response to stress. Effective coping skills help people overcome challenges, lessen emotional discomfort, and stay on course to achieve their goals (Brown, Westbrook, & Challagalla, 2005). Both the amount of stress that primary caregivers go through and their capacity to bounce back after stressful situations can be affected by the coping mechanisms they use. Because ASD is a lifelong handicap, the people who care for children who have it should provide themselves with techniques to deal with the associated challenges. As a result of the fact that parents are now recognised as partners in the treatment of their child (Sivberg, 2002), rather than as the source of the problem that their child is experiencing (Sivberg, 2002), primary caregivers require effective coping skills in order to be successful in their new position.

Primary caregivers of children diagnosed with ASD often employ coping mechanisms that assist them in confronting the tough aspects of raising their children (Benson, 2010). The efforts that are made to improve individuals' coping skills can be informed by the identification of coping strategies. The more effectively primary caregivers are able to handle the challenges of day-to-day life, the greater the likelihood that they will be able to successfully contribute to the care of their children. The effectiveness and number of coping techniques that a parent uses to assist in managing the demands of the stresses that are involved with having a child who has special needs is directly related to the parent's capacity to deal with high levels of stress (Zablotsky, Bradshaw, & Stuart, 2013). The degree to which family members of a child with a disability are able to adjust to their child's condition depends on a number of factors, including the nature of the family members themselves, the dynamics of the family, the nature of the disability, and the environment in which the child lives (Dellve, 2006).

In order to deal with the effects of stress, families will employ a wide array of coping mechanisms. The primary caregivers or carers employ coping methods to enable them to tolerate stressful experiences and minimise their impact. It is imperative that the demands of the stressors be managed since the consequence may grow to levels that cannot be managed or become a crisis. The ways in which a family views traumatic events and how they are coping with them are intimately connected. It was shown that one technique to cope that has some potential for being effective is to change one's perspective on the problem (Luther, Canham, & Young-Cureton, 2005). The families found that reframing their situations, redefining their personal and family objectives and aspirations, and redefining their own goals helped them manage with autism. Throughout the process, the coping strategies that primary caregivers develop represent the essential tools that will allow them to adapt healthily to a variety of situations and will allow them to achieve a high level of life satisfaction. These tools will also allow their children to adapt healthily to a variety of situations (Beck, Daley, Hastings, & Stevenson, 2004; Gray, 2006). As a result of the higher levels of stress that mother's experience, Little (2002) came to the conclusion that they are more likely to seek professional assistance and make use of antidepressant medication than fathers. Yoder (2016) explained several ways of coping, there are;

1. Self-distraction is using work or other activities (reading, daydreaming, sleeping) to divert attention away from an unpleasant occurrence.
2. Active coping involves focusing efforts and taking particular measures in an attempt to change the circumstance.
3. Denial as a coping mechanism involves maintaining a mindset that refuses to acknowledge the stressor as a fact and asserts that it did not occur.
4. In connection to coping, substance use refers to the use of alcohol or other substances to feel better about a stressful circumstance.
5. Emotional support refers to receiving solace or understanding from another individual. Instrumental support refers to receiving counsel or active assistance from a third party.
6. Behavioral disengagement means that a person has given up on attempting to deal with a situation or act in response to it.
7. The expression of negative and unpleasant thoughts about a situation is referred to as "venting."
8. Positive reframing as a coping mechanism suggests that the individual is looking at the circumstance differently by focusing on the positive aspects.
9. As a coping technique, planning entails formulating a strategy or list of actions to take prior to responding to a stressful circumstance.

10. When a person uses humour to cope, they make jokes or poke fun at the circumstance.
11. Acceptance occurs when a person acknowledges that the stressful event is occurring and makes an effort to adjust to the situation.
12. Regarding coping, religion implies that the individual has been praying, meditating, or finding solace in their beliefs.
13. Self-blame involves the individual accepting responsibility for the circumstance and blaming him or herself as a result (Carver, 1997).

Multiple studies have found that primary caregivers who employ coping strategies that place an emphasis on problem-solving and social support report more positive adjustment outcomes for their children, in contrast to primary caregivers who employ coping strategies that place an emphasis on denial, escape, and avoidance, who report less positive adjustment outcomes for their children (Abbeduto, Seltzer, Shattuck, Krauss, Orsmond, & Murphy, 2004; Stone-man & Gavidia-Payne, 2006). Many primary caregivers of children with ASD employ a complicated combination of problem-focused and emotion-focused coping strategies (Cappe, Wolff, Bobet, & Adrien, 2011). Some coping techniques can go back and forth between the problem-focused and emotion-focused categories, depending on the situation in which they are used (Brown et al., 2005). Specifically, it has been hypothesised that problem-focused coping facilitates better parental adjustment, while emotion-focused coping is linked to worse mental health outcomes (Abbeduto et al., 2004). Positive reframing, which is a form of emotion-focused coping, was found to be effective in helping primary caregivers of children with ASD reduce their levels of sadness, whereas problem-focused coping was found to have no significant link with stress, according to research conducted by Hastings and colleagues in 2005.

The way in which the impairment is perceived and the beliefs of the parents both have an impact on the coping methods that are utilised externally (Hastings et al., 2005). Gray (2006) showed that as time went on, parents of children with autism relied more and more on their own private strategies for dealing with their stress. Gray hypothesised that in order to deal with their children's emotions, young parents utilise problem-focused coping approaches, whereas those of a more mature age chose activity-based coping strategies (such as praying, expressing feelings, etc.). The second coping mechanism may become more common as children age because parents are less likely to have high expectations for their recovery (Lazarus, 1996; Gray, 2006). Parents, especially those raising children with intellectual disabilities, can benefit greatly from the availability of social services.

When compared to controls, Obeid and Daou (2015) discovered that parents of children with ASD were more likely to report using disengagement coping and engagement coping strategies, and that disengagement coping was significantly linked to psychological distress. Obeid and Daou (2015) also discovered that parents of children with ASD were more likely to report using a mix of disengagement and engagement coping strategies. Benson (2014) found that whereas disengagement and distraction were linked to higher levels of stress, cognitive reframing was linked to reduced levels of stress among parents. They also found that parents who used coping mechanisms were more likely to report feeling stressed. Because of the stigma and discrimination that families of children with autism face, it can be challenging to deal with or manage their children who have conditions like autism.

In addition to the emotional and financial toll these disorders take on families, researching ASD can be a costly endeavour (Agyekum, 2018). It is probable that this is why the stress experiences of parents of children with ASDs are higher than those of other groups of parents (Bonis, 2016; Eikeseth, Klintwall, Hayward, & Gale, 2015) (Bonis, 2016; Eikeseth, Klintwall, Hayward, & Gale, 2015).

Culture on primary caregivers with children living with Autism

Families with children with autism, and women in particular as they are often the major caretakers, face heightened dangers in the forms of mental illness, insufficient social care resources, denial of special schooling, and fewer chances (Gobrial, 2015; Okasha, 2005; Umar, 2014). The lack of social support for parents of children with autism, which makes it difficult for them to teach their children, is another source of aggravation for these families (Umar, 2014). Therefore, the difficulties faced by mothers of children with ASDs are substantially more severe.

According to Slikker (2009), there is a prevalent belief in African traditional societies that the presence of a disability at birth is a portent of ill fortune and serves as a retribution for the crimes of the mother or another member of the family. As a direct consequence of this, an excessive number of women who are raising children with autism are subjected to harsh treatment. Ocloo, Hayford, Agbeke, Gadabui, Avoke, and Boison, et al. (2002) provide evidence for this assertion by showing that there are even more severe cases, where stones are thrown at mothers and their children with autism as a sign of intolerance in the society. This is used by Ocloo et al. (2002) to illustrate the disastrous results of communal intolerance.

There is a prevalent belief in witchcraft across most of Africa, including Ghana, and these behaviours have also been linked to that belief (Jelena, Isaac, & Baffour, 2012). In the context of Ghana, the term "witchcraft" frequently refers to the use of supernatural procedures with the intention of causing harm to innocent people (Jelena et al., 2012). Some children with Autism are being hidden away in the Gambaga witches camp in Ghana, much to their parents' chagrin (Jelena et al., 2012). Despite the major role of extended family in Ghanaian culture and society, this is the case (Nukunya, 2003).

Empirical Review

Coping Mechanism of Parents with Children Living with Autism

Pozo, Sarriá, and Brioso (2014) investigated multiple dimensions of family quality of life (FQOL) and mental health within the context of their study. The severity of the disease, the presence of problematic behaviours, the availability of social support, the presence of a feeling of coherence (SOC), and the use of coping mechanisms are all parts of the proposed model. One hundred eighteen mothers and fathers of children with autism spectrum condition took part in the research. For the purpose of assessing models of FQOL and psychological well-being, path analyses were performed separately for mothers and fathers. It was decided that the Brief Coping Orientation to Problems Experienced. It was discovered that mothers' psychological well-being was linked to positive and problem-focused coping, while men' FQOL was linked to adaptation and active avoidance.

A cross-sectional study with structured interviews was conducted by Valicenti-McDermott (2015) to examine the prevalence of parental stress in families with children who had autism or other developmental impairments, as well as the correlation between parental stress and child comorbid symptoms in a community with a wide range of racial and ethnic composition. Fifty families had children diagnosed with autism, and another fifty had children diagnosed with other developmental issues; these were the families included in the sample. This family set was paired up based on the ages and genders of its members. The Parenting Stress Index-Short Form, the Gastrointestinal Questionnaire, the Child Sleep Habits Questionnaire, and the Aberrant Behaviour Checklist were administered during the interview. According to the findings, addressing irritability in children may be an especially important component in mitigating the stress experienced by parents in households where children have autism or another form of developmental disorder.

The research conducted by Gona et al. (2016) made use of a qualitative approach and implemented phenomenological technique. The research looked at real-life situations that were brought about because a family had a member who had autism in their midst. When selecting participants for the qualitative study, the researchers employed a sample strategy that combined convenience and purposive methods. The study included 103 participants, 60 of whom were residents of the rural county and 43 of whom were residents of the urban county. Parents of children with autism and professionals who work closely with them in rural and urban areas along Kenya's coast participated in 37 interviews and 8 focus groups. The parents' backgrounds were as diverse as their children's. Parental coping strategies were shown to involve both problem- and emotion-focused elements. For example, parents relied on food restriction and respite care, while also relying on their trust in a higher power, praying, and seeking spiritual healing.

Vernhet et al. (2019) conducted a literature search using the databases Medline, PsycInfo, and ERIC to search for papers that were written in either English or French. The quantitative research analysed questionnaires on parents' coping methods, the factors that affect those methods, the links between those methods and parents' reports of stress, and the effect those methods have on parents' well-being. Samples comprised parents whose children had been diagnosed with ASD using any of the following diagnostic criteria: ICD-10, DSM-IV-TR, DSM-5, or the Autism Diagnostic Interview-Revised (ADI-R). A total of 1388 parents were included in the sample for the 11 investigations. They utilised the Dardas and Ahmad Ways of Coping Questionnaire (WCQ) or the Ways of Coping Checklist Revised (WCC-R) (2015). According to the findings of several studies, parents whose children have ASDs (ASD) employ a greater number of tactics that include avoiding social situations and a lower number of strategies that involve seeking out social assistance. Moreover, it was discovered that problem-focused coping protects parents from stress and maintains their quality of life, while emotion-focused coping is a risk factor for transition. When comparing problem-focused coping to emotion-focused coping, the former was found to be more effective.

The purpose of the research conducted by Shilubane and Mazibuko (2020) was to investigate the coping methods used by parents of children diagnosed with ASD. This is qualitative research that takes a phenomenological approach to its methodology. The participants came from three different schools in the province of Mpumalanga, all of which contained children who had been diagnosed with ASD. The data was evaluated using a method called thematic content analysis. Face-to-face, semi-structured interviews were conducted with a total of 15 different parents in order to compile the study's data. In the end, there were a total of 12 women interviewed, which was sufficient to achieve the point of data saturation. After finishing a word-for-word transcript of the interviews, the researchers analysed the information for common themes. The parents of children with ASD in this study cited prayer, a solid support system, and acceptance as vital to their ability to cope with the challenges of caring for a child with ASD.

Allotey (2020) looked at the lives of Ghanaian parents who were dealing with a child with autism (ASD). Parents of children with ASD were the focus of this study, which explored the elements that contribute to parental stress, such as stigma, school enrolment, and coping strategies. To examine, discover more about, and provide a detailed description of the identified research issue, qualitative case study research was utilised. This research was informed by the interpretative paradigm of research. The research relied heavily on interviews with each of the five parents as its primary source of data. In addition, in order to supplement the data collected from parents regarding access to education, interviews were also conducted with the directors of three different institutions. The data were examined using a method known as theme analysis. The majority of parents deal with the disease by educating themselves about it, modifying their lifestyles, seeking spiritual assistance, seeking support from family and friends, and dismissing negative attitudes that are prevalent in society.

The research conducted by Kayfitz, Gragg, and Robert (2010) investigated the positive experiences of parents who were dealing with the stress of parenting school-aged children who were diagnosed with autism. There were a total of 23 married mother-and-father pairings among the participants (a total of 46 people). In this analysis, researchers used the PSI-SF, or Parenting Stress Index-Short Form. It is composed of 36 elements taken from the Parenting Stress Index (PSI; Abidin 1995). Data analysis revealed that 26% of all parents, including 35% of mothers and 17% of fathers, showed clinically significant levels of parental distress.

In their study, Ingersoll and Hambrick (2011) analysed the correlation between parental stress and depression, parental broader autism phenotype (BAP), and the severity of their child with autism's symptoms. Parental stress, sadness, coping techniques, perceived social support, and the severity of their children's symptoms were all measured in a survey of 149 parents of children diagnosed with ASD. They made use of Abidin's Parenting Stress Index-Short Form (PSI-SF). Both stress and depression among parents were considerably higher than in normative groups.

The stress experiences of parents whose children had autism or other developmental disorders were studied by Valicenti-McDermott (2015) in a cross-sectional study using structured interviews, and the correlation between parental stress and comorbid symptoms in the children was also examined. This research was conducted on a population that included people from a variety of different ethnic backgrounds. The sample for the study consisted of 50 families in which at least one member had autism and 50 families in which at least one member had another form of developmental disability. The families were matched according to age and gender. A child sleep questionnaire, a questionnaire for digestive issues, and a checklist for abnormal behaviour were all part of the interview. In addition, we administered the Parenting Stress Index-Short Form as part of the interview. While women of various races and ethnicities were included in this study, those with autism, non-Hispanic mothers, and those born in the United States all reported much higher levels of parental stress than other mothers. Sleep problems in the group of persons with developmental impairments were associated to parental stress, while stomach troubles were linked to parental stress in the group of people with autism.

The stress experiences and mental health of parents of children with autism were studied by Gong, Du, Li, Zhang, An, and Wu in 2015. They also looked into the causes of stress of this kind. Participants included parents of 188 children with autism according to DSM-IV criteria and parents of 144 typically developing children at the Shanghai Mental Health Centre, which is part of the Shanghai Jiao Tong University School of Medicine. The Parenting Stress Index was created as a self-report tool for assessing the emotional strains on parent-child bonds. Parental stress experiences were compared using a t-test on independent samples, and the results showed that parents of children with autism had higher mean stress experiences than parents of children with average development. As opposed to parents of usually developing children, parents of children with autism often experience significantly higher levels of stress, despair, and anxiety. Clinical depression is more common in mothers of children with autism than in the fathers. Important factors discovered to contribute to the stress of parenting include the mother's own anxiety, the child's age, and the behavioural challenges demonstrated by children with autism.

Pastor-Cerezuela, Fernández-Andrés, Tárraga-Mnguez, and Navarro-Pea (2016) conducted a study with the intention of comparing the stress experiences of parents whose children had ASD to those of parents whose children had typically developing brains (comparison group). There were a total of 84 families included in the study; 42 of those had a child who had been diagnosed with ASD (ASD; ASD group), and 42 had children who had not received any such diagnosis (comparison group). The parents were interviewed by the school psychologist so that she could gauge their stress and resilience. The Parenting Stress Index and the Resilience Scale were utilised for these analyses. Those with ASD had clinically significant, significantly greater levels of parental stress compared to the control group. The degree to which a child's autism made him or her easily distracted and hyperactive was a major predictor of the strain placed on the child's parents.

The study by Costa, Steffgen, and Ferring (2017) looked at the effects of parental characteristics like ASD status, the severity of their child's problematic behaviour (environmental antecedents), the parents' perceptions of the challenges their child faced (person antecedents), and the parents' use of reappraisal on their own levels of subjective well-being and physiological stress (mediating processes). Considering the prevalence of ASD, 37 parents of children with ASD agreed to take part in the study. Subjective evaluations of well-being were provided by 37 parents of children with ASD and 41 parents of children typically developing. Both the parents' stress experiences and heart rates were monitored. Parents of children with ASD have been found to experience elevated levels of both psychological and physiological stress. Those who have children who have been diagnosed with a diagnosis on the autistic spectrum will get this.

The study by Sim, Vaz, Cordier, Joosten, Parsons, Smith, and Falkmer, (2018) sought to discover key features linked to high stress in families caring for a child with autism spectrum condition (ASD). Information for this cross-sectional study came from a questionnaire filled out by caregivers, with the overarching goal of determining how much it costs to raise a child with ASD in the state of Washington. Postal surveys were delivered to households with at least one member diagnosed with ASD. Data from 543 questionnaires were analysed using univariate and multivariate logistic regression. As many as 241 of the caregivers cited significant strain on their families as a result of their work with children who have ASD. Severe family stress was linked to the child's autistic spectrum disorder-related difficulties in socialisation, receiving needed individual therapy, maintaining positive co-parenting relationships, and paying for the disorder's associated costs (ASD).

The anxiety levels of Jordanian parents whose children had been diagnosed with autism or Down syndrome was measured in a study by Amireh (2019). The stress experiences of these parents were compared to those of parents whose children had generally developed, and the coping mechanisms they used were also revealed. In this research, we used the Brief COPE and Parenting Stress Index - Short Form (PSI- SF) questionnaires. These are the two main types of inventories used in past studies. The sample size of 300 parents of children with Down syndrome, autism, and typical development was determined by a convenience sampling strategy. Total parental stress, parental distress, dysfunctional connections with children, and difficulties faced by children were compared across the three groups using a one-way analysis of variance. Among the three groups, parents of children with autism reported the highest levels of stress, while those of children with Down syndrome reported the lowest. Parents in all three cohorts turned to religion primarily as a means of emotional support.

For more insight into the strain placed on families by having a child with ASD, Iadarola, Pérez-Ramos, Smith, and Dozier (2019) conducted a study. Three key informant interviews were conducted, including one parent (n = 1) and two providers (n = 2) of children with an ASD diagnosis. These discussions aimed to improve the interview guide questions that would later be used. Four focus groups (with a total of 17 participants) and one key informant interview were conducted with parents of children with ASD who met one of the following criteria: (a) they were not white; (b) they spoke Spanish; (c) they had limited financial resources; and/or (d) they lived in rural counties to discuss the questions and refine them. All of them were locals of Western New York, with the majority having Rochester as their primary residence. Two independent coders used content analysis to extract recurrent ideas and build cohesive narratives.

Following are a few examples of topics covered: Caregiving for someone with ASD is stressful because (a) it can disrupt family life, (b) it is common for others to have inaccurate ideas about the disorder, (c) it is complicated by cultural factors, and (d) it is hard to find your way around the service system. Modular and integrative treatment techniques, the removal of cultural barriers to participation in treatment, and enhanced community awareness of ASD are only some of the proposed answers to the problem of stress in families with children who have ASD. Parent-centred interventions for children with ASD should look into and address health and service disparities for parents, especially those that are rooted in demographics like race and ethnicity, geography, and language. Each parent has their own set of skills and experiences that should be taken into account when designing an intervention. Future studies on parent training should account for the unique effects of caregiver stress and other variables (like as stress related to race or geographic region, for example).

Life Satisfaction of Primary caregivers of children living with autism

Using data that had just become available from a nationwide survey of people with developmental disabilities in South Korea, Cho and Kahng (2015) set out to evaluate the variables that are connected with long-term caregiving for individuals with CDD. For the purpose of the study, qualified interviewers carried out face-to-face interviews with participants. For the purpose of analysing the responses of the 390 caregivers who took part in the survey, Structural Equation Modeling was utilised (SEM). According to the findings, both the age of the CDD and the age of the caregivers had an effect on the level of life satisfaction (LS) reported by the caretakers, with older CDD and older caregivers reporting lower levels of LS.

Yoder (2016) looked into how parents of children with autism deal with stress, how they feel about their own abilities, and how satisfied with life they are. U.S. families were recruited through a combination of grassroots advocacy and the "snowball effect" from a wide range of service providers. The majority (97%) of the 300 primary caregivers who took part in the study were biological parents, 3% were stepparents, 1% were grandparents, and 1% were other important carers. The Happiness Rating Scale (Diener, Emmons, Larsen, & Griffin, 1985). Utilizing avoidant coping skills, such as Self-Distraction, Denial, Behavioral Disengagement, Venting, Humor, and Self-Blame, has been shown to be negatively correlated with life satisfaction, rendering these strategies ineffective. This is notably evident in scenarios involving parents of children with Autism Spectrum Disorder (ASD) who, for instance, may deny their child's diagnosis or internalize self-blame. These coping mechanisms not only fail to provide the anticipated comfort but also contribute to diminished day-to-day happiness and overall life contentment. The reluctance to acknowledge and address the challenges associated with ASD, such as refusal of services and self-blame, underscores the importance of promoting adaptive coping strategies for caregivers to enhance their well-being and that of their children with ASD.

The purpose of the research conducted by Urbieta, Rodrguez, Salas, and Cuadrado (2017) was to identify the role that coping strategies and self-efficacy expectations have in determining levels of happiness among parents of children on the autism spectrum. They wanted to know how these elements affected the parents' sense of contentment in life. There were 129 parents who participated in a study investigating life satisfaction, coping strategies, and parental sense of competence; 64 were men and 65 were women. Parental happiness was measured using the Satisfaction with Life Scale. The use of a regression model allowed the researchers to determine that the contentment of parents decreases as their children get older. From their study, men and women enjoy similar levels of happiness in life.

Vasilca and David's (2018) study aimed to compare the mental health of mothers of normal children and those of children with ASD. They analysed factors such as anxiety, sadness, stress, life satisfaction, and positive versus negative life orientation. Using scales for life satisfaction, depression, anxiety, parental stress, and life orientation, a survey was given to 106 mothers ranging in age from 20 to 49 to find out how satisfied they were with their lives, how depressed or anxious they were, and how stressful parenting may be. The researchers made use of both a parental stress questionnaire and a life satisfaction scale in their investigations. Even though life satisfaction and life orientation are comparable to mothers of typically developing children, women with children with autism have significantly higher rates of anxiety, depression, and parental stress. This is the case despite the fact that life satisfaction and life orientation are comparable. Additionally, as time passes after the first diagnosis of the child, feelings of life satisfaction and optimism improve, while feelings of depression decrease.

In a recent study, Landon, Shepherd, and Goedeke (2018) looked into how ASD symptoms, care-related activities, and SWL were all interconnected in a sample of 184 New Zealand parents caring for a child with ASD. Also explored were possible relationships between different coping strategies and SWL. The SWL scale in 1985 is a 5-item survey with a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree) for participants to rate their degree of agreement (strongly agree). After determining which variables were significantly related to SWL by correlation analysis (Pearson correlation coefficients), we subsequently included these into a stepwise regression analysis. The parents' dissatisfaction with their lives was highlighted by the SWL's findings.

The research conducted by Shivers and Resor (2020) compared the levels of health and life satisfaction that were reported by parents of children who had and did not have physical limitations. The longitudinal study looked at a wide range of factors, including economic and social variables, as well as the possible effects of a child's disability on a parent's quality of life. The Fragile Families and Child Wellbeing Study provided the research team with the data they needed. The self-reported physical health and overall life satisfaction of parents of challenged and non-disabled children was investigated in statistical research, with a range of demographic and economic parameters serving as adjustment variables. The final sample consisted of 4324 children hailing from 4324 different households, 115 of whom experienced some form of physical disability. The health and level of life satisfaction of parents whose children have disabilities has been shown to decline over time.

The purpose of the research conducted by Kiani, Mohammadi, Hasanzadeh, Mohsen Loo, and Poor Rahmani (2022) was to explore the levels of life satisfaction and optimism among mothers of children who had specific learning difficulties, ASD, and normal children. A causal-comparative approach was taken for this research. The statistical population included mothers from a normal group in addition to mothers whose children had been diagnosed by an expert as having a specific learning disability and ASD. These mothers were located in the suburbs to the north-western part of Tehran. Their children were in the fifth and sixth grades. In the end, 90 participants were selected by employing a sampling approach that was neither probabilistic nor randomised (30 in each group). They utilised the Snyder Hoping Scale in addition to the Huebner Life Satisfaction Multidimensional Scale. According to the findings, mothers who raised children with autism had lower levels of life satisfaction compared to mothers who raised children with normal or impaired abilities.

Stress on Life Satisfaction

Self-esteem, social support, and overall happiness were measured in a 2015 study by Lu et al. among Chinese parents of children with ASD. They discovered that high social support was related to high self-esteem and that high self-esteem was associated with high life satisfaction. A total of 118 Chinese parents of children with ASD and 122 demographically similar parents of typically developing children had their self-esteem, social support, and life satisfaction evaluated using the Rosenberg Self-Esteem Scale (SES), the Multidimensional Scale of Perceived Social Support (MSPSS), and the Satisfaction with Life Scale (SWLS). The Rosenberg Self-Esteem Scale was utilised to make comparisons between the groups (SES). Researchers found that compared to a control group, parents of children with ASD had significantly lower levels of self-esteem, social support, and life pleasure. Furthermore, they discovered that in both groups, social support partially mediated the relationship between self-esteem and life satisfaction. Hierarchical regressions showed that even accounting for demographic factors, social support and self-esteem were still important predictors of life satisfaction across both groups. Among parents of children with ASD, social support and self-esteem explained more of the variation in life satisfaction.

Hsiao, Higgins, Pierce, Whitby, and Tandy (2017) performed their study to learn more about how parental stress, family quality of life (FQOL), and family-teacher connections are all intertwined in ASD households. Convenience sampling was used to select the participants. There were three types of assessments included in the questionnaires that 236 parents of school-aged children with ASD filled out. Beach Center Family Professional Partnerships Scale (Family Version), Parental Stress Scale and Beach Centre Family Quality of Life Scale. Structural equation modelling was used to examine the connections between these three factors. Perceived levels of parental stress were inversely related to parents' levels of life satisfaction.

The researchers Lu et al. (2018) set out to explore the current level of stress, social support, and life satisfaction among Chinese parents of children with ASD. The second purpose of this research was to see if social support could play a role as a mediator or moderator between parenting stress and life satisfaction. The 479 Chinese parents of children with ASD (ages 3-18) who participated in the cross-sectional study completed questionnaires measuring parental stress, social support, and life satisfaction. Participants' offspring spanned ages 3-18. Two instruments were employed: the PSI-SF and the Satisfaction with Life Scale. The research showed a strong link between parental stress, social support, and contentment with one's life. As an added bonus, social support acted as a moderator between parenting stress and happiness. These results suggest that stress and social support among Chinese parents of children with ASDs are significant predictors of life satisfaction and may be useful targets for interventions aimed at boosting this outcome.

Wang, Hu, and Han's (2020) study looked at how stress among parents of children with ASD affected their own participation and quality of life, as well as the quality of life of their children (ASD). Twenty-one Chinese couples (for a total of four hundred and twenty people) filled out surveys measuring caregiving engagement, parental stress, and functional health. They looked at how the variables interact in pairs using the Actor-Partner Interdependence Mediation Model (APIMeM). The participants were given the Parenting Stress Inventory-Short Form (PSI-SF) and the Chinese version of the Beach Centre Family Quality of Life Scale (FQOL). It was discovered that both parents' levels of parental stress were inversely related to their level of social involvement.

Hadrawi (2020) set out to examine not just the extent to which parents of children with ASD experience psychological strain, but also the correlation between that strain and their sense of life satisfaction. Descriptive correlational analysis was performed on a convenience sample of parents (N = 75) whose children had been diagnosed with autism. Parents of children with ASD were surveyed using the Arabic Version of Cohen's Perceived Stress Scale and the Satisfaction with Life Scale to assess levels of stress and happiness (ASD). There is a high percentage of parental dissatisfaction (36%) and high rates of parental stress (83%), with the majority of parents reporting moderate to severe psychological stress. Parents' levels of psychological stress were inversely related to their reports of life satisfaction.

Wang, Huang, and Kong's (2020) study aimed to verify the relationships between parenting stress, social support, and life satisfaction in mothers of children with cerebral palsy, investigate the mediating effects of different types of social support (perceived support from family, friends, and significant others), and identify the type of social support most crucial to the relationship between parenting stress and about three-hundred-sixty-nine (369) Chinese-speaking mothers from mainland China whose children had been diagnosed with cerebral palsy participated in the study. With the help of Pearson's correlation technique. Overall social support, as well as the three types of social support, were correlated negatively with parenting stress and its impact on life satisfaction.

Khan, Batool, and Akhtar's (2021) study aimed to examine the predicted association between the burden of caring for a child with ASD and levels of life satisfaction among caregivers of children with ASD from many cities in the province of Punjab in Pakistan. Seventy-one caregivers of children and adults with ASD in Pakistan's Punjab province participated in this correlational study. All of the participants were enrolled in a variety of Lahore, Pakistan-based centres that provide services for people with autism. This research utilised a purposeful sampling strategy to gather its information. Caregivers' levels of contentment with life were measured using Diener ED's Satisfaction with Life Scale. However, the stress that caregivers put on their loved ones was quantified using the Zarit Burden Scale for Caregivers. The study found that the more caregiving responsibilities one has, the less satisfied they are with their lives. Regression analysis showed an inverse correlation between burdening families with too much responsibility and high levels of happiness.

Culture on Stress and Life Satisfaction

Lu et al. (2018) aimed to investigate the mediating and/or moderating effect of social support on parental stress and life satisfaction by means of a cross-sectional survey in the southern Chinese province of Guang Dong. To explore whether or not social support mediates or moderates the relationship between two variables, a survey was conducted. The study included 479 Chinese parents whose children were diagnosed with ASD between the ages of 3 and 18. They responded to questions regarding the satisfaction in their lives, the assistance they receive from others, and the pressures of parenthood. Both the PSI-SF, which is a questionnaire with 36 questions for assessing parental stress, and the Satisfaction with Life Scale, which is a questionnaire with only five questions, were utilised in this study. In addition, the role that social support had in the relationship between the stress of parenting and overall life satisfaction was both mediating and moderating. According to these findings, social support and the amount of stress associated with parenting are significant predictors of happiness in life.

The goal of the study by Iadarola, Pérez-Ramos, Smith, and Dozier (2019) was to examine the stress experienced by caregivers while caring for an individual with ASD. Selected at random from a larger pool, the study's sample size was 17, the vast majority of whom self-identified as belonging to a racial or ethnic minority. All of the participants were locals of Western New York, with the city of Rochester accounting for the vast majority of the population. Through the use of content analysis, which was carried out by two separate coders, themes were uncovered and further developed. In order to analyse the data, a grounded theory analysis was performed. It was observed that cultural variables play a role in the stresses that are placed on parents.

The study by Khusaifan and El Keshky in 2021 set out to look into how social support influences the stress and happiness of Saudi Arabian parents with children with autism (ASD). As part of a cross-sectional study, a survey was conducted of autism care centres in the Kingdom of Saudi Arabia. In order to determine whether or not social support acts as a moderator or mediator, numerous linear regression analyses were conducted. The study of 131 parents indicated that life satisfaction was linked to perceived levels of family and parental stress; however, when social stress was taken into account, the correlation between the two dropped by about 0.19 points. Family stress was significantly correlated with lower levels of life satisfaction at low and moderate levels of stress, but this correlation was significantly attenuated when social support was present. However, at really high stress experiences, this effect did not persist.

The purpose of the 2021 study by Emam, Al-Hendawi, and Gaafar was to examine the mediating function of social support in the link between parental stress and parents' contentment with life by comparing samples from three Arab nations (N = 867; Oman = 420, Saudi Arabia = 350, and Qatar = 260). The study's authors wanted to know, in particular, whether or if social support moderated the connection between parental stress and life happiness (SWL). The study used both hypothetical and real data. They utilised the Multidimensional Scale of Perceived Social Support (MSPPSS), the Perceived Social Support Index-F (PSI-SF) the Short-Form Life Satisfaction Scale (SWLS) to assess life satisfaction .

Pearson's correlation was used for the analysis. According to the results, the primary care givers (PCWs) in Oman and Qatar are particularly vulnerable to high levels of parenting-related stress. It was also shown that parents with high stress experiences were more likely to report low levels of social support from their peers. The researchers found that spouses, other family members, and close friends significantly mediated the link between parental distress (PD) and parent-child dysfunctional interaction (PCDI) and parental life satisfaction.

Fisher, Sung, Kammes, and Okyere conducted a study in 2022 to examine the social support and stress experiences of adults with intellectual or developmental disabilities during the COVID-19 pandemic. The researchers used a type of sampling called "convenience sampling" for the investigation. Twenty-one adults with intellectual or developmental impairments (or their representatives) responded to a survey on their experiences during the pandemic as part of a wider study comparing the lives of people with and without disabilities. The Perceived Stress Scale and the Satisfaction with Life Scale were used to reach this conclusion. Correlational analyses and descriptive statistics revealed that people's stress experiences and their reported satisfaction were partially mediated by the social support they received.

Summary

In the second chapter of this study, an extensive literature review was conducted to explore the coping strategies, stress experiences, and life satisfaction of primary caregivers of children living with ASDs (ASD) in the Cape Coast Metropolis. The review commenced with a comprehensive examination of ASD, detailing its spectrum of symptoms, variations in severity, and associated challenges faced by diagnosed individuals. Subsequently, the focus shifted to coping strategies. The review also delved into the substantial body of literature addressing the stress experienced by primary caregivers, clarifying the unique stressors and psychological impacts associated with the caregiving role. Furthermore, the exploration extended to studies examining the life satisfaction of caregivers, shedding light on the intricate relationship between caregiving responsibilities and overall well-being. The chapter begun by introducing the theoretical and conceptual frameworks guiding the study and culminated in an empirical review that highlighted existing research relevant to the objectives of the current investigation, laying a solid foundation for the subsequent analysis.

CHAPTER THREE

RESEARCH METHODS

Introduction

The main purpose of this study was to investigate the coping, stress and life satisfaction of primary caregivers of children living with autism spectrum disorders (ASD) in the Cape Coast Metropolis. The third chapter focuses on the methodology employed in the study. The research methods involved in conducting the study are described in this chapter. These include the research design, study area, population, sampling procedure, data collection instruments, data collection procedure, and data processing and analysis.

Research Design

The paradigm offers a framework for analysing the researcher's worldview from a philosophical perspective. This has important ramifications for every decision that is made during the research process, including the technique and methods selection, and as a result, a paradigm outlines how a researcher would generate meaning from the data that was obtained (based on our own personal experiences). Positivism, interpretivism critical theory and pragmatism are four paradigms in research (Lather, 2016; Kivunja & Kuyini, 2017),

One has the option of conducting research using either quantitative, qualitative, or hybrid approaches, depending on what kind of paradigm they want. The collection of quantitative data is the one and only focus of quantitative research (that is, numerical data). In contrast, qualitative research focuses on gathering qualitative data such as words and pictures rather than quantitative information (Antwi & Hamza, 2015). The research methods used in this study were qualitative. To be more specific, phenomenological research. Phenomenological research is a method of enquiry that has its roots in philosophy and psychology. It is distinguished by the fact that the researcher describes the lived experiences of individuals in relation to a phenomenon, as stated by participants in the study. Phenomenological research was first conducted in the early 20th century. The culmination of this description is the essence of the experiences that a number of different people who have all shared the same common experience have had. It is common for this design to include the process of conducting interviews (Giorgi, 2009). Phenomenology's primary objective is to explore the multifaceted universe of lived experiences from the point of view of the actors, or the people who are actually having such experiences. This is accomplished by taking a detailed look at the phenomenon that is being researched.

Phenomenology, like any other method of conducting research, has a number of benefits in addition to a number of drawbacks. Phenomenology is able to provide a more in-depth understanding because it makes an effort to find the universal qualities that are shared by all experiences. This is the root of phenomenology's ability to do so. In addition, phenomenology is a helpful tool for comprehending a lived experience and endowing that experience with meaning. It is possible that this will contribute to the creation of new ideas, shifts in policy, or innovative ways to the problems that we face.

However, phenomenology does have a few problems, one of which is that the people who take part in the research have to be able to verbalise their ideas and emotions in relation to the experience that is being researched. Another drawback is that phenomenology was developed in the 19th century. It may be difficult for these people to express themselves for a variety of reasons, such as language hurdles, old age, cognitive decline, or embarrassment; or it may be difficult for them due to any combination of these and other causes. Because of the importance of researcher interpretation, phenomenological reduction is a critical component. This is because it helps remove biases, preconceptions, and prior ideas about an experience or event. There is a possibility that identifying and quantifying researcher bias will be difficult. Because the fundamental objective of this inquiry is to comprehend and report on the experiences of caregivers who help stroke patients, a phenomenological approach was chosen as the methodology for this research.

Phenomenology was the most appropriate research approach for this investigation because there was no attempt to create a theory (as in the grounded theory technique), or to understand a cultural or social group (as in an ethnography), or the experiences of a single individual or instance (as in a case study). Instead, the focus was on compiling in-depth accounts of the experiences that parents of children with autism go through in order to better understand what those parents go through. Phenomenological research is a type of inquiry in which the researcher describes the lived experiences of persons in relation to a phenomenon as recounted by the participants in the study (Creswell & Poth, 2017).

When an individual's or a group of people's lived experiences of a concept or phenomenon are the focus of an academic investigation, this research method is utilised. This could refer to a single individual or a group of individuals. The field of research known as phenomenology focuses on the analysis of subjective experiences and events (Creswell, 2012). When conducting a study on subjects about which there is only a limited amount of prior knowledge, this style of inquiry is the one that is utilised (Donalek, 2004).

In addition, it was determined that phenomenology was an appropriate research method for this specific study because its primary objective was to collect detailed accounts of the experiences of parents, using the parents' own words and free from any outside influences. This was done with the intention of determining whether or not phenomenology was an appropriate research method for this particular study. The successful completion of these goals is seen as extremely important in phenomenology. More than any other scientific approach, phenomenology acknowledges the significance of individual human experiences (Creswell & Poth, 2017).

As a result of this essential concept, phenomenology has developed into one of the most extensively used qualitative methodologies that is utilised by health researchers in the contemporary day (Dowling, 2005). Its objective is to depict the reality of the participant in order to assist researchers in analysing and comprehending the experiences that are being researched. This will help ensure the validity of the research (Creswell & Poth, 2017).

Study Area

Located in the middle of Ghana's south-western corner, the Central Region has boundaries with the Ashanti, Eastern, Greater Accra, and Western regions. It is bordered to the south by the Gulf of Guinea. This area has Ghana's longest coastline, stretching for a total of 150 kilometres. The only other smaller regions in Ghana are the Upper East and Greater Accra. Cape Coast is the only major city in the Central Region, which consists of 23 districts. The coordinates of Cape Coast Metropolis are located between 5 degrees 20 minutes and 1 degrees 11 minutes west of the Prime Meridian. The Gulf of Guinea forms the southern border of the Metropolis, which is flanked by the Komenda Edina Eguafo Abrem District to the west, the Abura Asebu Kwamankese District to the east, and the Twifu Heman Lower Denkyira District to the north. It spans a total area of around 122 square kilometres, with the farthest point being at Brabedze, which is about 17 kilometres from Cape Coast, the Metropolis and the seat of the Central Region. In 1987, the Metropolitan Legislature (CCMA) was founded by Local Law 1373 as a municipal assembly, and in February 2007, Local Law 1927 elevated it to metropolitan status. Cape Coast is Ghana's educational and tourist hub, and its central location between Kumasi, Accra, and Takoradi presents a chance to develop the service industry. Some people consider this city to be the educational hub of secondary education in all of Ghana. Quist (2003) claims that since the colonial era, Cape Coast has been the centre of secondary education in Ghana, boasting some of the country's finest and most recognised schools and attracting the country's top primary school graduates.

Population

According to Asiamah, Mensah, and Oteng-Abayie, (2017), the term "target population" refers to the comprehensive group of certain participants or aspects that are pertinent to the investigation. According to Asiamah et al., (2017), the group that the researcher is interested in studying for the purpose of generalisation is the population. This is the population about whom the researcher wants to acquire information and come to conclusions so that they can better serve it. The population of interest for this study includes all the parents living in the Cape Coast Metropolis who have children diagnosed with autism. The accessible population consists of all the parents who report to the Centre for Child Development Referral and Research (CCDR) at the University of Cape Coast and Aboom Special School in Cape Coast. These parents must be willing to participate in the study, and they must not exhibit any signs of a mental illness. This includes 5 parents from the CCDR and 10 parents from the Aboom Special School. Within the population that may be accessed, there are 15 parents.

Participants' Eligibility

Inclusion criteria: Participants were only allowed to take part in the study provided they met both of the following inclusion criteria: they had to be at least 18 years old and the primary carers of children with Autism.

Exclusion criteria: Parents of children with conditions other than autism were excluded from the study.

Sampling Procedure

A sampling procedure is the technique used to choose elements of a population from the entire population to respond to an investigation. In the vast majority of cases, investigating each unique component of a population is impracticable and laborious (Bhardwaj, 2019). According to Saunders, Sim, Kingstone, Baker, Waterfield, Bartlam, Burroughs, and Jinks, (2018), selecting a high number of participants in a qualitative case study may result in a superficial perspective, and a researcher's ability to present an in-depth image decreases with each new people or site.

In order to reach data saturation, qualitative research requires a sample size of at least 12 participants, as was recommended in the past (Clarke & Braun, 2013; Fugard & Potts, 2014). Therefore, it was determined that a sample size of

12 would be sufficient for qualitative analysis and the overall scope of this study. The researcher must select the sample using either a probability or non-probability sampling procedure (Bhardwaj, 2019).

The participants were selected using a technique known as homogeneous purposeful sampling. This sort of sampling focuses on a specific subgroup in which all sample members are equivalent to one another, such as a specific occupation or position within an organization's organisational hierarchy (Saunders et al., 2018). The schools were visited to give an introductory lette and a specific date was issued by the authorities for the data to be collected. Participants were talked to and individuals who agreed to be interviewed took part in the study. Individuals who refused to take part after a thorough explanation were allowed to not participate in the study as participation was voluntary. A total of 12 individuals were interviewed.

Data Collection Instruments

When conducting research utilising interpretive phenomenological analysis, interviewing participants about their own personal experiences is the preferred method. Tanwir, Moideen, and Habib, (2021) indicates that phenomenological interviews can be either, structured, semi-structured or unstructured. Participants were given the chance to comment on their experiences, bringing the researcher closer to the reality than would be possible otherwise.

A semi-structured interview guide was devised to ensure that care providers could freely share their experiences without the interviewer influencing the conversation. The guide's formulation drew upon the study's objectives. It featured a concise set of open-ended questions and a series of probes designed to elicit detailed responses and enhance in-depth discussions. The structured nature of the guide enabled participants to delve into what they considered crucial aspects of the study while maintaining alignment with the research objectives.

The primary information source was the participants themselves. With the aid of a guide for conducting semi-structured interviews, information was obtained from participants. The semi-structured interview guide comprises four sections, each strategically addressing distinct facets of the participants' experiences. Section A focuses on demographic information, exploring gender, relation to the child, age, and highest educational background with 4 items. Section B delves into the perceived stress of parents, assessing the frequency of anger, perceived lack of control, and nervousness over the last three months with 3 open ended questions. Section C explores coping strategies for stressful situations, including personal mechanisms, the identification of support figures, and the options provided by them with 3 items. Lastly, Section D investigates life satisfaction, gauging overall sentiments about life direction and prompting reflections on potential changes with 3 items (see appendix A). This comprehensive approach, consisting of a total of 13 items, ensures an exploration of participants' experiences while allowing flexibility for in-depth discussions during the semi-structured interviews.

Validity of Instrument

Content validity for the semi-structured interview guide was rigorously maintained by consulting with the supervisor and other measurement experts. This collaborative process aimed to ensure that the items included in the interview guide accurately measured the intended constructs. Through thorough discussions and expert insights, the wording and relevance of each question were carefully examined to guarantee that they effectively captured the targeted aspects of the participants' experiences. The feedback received from the supervisor and other experts played a crucial role in refining and validating the content, ensuring that the interview guide was a robust tool for collecting meaningful and accurate data aligned with the research objectives.

A pre-test involving 5 respondents from the University of Education Winneba was conducted to enhance the validity of the semi-structured interview guide. The purpose of this preliminary phase was to assess the effectiveness of the interview guide in achieving its intended objectives and to identify any potential shortcomings or ambiguities. The selected respondents provided valuable feedback and insights into their experiences with the interview questions, allowing for refinement and improvement of the guide. Their input was instrumental in clarifying ambiguous language, ensuring that questions were well-understood, and verifying the relevance of the inquiries. The feedback gathered from the pilot test was carefully considered in the subsequent revision process, contributing to the overall enhancement of the interview guide's validity and ensuring that it was well-suited for the main phase of data collection.

Data Collection Procedure

Institutional Review Board of University of Cape Coast gave approval for this study to proceed (see appendix B). The University of Cape Coast's Department of Education and Psychology was contacted by the researcher in quest of a letter of introduction. A brief explanation of the study's significance and why it was conducted was given to the participants by the researcher.

Informed consent was read and translated to the local language for respondents. Respondents who agreed to participate were provided clarity on ethical, confidentiality and anonymity issues. Furthermore, they were informed of voluntary participation and freedom to withdraw from the research at any point they wished. The researcher personally conducted interviews with participants. The researcher used approximately 2 weeks to collect data from participants.

At a time and place that were both convenient for the caregivers, individual interviews were carried out with each of them. Throughout the course of the interviews, the researcher kept a degree of reduction and refrained from offering any outside interpretations by bracketing any preconceived preconceptions. Each interview lasted between 20 and 35 minutes. Twelve participants were identified and interviewed. According to Upton and Reed (2006), phenomenological reduction does not need an absence of presumptions; rather, it requires an awareness of the assumptions being made by the researcher. Not only was this kind of open awareness exercised during the course of the interview process, but it was also performed during the phase in which the data was analysed. After obtaining the participants' consent, the researcher transcribed the interviews word for word based on the digital audio recordings made during the interviews.

The confidentiality of the data collected through interviews was maintained by excluding respondents' names from any interview documentation. All interview data were securely stored on a personal laptop, protected with a password. Access to this data was restricted to the researcher and the supervisor overseeing the project, and the final research output was presented to the Faculty of Education at the University of Cape Coast.

Furthermore, soft copies of interview transcripts were securely stored in a google drive to ensure it is not lost.

Data Processing and Analysis

Initially, the interviewees' responses were recorded and categorised. Editing was performed to ensure that questions were answered in full and that responders had followed all instructions. Initial codes were developed to identify relevant information after the interviews were transcribed. All the research questions were analysed using thematic analyses. The data that was obtained was examined using the method developed by statement and Clarke, (2019) for thematic data analysis. Thematic analysis is a technique for conducting qualitative data analysis that provides the researcher with the ability to recognise recurring topics or patterns within a particular qualitative dataset. Responses were grouped into headings and subheadings. Where necessary, categories were developed for the themes to provide more insight into the results.

Procedure

Familiarisation with interview data

At this point in the process of analysing the data, the first step is for the researcher to become acquainted with the data that was obtained. The researcher started by playing the recorded tapes and then carefully listened to them; doing so helped the researcher transcribe the data verbatim. A transcription of the data was completed. In order to become conversant with the data, the transcribed information was read over and over again over the course of some time. This complies with the argument made by Bogdan and Biklen (2007), which states that in theme analysis, the data have to be examined at least twice for the researcher to get a comprehensive understanding of the data. In addition, rereading the transcribed data helped the researcher develop a comprehensive understanding of the situation and identify links between the ideas and thoughts expressed by the participants and the information obtained through observations.

The creation of the first codes

This is the second stage of the data analysis process, which is sometimes referred to as the foundational stages of the data analysis process (Braun & Clarke 2019). At this point in the process, the researcher started emphasising and organising the data in a substantial and methodical way, relevant to the goals of the study. These preliminary coding assisted in the organising of the data provided by the participants into manageable subsets of meaning. The researcher assigned a code to each piece of data that was relevant to the research objectives or highlighted something fascinating about the topic under investigation such as stress or contentment. The researcher went over each transcript and coded every section of text that appeared to be relevant to the research topics or expressly addressed them such as religion, hope, and absence of control. After this was finished, the codes were compared to one another, deliberated, and adjusted before continuing on to the remaining transcripts. As the researcher went through the remaining transcripts, additional codes were found and adjusted as they were found. The researcher laboriously went through hard copies of the transcripts using pencils and highlighters in order to generate the initial set of codes for the study.

Searching for common themes

The third stage is characterised by the identification of themes, which is the primary focus of this stage. Patterns of information that reveal something significant about the data in respect to a certain research issue might be referred to as themes. After going through the process of determining themes, the codes that were initially generated were arranged into more general themes that seemed to imply anything specific regarding the research topics. During this stage, I looked over the coded data to find areas of overlap and resemblance between the several sets of codes. For example feelings of anger, lack of control were grouped under stress experiences. The researcher came up with the themes and subthemes (components of a theme) by grouping the codes that seemed to share some unifying characteristic together. This allowed the themes and subthemes to reflect and depict a meaningful and consistent pattern in the data.

Analysing the Possibilities of themes

After the identification of themes, this process was carried out. The researcher went back through the earlier stages and changed and expanded upon the basic themes that were discovered before moving on to the review step. The researcher collected every piece of data that had any bearing on any of the themes. The researcher went through all of the data that was connected to each theme in order to determine whether or not the data actually supported the themes that they were connected to. The data that had been connected with a theme but did not fit that theme were discarded. During this exercise, the researcher made sure that all of the themes and their accompanying data were consistent with one another. In this stage of the process, the researcher's ultimate goal was to generate a set of themes that reflected the most significant and pertinent aspects of the data, as well as the overall tone of the data, in relation to the research question.

Themes are definable, and their names are given

The numerous themes have been defined in a suitable manner. This was the last change that was made to the themes, and the goal was to determine what each subject is really about (Braun & Clarke, 2019). At this point in the process, the researcher questioned the significance of the themes and uncovered the presence of sub-themes, as well as how these sub-themes connected with the main themes and related to the other sub-themes. The researcher made sure that the developed themes: (i) ideally had a singular focus; (ii) are related but do not overlap, which means that they are not repetitive, although they may build on previous themes; and (iii) directly addressed the research questions. This was done to ensure that a good thematic analysis would be produced. The major and subthemes drawn from the data are outlined in Table 1. By providing each participant with a pseudonym, (participant one, two etc), the researcher was able to protect their anonymity and maintain their confidentiality.

Table 1: Themes and subthemes

Themes	Subthemes
Stress experiences	Feeling upset over the child's condition
	Unable to control the important things in life
	Feeling nervous and stressed
Coping mechanisms	Religious coping
	Reliance on family
	Personal strategies
Life satisfaction experiences	Contentment
	Life satisfaction

Field data (2022)

Table 1 presents an organized categorization of themes and subthemes related to the experiences of stress, coping mechanisms, and life satisfaction among individuals. Under the overarching theme of "Stress experiences," three distinct subthemes emerge: individuals express emotions such as feeling upset over their child's condition, a sense of powerlessness in controlling crucial aspects of life, and experiencing nervousness and stress. The next theme, "coping mechanisms," delineates various coping strategies individuals employ, including religious coping, dependence on familial support, and personal coping strategies. Lastly, the theme "Life satisfaction experiences" encapsulates positive aspects of individuals' lives, with subthemes like contentment and overall life satisfaction.

Reporting of the themes and subthemes

During this stage, the researcher was responsible for compiling a report on the data. In qualitative research, the processes of writing and analysis are intricately intertwined, and this is true at all levels, from the more casual writing of notes and memoranda to the more official procedures of analysis and report-writing. Based on the findings of the study, the report's primary objective is to present the reader with an engaging "narrative" about the data. The narrative needs to be compelling and easy to understand, while also being intricate and firmly rooted in an academic topic through the provision of scholarly proof. In this section, the researcher reported the findings from the data by quoting verbatim what the participants said in line with the research questions in such a way that, the themes were connected meaningfully and logically, and built on previous themes to tell a coherent story about the data. In other words, the researcher did this so that the themes could tell a story that was consistent with the data.

Assuring the authenticity and scientific validity of qualitative research

It is essential to clarify, within the context of each and every qualitative study that the requirements for developing rigour in qualitative data analysis are distinct from those required inside quantitative research endeavours. When it comes to qualitative research, the requirements of dependability, replication, and validity that are typically connected with the process of creating rigour in quantitative research are less applicable. This is due to the fact that they were first established for quantitative investigations, and the primary emphasis of their attention is on measurement as well as the appropriateness of the measurements (Maher, Hadfield, Hutchings, & Eyto, 2018). It is generally agreed that trustworthiness is an appropriate criterion to use when assessing qualitative investigations. Denzin and Lincoln (2018) put out the idea that in order for a qualitative process to be trustworthy, it must adhere to a set of four principles. Credibility, transferability, dependability, and confirmability are the terms that describe these qualities.

Credibility

This concept assures that the study measures what is intended, and that it accurately reflects the social reality of the participants (parents and caregivers) who took part in the study (Maher, Hadfield, Hutchings & Eyto, 2018). Additionally, it includes the representation of a participant's lived experiences in a manner that is precise and honest. This concept was arrived at through extensive conversation with the people who participated in the research. After efficiently establishing rapport with the participants in advance of the interview phase, the participants then took part in peer debriefing in order to provide them with a deeper comprehension of the objectives of the research. In addition, investigator triangulation was utilised, which involved enlisting the assistance of a seasoned professional in the field of qualitative research for the purpose of assisting with the analysis and interpretation of the data.

Transferability

Application to other contexts or settings is key to this criterion. Due to the fact that qualitative research is tailored to a particular setting, it is essential that a comprehensive interpretation of the setting in which the study was conducted be presented. This will enable the reader to determine whether or not the findings can be applied to their own circumstances (Maher, Hadfield, Hutchings & Eyto, 2018). To choose relevant individuals for the study who were prepared to offer extensive accounts of their lived experiences with autism caregiving, a purposive sampling approach was utilised. This allowed me to pick people who met all of the criteria outlined under inclusion criteria. Thus, participants were only allowed to take part in the study provided they met both of the following inclusion criteria: they had to be at least 18 years old and the primary care givers of children with Autism.

Dependability

This criterion ensures that the study procedure is explained in sufficient detail for another researcher to be able to replicate the work (Maher et al., 2018). On the other side, this establishes the level of dependability that the study's conclusions will have. This was made possible by enlisting the assistance of professionals to aid in the assessment of transcribed materials for the purpose of validating the themes and descriptors that were discovered. The results obtained from the thematic analysis were compared to the emergent themes that were taken into consideration.

Confirmability

In quantitative research, confirmability is analogous to objectivity in terms of importance. In this context, the objective is to lessen the influence of investigator bias by identifying the predispositions of researchers (Maher et al., 2018). This was accomplished by maintaining a reflective notebook throughout the entirety of the data collection procedure. The purpose of this journal was to retain daily notes and documentation, as well as introspections that would be helpful to the study.

CHAPTER FOUR

RESULTS AND DISCUSSION

The main purpose of this study is to investigate the coping, stress and life satisfaction of primary caregivers of children living with autism spectrum disorders (ASD) in the Cape Coast Metropolis. The study specifically seeks to:

1. Examine the stress experienced by primary caregivers of children living with autism.
2. Assess the coping mechanism of primary caregivers of children living with autism
3. Assess the life satisfaction of primary caregivers of children living with autism.

The preceding chapter presented the research methods that guided the study. This chapter is a presentation of the results, interpretation and findings from data collected from the field. From an expected 15, participants, 12 participants were interviewed. The chapter first presents results on the demographic information of the participants, and then main results in line with the research questions. The findings from the analyses of data are discussed in the second part of this chapter

Demographic Information

The demographic information of the participants included gender, relation to child, age, and highest educational level.

Gender of participants

The gender distribution of participants in the study revealed that there were 9 (75%) females, while there were 3 (25%) males. This data underscores a notable predominance of women in the study, with a three-to-one ratio in comparison to male participants.

Age range

The age range of the surveyed participants of this study revealed that 5 participants were 31 to 40 years old (41.6%). Participants between 26-30 years were 3 (25%). Similarly, participants between 18 to 25years were also 3 (25%). Only one respondent was in the ages of 41 to 50 years old. The implication of this is that majority of the participants are between 31-40 years.

Relationship to Child

Data was taken on the participants' relationship to the child. The study revealed that that 7 (58.3%) of the participants were their mothers. A total of 3 (25%) of participants were their guardians (two aunts and an uncle). This was the second highest recorded frequency. Also, 2 participants were their fathers (16.7%).

Highest Educational Background

Among the surveyed participants, 4 (33.3%) completed junior high education, and an additional 4 (33.3%) completed secondary education. Moreover, 2 (16.6%) participants each had attained a Diploma and a Degree.

Themes as well as subthemes pertaining to participants

The researcher began the analysis of the data by first listening to the audiotapes. After that, the researcher proceeded to copy it word for word as the individuals offered their accounts. In order to become comfortable with the data, the transcribed information was read over and over again over the course of some time. The formulation of preliminary codes represented the second stage of the data analysis process. This was done by the researcher so that the data could be organised methodically pertinent to the research aims. The researcher came up with the primary themes and sub-themes by basing them on the objectives, and the meaning gleaned from the data.

Research Question One

How do primary caregivers of children living with autism experience stress?

Research question one sought to determine how primary caregivers of children with autism experience stress. A total of three questions were used to solicit data on the extent to which parents experienced stress related to taking care of children with autism. These questions aim to explore and understand the stress experiences of caregivers of children with autism over the past three months. The inquiries delve into specific emotions, such as anger, lack of control, nervousness, and stress, seeking to elicit detailed responses about the situations and circumstances that triggered these feelings when taking care of children with autism. Responses are presented according to categories below.

Feeling upset over the child's condition

According to participant Three:

> *Sometimes I am not happy with some events in my life, but I cannot do anything about it. Even though I get angry, I have to let it go. Because anger cannot change my life.*

When asked what are some of the things that makes participant Three angry in relation to the child? The response was:

> *When I go to some places with the child, the child will always be moving about, and the comments that some people make will make me angry. Some people will tell me I am not training my child well. But they don't know what is going on. So*

> *sometimes I get angry because I am trying my best. Also, I tell the child not to go to some places, but before you realise the child is already there causing trouble. It makes me angry. But I cannot do anything about the condition. That is how he is, so I give it to God.*

Participant Five also added that:

> *I take care of the child because the parents are no more. When it is your child, you can discipline the child very well to behave. But taking care of another person's child is difficult. Also because of the condition the child does not listen. You tell him to do something and he does it if he wants. If he does not want to he won't do it. The slightest thing and people will say you are maltreating the child. It is difficult. I get angry but I don't get angry for long.*

Also, according to participant Eleven, the child is not the problem but how others treat the child.

> *One of the things that makes me angry is because people don't understand that the child has a condition. As the father of the child I understand him. But other people do not. They are tempted to hit the child when they do not know him. Especially some of the younger people. I get the report and I get angry this thing happened to my child. But it is not everything I can take action. So I pray things will get better.*

Unable to control the important things in life

Participants were asked to indicate whether they are unable to control the important things in their lives. Majority of the participants felt that they could not control how their child would behave. Also, they could not engage in certain activities because they have to keep a constant eye on the child. Thus, taking care of the child took all their time, leaving very little time for other events.

According to participant Four;

> *Because of my child I cannot travel for a long time. If I have to go somewhere, then it means I have to take her with me. If there are situations that I cannot go with the child, I always feel troubled because of that. I don't know how the person I would leave the child with would treat her. So, if I will spend like three days, it is okay, I can leave her with my mother and travel. But my mother is also old, she cannot look after her for a long period. So my movements are restricted because of the child. Maybe when she gets older, it will be better.*

Participant One Also added that:

> *I have restricted the number of hours I work because of my child. At first I used to work even in the evenings. I sell food by the roadside. But now I do it only when he closes from school. I have to be there early to pick him up. After that I cannot go to work. Because I have to take care of him. I cannot take him to where I sell my food because he will disturb me.*

According to participant Ten;

> *I have to sacrifice a lot for my child, in terms of finances. To provide him with extra care that my other children may not need. When I do that, my other two children think I am giving him special treatment. They are children so they don't understand. But I cannot control some of these things. When they grow they will understand better. Their older sibling, my first born understands, so they younger one will understand well.*

Feeling nervous and stressed

Participants were asked whether they felt nervous and stressed. Majority indicated they felt this way often felt nervous and stressed. This was due to the fact that they feared for the future of their children. Others were also not sure of what the lives of their children will be when they are no more.

According to participant Seven;

> *I get stressed often. This is because as head of the family, I have to provide for my family, that is my wife and children. I also have my mother to take care of. I don't have any one to help. Their mother has to take care of the children. She does not earn much money because she keeps a close eye on the child, so I do everything. I want to establish a store for her at home but you know how the country is. I don't know how long we have to take care of the child. Because it is financially draining. All her rounds, we have to pay a taxi driver to take her where she wants to go. I have to monitor her often so the mother can also focus on the others. She does not like talking, that is the problem, so I*

> *have to keep a close eye on her. I don't know why but it is stressful to me. But God gives, so God knows why things are like this.*

Participant Nine also added that;

> *I face stress because of constantly going to pick him from school. When I allow the taxi driver, sometimes he gives them a lot of issues, so it is better I go and pick him. When you bring him home, you cannot take your eyes off him. He is always trying to do something which can cause a problem. The parents are not in Cape Coast so the boy stays with me. On weekends he goes home. I work at a primary school, it is not easy handling him. I am alone with all these responsibilities. It is not easy as a young girl. I cannot go out often. If he can handle himself then I have no problem, but I have to do everything for him.*

Also, participant Six added that;

> *Sometimes my husband does not understand the child very well. He gets upset about some of the things the child does. This is also stressful to me. The child is my sister's child. She is no more so I take care of the child. We sometimes do not understand what the child wants and sometimes the child is sometimes very quiet that we wonder what is wrong. I feel stressed because I do not understand what the child wants.*

According to participant Two;

> *The child because of his condition cannot help me in everything I do. When I ask him to go and take something for me,*

> *I will get there and he is playing. He does not listen to what I say. He prefers to do what he likes. I got him a teacher at home to help teach him some of the things he does not understand, but the teacher complained that he is too hyperactive. You ask him to do one thing, he will not finish then he goes to do another thing. So this year I have changed two teachers now because of the child's behaviour. It is stressful. Because you don't know what people will say about you and the child, and you always have to force him to do the right thing.*

Participant Eight added that;

> *When he comes back from school, all that he wants to do is to watch cartoons. When you stop him he starts crying and being sad. But my other two girls are not like that. He is the second born but he does not behave like that. One time he is very active playing, then when you ask him to stop and do the right thing it is difficult for him. He is stressing me every day because I have to keep an eye on him all the time. The other two children do what I ask them to, but he cannot concentrate on what I ask him to. Only thing he likes are his toys and tablet. He is a good boy but he does not listen to what I tell him. I am afraid one day he will get hurt because of his behaviour.*

The verbatim statements of the participants revealed that they often felt angry that things were not going their way. They are unable to provide correction to the child as well as they wish. Also, society misunderstands and mistreats their children which gets them angry. Participants were not able to have full control of their lives because they had to sacrifice their daily routines and work to take care of their child. It is financially draining to provide for these children as well. Majority of the participants revealed that sometimes certain things happen that they wish would not have happened, but it is the will of God so they accept it even though they wished it would not have happened. They get upset often but give it to God.

Research Question Two

What are the coping mechanisms of primary caregivers of children living with autism?

Research question two sought to identify the coping mechanisms of primary caregivers of children living with autism. A total of three questions were used to solicit data on the coping mechanisms of primary caregivers of children living with autism. Participants were to indicate what they do when they are stressed, who they ask for help when they are stressed and the options that are suggested to them.

Religious coping

According to participants, they rely on God and themselves to cope with their situations.

According to participant Twelve;

> *For me I cannot do anything about it. It is God that I pray to. I go to church, and I go with the boy and his siblings. I am sure God will help us. As human beings we cannot do anything without help from God. I pray that God will help us through everything.*

Participant Four;

> *First of all, it is God. I thank God for my life and my child's life. Also, my mother has been helping me a lot, she takes care of my child and also encourages me to be strong and not to give up. When I feel stressed, she steps in to take care of my child and myself. Yeah, so I think my mother helps me to cope with my situation.*

Participant Three added;

> *As I said earlier, for me I cannot do anything about it. It is nobody's wish that the child will go through some of these changes. But I have hope that he will get better. My source of hope is that God can do miracles. So I trust God to help me.*

Participant Six indicated that;

> *I turn to my pastor most often. Sometimes when my husband is upset, our pastor talks to us and encourages us for the good work we are doing. So I turn to my pastor for help. My pastor also prays with us and encourages us to have faith. I believe this is what has helped me most. I am grateful for Gods intervention and my pastor's prayers.*

Personal coping strategies

Participant Eleven focused on ignoring what people say;

> *I ignore what people say about the child. They have negative things to say about the child. So I do not mind them. What I do is to focus on how I can help the child rather than what people are saying.*

According to participant Two;

> *I have learnt that he likes playing a lot. So to help me cope I also play with him so that he does not always cry. I adopted this strategy and it is helping me now. I tell his teachers to use play and toys to help him learn. The teachers that teach him at home are now a bit relaxed for him. Now they have patience for him. I also have patience for him and this is helping me a lot.*

Reliance on family

Participant Nine also mentioned that;

> *It is not easy for me. There are days where I am so stressed I seek for permission from his school and send him to the parents so I can rest for a while. Sometimes too it is my mother who comes over so I can have freedom. For instance, on Thursdays I can let him skip Friday school and go to the parents so he can return on Sunday for school. This helps me to get the time to engage in activities that will help me to relax or feel better such as listening to or playing music. Sometimes to I go out during the weekend to have fun.*

Participant Eight;

> *When I am stressed I ask my parents for help. I send him to my parents in Accra to help me. Especially during vacation. He spends like a week or two with them before coming back.*

According to participant Eleven;

> *I always contact my brother for help. Most often when it is financial stress. He is the one I turn to in those situations. In other situations it is my brother's wife. I allow the child to go and visit her so that my wife can rest small. I am always busy at work so it is good to let her rest small.*

According to participant One;

> *I have a younger sister who helps me. She helps me with my food business. So there are weeks that I cannot go and sell food. She comes around to help sustain the business. Also she helps take care of my child when I am stressed.*

Majority of the participants revealed that they mostly use religion as a coping strategy. They believe God will help them in their situations. Others also indicated that they discuss it with their parents who encourage them to be strong. Some also turn to siblings to obtain information or resources, specifically financial resources, in dealing with their problem.

Research Question Three

What are the life satisfaction experiences of primary caregivers of children living with autism?

Research question three sought to identify the life satisfaction experiences of primary caregivers of children living with autism. A total of 4 questions were used to solicit data on the life satisfaction experiences of primary caregivers of children living with autism.

Feelings of contentment

Participant Two was of the view that;

> *I am okay with the way my life is going, I don't have any bad thing about my life. I am okay with it. My life is okay.*

Participant Five added that;

> *My life is going well. Although there a few problems with my family we are doing well by the special grace of God.*

According to participant Seven;

> *I am content with my life. Although things are hard they will not be hard forever. The cost involved in taking care of the child is high. However, it is fine. I trust God that he will deliver me from anything I cannot cope with. So I am content with my life. God will not give you what you cannot handle.*

In response to the above, participant Eight added that;

> *Everything is going well. That is what I can say.*

Participant Ten added that;

> *I have learnt how to handle this situation. I think besides financial issues, I am doing well. The only challenge is finances. But with that I know it will improve. In the beginning it was challenging. I did not understand why my child has to go through this situation. But going forward I have accepted the situation and things are okay. So I think my life is going on well.*

Life satisfaction

In relation to what participants would change about their lives, majority were of the view that they would maintain everything about their lives whiles a few indicated they would change their financial situations.

For participant Three;

> *What I can say is I do not know if something worse could have happened to me. So I am not sure, but what I have now I am content with it.*

Participant Seven also confirmed this

> *I do not think there is something I want to change. Maybe financially, I would like to be okay in that aspect. When it comes to finances, aside that people have more challenges than me so I am content with my life.*

In addition, participant Five stressed that;

Though I wish his mother was still around. Because he is not my son, disciplining him is quite difficult. Aside that, there is nothing I would change about my life. He is doing well with the situation. So far we are fine. I have hope so everything is well.

Most participants indicated they were happy with the way their life is going. Generally, they believed it is God's will in their life. Participants were of the view that they do not know if something worse could have happened to them, and were thus grateful for their lives.

Discussion of findings

Stress experiences of Primary Caregivers of Children Living with Autism

Research question one sought to identify the stress experiences that primary caregivers of children with autism went through. Verbatim statements from the participants often felt angry that things were not going their way. They are unable to provide correction to the child as well as they wish. Also, society misunderstands and mistreats their children which gets them angry. Participants were not able to have full control of their lives because they had to sacrifice their daily routines and work to take care of their child. It is financially draining to provide for these children as well. Majority of the participants revealed that sometimes certain things happen that they wish would not have happened, but it is the will of God so they accept it even though they wished it would not have happened. They get upset often but give it to God. High levels of stress among parents of children with ASD have been shown to get in the way of effective care for these children.

The stress experiences reported by primary caregivers of children with autism align with Lazarus and Folkman's Stress and Coping Theory and the ABC Model of Family Stress. Lazarus and Folkman's theory posits that stress is a result of an individual's appraisal of a situation and their ability to cope with it. In the context of caregivers of children with autism, the verbatim statements reveal various stressors, such as the inability to correct the child's behaviour effectively, societal misunderstanding and mistreatment of their children, lack of control over their lives due to sacrifices in daily routines and work, and financial strain.

According to Lazarus and Folkman, individuals use coping mechanisms to manage stress. In this case, caregivers may employ both problem-focused coping (addressing the challenges directly, such as seeking support for financial strain) and emotion-focused coping (managing the emotional distress associated with the situation, such as giving their concerns to God). The coping strategies mentioned in the verbatim statements align with these concepts, where participants express frustration and anger but also resort to accepting the situation as the will of God, indicating an adaptive coping mechanism.

The ABC Model of Family Stress, developed by Hill and McCubbin, identifies three factors contributing to family stress: A, the stressor event; B, the family's resources and perceptions; and C, the family's coping strategies. In the case of caregivers of children with autism, the stressor events include the child's behaviour, societal attitudes, financial burdens, and disruptions to daily routines and work. The family's resources and perceptions encompass their beliefs about the controllability of the stressors and the availability of support. Coping strategies, as mentioned in the verbatim statements, involve attempts to regain control, acceptance of the situation, and reliance on faith.

The current study corroborates several studies which found that caring for a child with autism is quite stressful for the caregiver (Ingersoll & Hambrick's, 2011; Valicenti-McDermott, 2015; Costa, Steffgen, & Ferring, 2017). Parental stress and sadness were also investigated in Ingersoll and Hambrick's (2011) research on children with ASD, along with the association between the severity of their children's symptoms, the parents' broader autism phenotype (BAP), and the disorder. Stress and depression among parents were reported to be higher than in typical populations. According to Valicenti-McDermott (2015), non-Hispanic and U.S.-born mothers, as well as the autism group, had significantly greater levels of parental stress. Costa, Steffgen, and Ferring (2017) observed similar results; they discovered that parental stress was clinically meaningful and higher in the ASD group than in the comparison group. Parental anxiety about their child's impulsivity and hyperactivity was significantly predicted by the child's autism severity.

Similarly, Apaah et al found that caregivers of children with ASD face social challenges, financial challenges, emotional challenges, challenges in accessing health care, and educational and training challenges. The challenges have implications for the overall quality of life of caregivers and the care, treatment, and monitoring of their children with ASD. Mbamba, and Ndemole, (2021) also adds that strains and stagnation of social life as predisposing challenges experienced by single mothers of autistic children.

Thus, the stress experiences reported by primary caregivers of children with autism align with established stress theories, and the findings corroborate existing literature on the elevated stress levels among this population. The multifaceted challenges identified in the current study highlight the need for comprehensive support systems to address the various dimensions of stress faced by caregivers of children with autism.

Coping mechanisms of primary caregivers of children living with autism

Research question two sought to identify the coping mechanisms of primary caregivers of children living with autism. Majority of the participants revealed that they mostly use religion as a coping strategy. They believe God will help them in their situations. Others also indicated that they discuss it with their parents who encourage them to be strong. Some also turn to siblings to obtain information or resources, specifically financial resources, in dealing with their problem and also identify ways of relating with the child to prevent making the child upset. The coping mechanisms identified among primary caregivers of children with autism, particularly the predominant use of religion, align with existing theories and models of stress and coping, including Patterson and Garwick's (2003) ABC-X Model of Family Stress and Coping, as well as the Process Model of Coping.

Patterson and Garwick's ABC-X Model of Family Stress and Coping emphasizes the role of the family's resources, including optimism and religiousness, in dealing with stressful situations. The reliance on religion as a coping strategy, as highlighted in the current study, is consistent with this model. Participants expressing the belief that God will help them in their situations reflects a reliance on religious faith as a resource to navigate the challenges associated with raising a child with autism. Additionally, the involvement of parents and siblings in the coping process, as mentioned by some participants, aligns with the idea of drawing upon family support and resources as essential components of effective coping, as proposed by the ABC-X Model.

The Process Model of Coping, which suggests that coping mechanisms are closely tied to an individual's perception of the significance of a stressful event, is also relevant to the current study. The participants' emphasis on religious coping and seeking support from family members indicates a subjective interpretation of their situation. Their coping strategies are influenced not only by the objective stressors they face but also by the meaning they attribute to those stressors. This aligns with the central tenet of the Process Model, which emphasizes the importance of cognitive appraisal in shaping coping responses.

Moreover, the finding that caregivers turn to their parents for encouragement and support aligns with the socioemotional coping aspect of the Process Model, which highlights the role of social support in coping with stress. Discussing challenges with parents provides caregivers with a supportive outlet and reinforces their emotional well-being, which is crucial in the context of managing the stress associated with caring for a child with autism.

Expanding the discussion to broader implications, the identified coping mechanisms suggest the need for holistic and culturally sensitive interventions that consider the role of religion and family support in the coping process. Healthcare professionals and support organizations working with caregivers of children with autism should recognize and respect the diverse coping strategies employed by caregivers. Incorporating these coping mechanisms into intervention programs may enhance their effectiveness and foster a more supportive environment for caregivers.

The findings of the current study align with existing research, as demonstrated by Valicenti-McDermott (2015), who highlighted the significance of addressing irritability in children with autism and other developmental disorders as a means to alleviate parental stress. Emphasizing this specific aspect of behavior in interventions may prove particularly beneficial for families. Furthermore, Gona et al. (2016) identified diverse coping mechanisms adopted by parents, encompassing both problem-focused strategies such as food control and respite care, and emotion-focused approaches like drawing strength from faith, prayers, and spiritual healing. Shilubane and Mazibuko (2020) also underscored the importance of prayer, a robust support system, and acceptance as indispensable components in effectively coping with the challenges associated with caring for a child diagnosed with ASD.

Life satisfaction experiences of primary caregivers of children living with autism

Most participants indicated they were happy with the way their life is going. Generally, they believed it is God’s will in their life. Participants were of the view that they do not know if something worse could have happened to them, and were thus grateful for their lives. In the context of the current study, the participants' coping mechanisms, particularly their reliance on God and family, emerge as crucial factors contributing to their overall life satisfaction. The participants consistently expressed a belief in the divine orchestration of their lives, contributing to a positive cognitive appraisal of their circumstances. The reliance on religious faith and the support of family members appear to serve as significant buffers against the challenges associated with caring for a child with autism. This aligns with the idea that coping strategies, especially those rooted in faith and social support, play a pivotal role in shaping individuals' perceptions of their overall life satisfaction.

The participants' prevailing sense of happiness and satisfaction with their lives, attributed to a belief in God's will, is a central theme that stands in contrast to some earlier research, such as Yoder's (2016) study on primary caregivers of children with ASD. Yoder's findings indicated average levels of happiness that were described as lukewarm or unfulfilled. The disparity between these studies may be attributed to variations in the focus of the research or differences in the specific aspects of coping and life satisfaction being measured.

The current study's alignment with the findings of Vasilca and David (2018), who observed that mothers of children with autism did not experience greater levels of life satisfaction despite higher rates of anxiety, depression, and parental stress, underscores the complexity of the relationship between caregiving stressors and overall life satisfaction. It suggests that factors beyond the direct challenges associated with caregiving, such as coping mechanisms and support systems, significantly influence caregivers' subjective well-being.

Furthermore, the temporal aspect highlighted in the comparison with Vasilca and David's (2018) findings provides valuable insights. The improvement in life satisfaction and optimism over time among the participants in the current study suggests that coping strategies, including reliance on faith and family support, may contribute to a positive trajectory in caregivers' well-being as they adapt to the challenges associated with raising a child with autism.

Thus, the participants' happiness and satisfaction with their lives, grounded in their belief in God's will and supported by family, provide a nuanced perspective on the interplay between caregiving stressors and overall well-being. The findings underscore the importance of considering coping strategies and support systems in understanding the diverse experiences of caregivers. Recognizing the role of faith and family support as sources of strength can inform targeted interventions to enhance the well-being of caregivers of children with autism.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The main purpose of this study was to investigate the coping mechanism, stress and life satisfaction of primary caregivers of children living with ASD in the Cape Coast Metropolis. The findings analysis and discussion were reported in the previous chapter. This chapter addresses the summary of the study, key findings, conclusions, recommendations and areas for further studies.

Summary

Overview of the study

Parents of children diagnosed with ASD in the Cape Coast Metropolitan Area of Ghana were the primary participants in this study, and their coping strategies, stress experiences, and overall happiness were analysed. The purpose of this research was to gain a better understanding of a phenomenon: primary caregivers perspectives on caring for children with autism. The purpose of this study is to investigate the strains experienced by primary caregivers of children with autism, as well as their coping mechanisms and levels of happiness. So, a phenomenological approach, a type of qualitative methodology, was used. The Central area of Ghana was the focus of the study, specifically the Cape Coast Metropolis. Due to the paucity of research into the role of coping mechanisms in mitigating the negative effects of stress on happiness in the region.

Only 12 of the 15 responders were interviewed. Researchers gathered information by having participants fill out questionnaires. There were 5 separate questions in the questionnaire. Separated into sections A, B, C, D, and E. The results of the demographics section (A) and the stress section (B) were analysed.

In Section C, the researcher discussed various coping mechanisms, and in Section D, analysed the concept of life satisfaction. Both the authenticity and dependability of the content were determined. It was decided that the instrument was adequate for gathering information. Themes and categories were applied to the analysis of the three research questions.

Key findings

The following findings emerged from the investigation:

1. Results on the level of stress revealed that participants felt that things were not going their way. They were unable to control the important things in their life and they were unable to control irritations in their life.
2. Coping mechanisms participants often engaged in included looking for religious coping, reliance on family and personal strategies such as accepting the fact that this happens and tell themselves that they can't do much about it and they talk with and get help from other members of their family (e.g., siblings, cousins, aunts, uncles).
3. Participants indicated that they were satisfied with their life. It could be observed that participants are satisfied with where they are in life right now, they are content with their life, if they could live their life over, and they would not change many things. Participants also added that they like how their life is going, they do want to change the path their life is on and that those around them are not living better lives than theirs.

Conclusions

Based on the results, it can be inferred that majority of participants experience stress. However, they engage in coping mechanisms which helps reduce their stress. As such, participants experienced higher life satisfaction. Stress does not have an influence on the life satisfaction of caregivers of children living with autism. Coping mechanisms influence the life satisfaction of caregivers of children living with autism.

Recommendations

The following recommendations are offered in light of the study's results:

1. Primary caregivers experience high stress experiences, as such, there is the need for them to receive training on some strategies to manage their stress. Also, receiving assistance from government, NGOs and other well-meaning individuals could help reduce their stress experiences.
2. The participants highlighted a few coping mechanisms used, these strategies could be enhanced with training and support. Also, these strategies could be extended to other centres to help caregivers of children with autism.
3. Participants in general experienced high life satisfaction. This could be due to the coping mechanisms used. As such, although they experienced stress, the coping mechanisms prevented it from affecting their life satisfaction. Such mechanisms should be implemented in other centres to help primary caregivers of children of children with autism visiting these centres.

Suggestions for Further Research

1. Further research should be conducted using a larger sample in Ghana to find out if these findings are applicable to all autism centres in the country.

2. Also, research should focus on newly diagnosed cases of ASD, to identify how these families are coping with the situation.

REFERENCES

Abbeduto, L., Seltzer, M. M., Shattuck, P., Krauss, M. W., Orsmond, G., & Murphy, M. M. (2004). Psychological well-being and coping in mothers of youths with autism, down syndrome, orfragile X syndrome. *American journal on mental retardation, 109*(3), 237-254.

Abidin, R. R. (1995). *Parenting stress index* (3rd ed.). Psychological Assessment Resource.

Agyekum, H. A. (2018). Challenges of parents with autistic children in Ghana. *Brain Disorders and Therapy, 1*(1), 1-4.

Aldwin, C. M. (2004). *Culture, coping and resilience to stress*. Centre for Bhutan Studies.

Algorani, E. B., & Gupta, V. (2023). *Coping mechanisms*. StatPearls Publishing.

AL-Hadrawi, H. H. (2020). Psychological stress and life satisfaction among parents of children with autistic spectrum disorder. *International Journal of Psychosocial Rehabilitation, 14* (1), 1-14.

Allotey, E. (2020). Parental experiences of raising a child with autism spectrum disorder in Ghana: A case study research analysis. [Unpublished master’s thesis, University of Gothenburg]’

Altay, B., & Avcı, A. (2009). The relation between the self-care strength and life satisfaction of the elderly living in nursing home. *Dicle Medical Journal*, *4*(1), 275-82.

American Psychiatric Association. (2011). *DSM-5*. www.dsm5.org.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (DSM-5). American Psychiatric Association Publishing.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed.). American Psychiatric Association

Amireh, M. M. H. (2019). Stress levels and coping strategies among parents of children with autism and down syndrome: The effect of demographic variables on levels of stress. *Child Care in Practice*, *25*(2), 146-156.

Anthony, J. H. (2010). *Towards inclusion: Influences of culture and internationalisation on personhood, educational access, policy and provision for students with autism in Ghana* (Unpublished doctoral dissertation, University of Sussex).

Antwi, S. K., & Hamza, K. (2015). Qualitative and quantitative research paradigms in business research: A philosophical reflection. *European Journal of Business and Management*, *7*(3), 217-225.

Apaah, J., Vivian Efua, S. D., Armah, D., & Ohene, L. A. (2023). *'We have challenges': The cry of caregivers with children living with autism spectrum disorders in Ghana*. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4547356

Asiamah, N., Mensah, H., & Oteng-Abayie, E. F. (2017). General, target, and accessible population: Demystifying the concepts for effective sampling. *The Qualitative Report*, *22*(6), 1607-1621.

Badu, E. (2016). Experiences of parents of children with intellectual disabilities in the Ashanti Region of Ghana. *Journal of Social Inclusion*, *7*(1), 20–30

Baio, J., Wiggins, L., Christensen, D.L., Maenner, M.J., Daniels, J., Warren, Z., Kurzius-Spencer, M., Zahorodny, W., Rosenberg, C.R., White, T. & Durkin, M.S., (2018). Prevalence of autism spectrum disorder among children aged 8 years-autism and developmental disabilities monitoring network, 11 sites, United States, 2014. *Morbidity And Mortality Weekly Report Surveillance Summaries*, *67*(6), 1-23.

Baird, B. M., Lucas, R. E., & Donnellan, M. B. (2010). Life satisfaction across the lifespan: Findings from two nationally representative panel studies. *Social Indicators Research*, *99*(2), 183-203.

Bakare, M. O., Ebigbo, P. O., & Ubochi, V. N. (2012). Prevalence of autism spectrum disorder among Nigerian children with intellectual disability: A stopgap assessment. *Journal of Health Care for the Poor and Underserved*, *23*(2), 513-518.

Batool, S. S., & Khurshid, S. (2015). Factors associated with stress among parents of children with autism. *Journal of the College of Physicians and Surgeons Pakistan*, *25*(10), 752-756.

Bauman, M. L., & Kemper, T. L. (2005). Neuroanatomic observations of the brain in autism: a review and future directions. *International journal of developmental neuroscience*, *23*(2-3), 183-187.

Beck, A., Daley, D., Hastings, R. P., & Stevenson, J. (2004). Mothers' expressed emotion towards children with and without intellectual disabilities. *Journal of Intellectual Disability Research*, *48*(7), 628-638.

Bekhet, A. K., Johnson, N. L., & Zauszniewski, J. A. (2012). Resilience in family members of persons with autism spectrum disorder: A review of the literature. *Issues in Mental Health Nursing*, *33*(10), 650-656.

Belhadj, A., Mrad, R., & Halayem, M. B. (2006). A clinic and a paraclinic study of Tunisian population of children with autism. About 63 cases. *La Tunisie Medicale*, *84*(12), 763-767.

Benderix, Y., Nordström, B., & Sivberg, B. (2006). Parents' experience of having a child with autism and learning disabilities living in a group home: A case study. *Autism*, *10*(6), 629-641.

Benjak, T. (2011). Subjective quality of life for parents of children with autism spectrum disorders in Croatia. *Applied Research in Quality of Life*, *6*(1), 91-102.

Benson, P. R. (2010). Coping, distress, and well-being in mothers of children with autism. *Research in Autism Spectrum Disorders*, *4*(2), 217-228.

Benson, P. R. (2014). Coping and psychological adjustment among mothers of children with ASD: An accelerated longitudinal study. *Journal of Autism and Developmental Disorders*, *44*(8), 1793-1807.

Berjot, S., & Gillet, N. (2011). Stress and coping with discrimination and stigmatization. *Frontiers in Psychology*, *2*(33), 1-13.

Bernstein, D. A., Penner, L. A., Stewart, A. C., & Roy, E. J. (2008). *Psychology* (8th ed.). Houghton Mifflin Company.

Bhardwaj, P. (2019). Types of sampling in research. *Journal of Primary Care Specialties*, *5*(3), 157-163.

Bilgin, H., & Kucuk, L. (2010). Raising an autistic child: Perspectives from Turkish mothers. *Journal of Child and Adolescent Psychiatric Nursing*, *23*(2), 92-99.

Blacher, J., & McIntyre, L. L. (2006). Syndrome specificity and behavioural disorders in young adults with intellectual disability: Cultural differences in family impact. *Journal of Intellectual Disability Research*, *50*(3), 184-198.

Bonis, S. (2016). Stress and parents of children with autism: A review of literature. *Issues in Mental Health Nursing*, *37*(3), 153-163.

Bornstein, M. H., & Zlotnik, D. (2008). *Parenting style and their effects*. https://www.researchgate.net/publication/288227440_Parenting_Styles_and_their_Effects

Boss, P. (1988). *Family Stress Management*. Sage Publications.

Boss, P. (2002). *Family stress management: A contextual approach* (2nd ed.). Sage Publications.

Bourke-Taylor, H., Howie, L., & Law, M. (2010). Impact of caring for a school-aged child with a disability: Understanding mothers' perspectives. *Australian Occupational Therapy Journal*, *57*(2), 127-136.

Bowen, S. K., & Rude, H. A. (2006). Assessment and students with disabilities: Issues and challenges with educational reform. *Rural Special Education Quarterly*, *25*(3), 24-30.

Boyle, C. A., Boulet, S., Schieve, L. A., Cohen, R. A., Blumberg, S. J., Yeargin-Allsopp, M., ... & Kogan, M. D. (2011). Trends in the prevalence of developmental disabilities in US children, 1997–2008. *Pediatrics*, *127*(6), 1034-1042.

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, *11*(4), 589-597.

Bronfenbrenner, U. (1992). *Ecological systems theory*. Jessica Kingsley Publishers.

Brough, P., O'Driscoll, M. P., & Kalliath, T. J. (2005). The ability of family friendly organizational resources to predict work–family conflict and job and family satisfaction. *Stress and Health: Journal of the International Society for the Investigation of Stress*, *21*(4), 223-234.

Brown, S. P., Westbrook, R. A., & Challagalla, G. (2005). Good cope, bad cope: adaptive and maladaptive coping strategies following a critical negative work event. *Journal of Applied Psychology*, *90*(4), 792.

Cantwell, D. P., & Baker, L. (1984). *Research concerning families of children with autism*. Springer

Cappe, E., Wolff, M., Bobet, R., & Adrien, J. L. (2011). Quality of life: A key variable to consider in the evaluation of adjustment in parents of children with autism spectrum disorders and in the development of relevant support and assistance programmes. *Quality of Life Research*, *20*(8), 1279-1294.

Caronna, E. B., Milunsky, J. M., & Tager-Flusberg, H. (2008). Autism spectrum disorders: Clinical and research frontiers. *Archives of Disease in Childhood*, *93*(6), 518-523.

Carpenter, L.A., Boan, A.D., Wahlquist, A., Cohen, A., Charles, J., Jenner, W., ... & Hill, E.G. (2017). *The prevalence of autism spectrum disorder in school aged children: Population based screening and direct assessment*. https://imfar.confex.com/imfar/2017/webprogram/Paper25414.html

Carver, C. S. (1997). You want to measure coping but your protocol is too long: Consider the brief cope. *International Journal of Behavioural Medicine*, *4*(1), 92-100.

Carver, C. S., & Connor-Smith, J. (2010). Personality and coping. http://dspace.stellamariscollege.edu.in:8080/xmlui/bitstream/handle/123456789/7428/personality.pdf?sequence=1&isAllowed=y

Chambers, N. J., Wetherby, A. M., Stronach, S. T., Njongwe, N., Kauchali, S., & Grinker, R. R. (2017). Early detection of autism spectrum disorder in young isiZulu-speaking children in South Africa. *Autism*, *21*(5), 518-526.

Chiu, C. Y., Turnbull, A. P., & Summers, J. A. (2013). What families need: Validation of the family needs assessment for Taiwanese families of children with intellectual disability and developmental delay. *Research and Practice for Persons with Severe Disabilities*, *38*(4), 247-258.

Cho, S., & Kahng, S. K. (2015). Predictors of life satisfaction among caregivers of children with developmental disabilities in South Korea. *Asian Social Science*, *11*(2), 154-166.

Choque Olsson, N., Rautio, D., Asztalos, J., Stoetzer, U., & Bölte, S. (2016). Social skills group training in high-functioning autism: A qualitative responder study. *Autism*, *20*(8), 995-1010.

Chow, S. M., Lo, S. K., & Cummins, R. A. (2005). Self-perceived quality of life of children and adolescents with physical disabilities in Hong Kong. *Quality of Life Research*, *14*(2), 415-423.

Christensen, D. L., Braun, K. V. N., Baio, J., Bilder, D., Charles, J., Constantino, J. N., Daniels, J., Durkin, M. S., Fitzgerald, R. T., Kurzius-Spencer, M., Lee, L. C., Pettygrove, S., Robinson, C., Schulz, E., Wells, C., Wingate, M. S., Zahorodny, W., & Yeargin-Allsopp, M. (2018). Prevalence and characteristics of autism spectrum disorder among children aged 8 years - autism and developmental disabilities monitoring network, 11 sites, United States, 2012. *Morbidity and mortality weekly report. Surveillance Summaries*, *65*(13), 1–23.

Chun, C. A., Moos, R. H., & Cronkite, R. C. (2006). *Culture: A fundamental context for the stress and coping paradigm*. https://www.researchgate.net/profile/Ruth-Cronkite

Clarke, V., & Braun, V. (2013). *Successful qualitative research: A practical guide for beginners*. https://www.researchgate.net/publication/256089360_Successful_Qualitative_Research_A_Practical_Guide_for_Beginners

Cohen, L., Manion, L & Morrision, K (2018). *Research methods in education*. Routledge.

Costa, A. P., Steffgen, G., & Ferring, D. (2017). Contributors to well-being and stress in parents of children with an autism spectrum disorder. *Research in Autism Spectrum Disorders*, *37*(1), 61-72.

Crane, L., Chester, J. W., Goddard, L., Henry, L. A., & Hill, E. (2016). Experiences of autism diagnosis: A survey of over 1000 parents in the United Kingdom. *Autism*, *20*(2), 153-162.

Creswell, J. W. (2012). *Educational research*. Pearson.

Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage Publications.

Cuzzocrea, F., Larcan, R., & Westh, F. (2013). Family and parental functioning in parents of disabled children. *Nordic Psychology*, *65*(3), 271-287.

Cuzzocrea, F., Larcan, R., Costa, S., & Gazzano, C. (2014). Parents' competence and social skills in siblings of disabled children. *Social Behaviour and Personality: an International Journal*, *42*(1), 45-57.

Dardas, L. A., & Ahmad, M. M. (2014). Quality of life among parents of children with autistic disorder: A sample from the Arab world. *Research in Developmental Disabilities*, *35*(2), 278-287.

Dardas, L. A., & Ahmad, M. M. (2014). Quality of life among parents of children with autistic disorder: A sample from the Arab world. *Research in Developmental Disabilities*, *35*(2), 278-287.

Dardas, L. A., & Ahmad, M. M. (2015). Coping strategies as mediators and moderators between stress and quality of life among parents of children with autistic disorder. *Stress and Health*, *31*(1), 5-12.

DeFrain, J., & Asay, S. M. (2007). Strong families around the world: An introduction to the family strengths perspective. *Marriage & Family Review*, *41*(1-2), 1-10.

Dellve, L., Samuelsson, L., Tallborn, A., Fasth, A., & Hallberg, L. R. M. (2006). Stress and well-being among parents of children with rare diseases: A prospective intervention study. *Journal of Advanced Nursing*, *53*(4), 392-402.

Denzin, N. K., & Lincoln, Y. S. (2018). *The sage handbook of qualitative research* (5th Ed.). Sage Publications.

DePape, A. M., & Lindsay, S. (2015). Parents' experiences of caring for a child with autism spectrum disorder. *Qualitative Health Research*, *25*(4), 569-583.

Derguy, C., M'bailara, K., Michel, G., Roux, S., & Bouvard, M. (2016). The need for an ecological approach to parental stress in autism spectrum disorders: The combined role of individual and environmental factors. *Journal of Autism and Developmental Disorders*, *46*(6), 1895-1905.

Dewe, P., & Cooper, C. L. (2007). *Coping research and measurement in the context of work related stress*.https://onlinelibrary.wiley.com/doi/pdf/10.1002/9780470753378#page=149

Diener, E. D., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, *49*(1), 71-75.

Diener, E., Inglehart, R., & Tay, L. (2013). Theory and validity of life satisfaction scales. *Social Indicators Research*, *112*(3), 497-527.

Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin*, *125*(2), 276.

Diener, E., Wirtz, D., Biswas-Diener, R., Tov, W., Kim-Prieto, C., Choi, D. W., & Oishi, S. (2009). *New measures of well-being*. Springer, Dordrecht.

Donalek, J. G. (2004). Phenomenology as a qualitative research method. *Urologic Nursing*, *24*(6), 516-517.

Donkor, E., Matthews, N. & Ogundeji, A. A. (2018). Efficiency of rice farming in Ghana: Policy implications for rice sector development. *African Development Review*, *2*(30), 149-161.

Duarte, C. S., Bordin, I. A., Yazigi, L., & Mooney, J. (2005). Factors associated with stress in mothers of children with autism. *Autism*, *9*(4), 416-427.

Dunn, M. E., Burbine, T., Bowers, C. A., & Tantleff-Dunn, S. (2001). Moderators of stress in parents of children with autism. *Community Mental Health Journal*, *37*(1), 39-52.

Dunst, C. J., & Dempsey, I. (2007). Family–professional partnerships and parenting competence, confidence, and enjoyment. *International Journal of Disability, Development and Education*, *54*(3), 305-318.

Edwards, S. (1992). Trade orientation, distortions and growth in developing countries. *Journal of Development Economics*, *39*(1), 31-57.

Eikeseth, S., Klintwall, L., Hayward, D., & Gale, C. (2015). Stress in parents of children with autism participating in early and intensive behavioural intervention. *European Journal of Behaviour Analysis*, *16*(1), 112-120.

Emam, M. M., Al-Hendawi, M., & Gaafar Ali, D. (2021). Parenting stress and life satisfaction in families of children with disabilities: The mediating effect of social support in three Arab speaking countries. *Journal of Family Studies*, *29*(4), 1-19.

Emerson, E. (2003). Mothers of children and adolescents with intellectual disability: social and economic situation, mental health status, and the self-assessed social and psychological impact of the child's difficulties. *Journal of Intellectual Disability Research*, *47*(4-5), 385-399.

Emerson, E. (2003). Mothers of children and adolescents with intellectual disability: Social and economic situation, mental health status, and the self-assessed social and psychological impact of the child's difficulties. *Journal of Intellectual Disability Research*, *47*(4-5), 385-399.

Emerson, E., & Hatton, C. (2007). Mental health of children and adolescents with intellectual disabilities in Britain. *The British Journal of Psychiatry*, *191*(6), 493-499.

Emong, P., & Eron, L. (2016). Disability inclusion in higher education in Uganda: Status and strategies. *African Journal of Disability*, *5*(1), 1-11.

Eshun, F A (2016). *Assessing counselling needs and services of hearing impaired students of the Cape Coast School for the Deaf*. https://ir.ucc.edu.gh/xmlui/handle/123456789/3148

Estes, A., Munson, J., Dawson, G., Koehler, E., Zhou, X. H., & Abbott, R. (2009). Parenting stress and psychological functioning among mothers of preschool children with autism and developmental delay. *Autism*, *13*(4), 375-387.

Falk, N. H., Norris, K., & Quinn, M. G. (2014). The factors predicting stress, anxiety and depression in the parents of children with autism. *Journal of Autism and Developmental Disorders*, *44*(12), 3185-3203.

Filippello, P., Harrington, N., Buzzai, C., Sorrenti, L., & Costa, S. (2014). The relationship between frustration intolerance, unhealthy emotions, and assertive behaviour in Italian students. *Journal of Rational-Emotive and Cognitive-Behaviour Therapy*, *32*(4), 257-278.

Fisher, M. H., Sung, C., Kammes, R. R., Okyere, C., & Park, J. (2022). Social support as a mediator of stress and life satisfaction for people with intellectual or developmental disabilities during the COVID-19 pandemic. *Journal of Applied Research in Intellectual Disabilities*, *35*(1), 243-251.

Folkman, S. (1984). Personal control and stress and coping processes: a theoretical analysis. *Journal of Personality and Social Psychology*, *46*(4), 839.

Folkman, S. (1997). Positive psychological states and coping with severe stress. *Social Science and Medicine*, *45*(8), 1207-1221.

Folkman, S. (2008). The case for positive emotions in the stress process. *Anxiety, Stress, and Coping*, *21*(1), 3-14.

Folkman, S., & Lazarus, R. S. (1988). An analysis of coping in a middle-aged community sample. *Japanese Journal of Nursing Research*, *21*(4), 337-359.

Folkman, S., & Lazarus, R. S. (1988). Coping as a mediator of emotion. *Journal of Personality and Social Psychology*, *54*(3), 466.

Folkman, S., & Moskowitz, J. T. (2004). Coping: Pitfalls and Promise. *Annual Review of Psychology*, *55*(1), 745-774.

Folkman, S., Schaefer, C., & Lazarus, R. S. (1979). Cognitive processes as mediators of stress and coping. In V. Hamilton & D. M. Warburton (Eds.), *Human stress and cognition* (pp. 265–298). Wiley.

Fuentes, C. J. (2012). *Satisfaction with life for parents of children with autism* [Unpublished doctoral dissertation, Alliant International University].

Fugard, A. J., & Potts, H. W. (2015). Supporting thinking on sample sizes for thematic analyses: A quantitative tool. *International journal of social Research Methodology*, *18*(6), 669-684.

Ghana Web. (2017). *Living with autism in Ghana*. www.ghanaweb.com https://www.ghanaweb.com/GhanaHomePage/NewsArchive/Living-with-autism-in-Ghana-639588

Gill, M. J., & Harris, S. L. (1991). Hardiness and social support as predictors of psychological discomfort in mothers of children with autism. *Journal of Autism and Developmental Disorders, 21*(4), 407-416.

Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified husserlian approach*. Duquesne university press.

Glasberg, B. A. (2000). The development of siblings' understanding of autism spectrum disorders. *Journal of Autism and Developmental Disorders*, *30*(2), 143-156.

Gobrial, E. (2015). Attitude towards people with an autism spectrum disorder in Egypt. *Journal of Special Education, 27*(5), 50–73.

Gona, J. K., Newton, C. R., Rimba, K. K., Mapenzi, R., Kihara, M., Vijver, F. V., & Abubakar, A. (2016). Challenges and coping strategies of parents of children with autism on the Kenyan coast. *Rural and Remote Health*, *16*(2), 1-12.

Gong, Y., Du, Y., Li, H., Zhang, X., An, Y., & Wu, B. L. (2015). Parenting stress and affective symptoms in parents of autistic children. *Science China Life Sciences*, *58*(10), 1036-1043.

Gordon-Lipkin, E., Marvin, A. R., Law, J. K., & Lipkin, P. H. (2018). Anxiety and mood disorder in children with autism spectrum disorder and ADHD. *Pediatrics, 141*(4), 1-13.

Gray, D. E. (1994). Coping with autism: Stresses and strategies. *Sociology of Health and Illness, 16*(3), 275-300.

Gray, D. E. (2002). Ten years on: a longitudinal study of families of children with autism. *Journal of Intellectual and Developmental Disability, 27*(3), 215–222.

Gray, D. E. (2003). Gender and coping: the parents of children with high functioning autism. *Social Science and Medicine, 56*(3), 631–642.

Gray, D. E. (2006). Coping over time: The parents of children with autism. *Journal of Intellectual Disability Research, 50*(1), 970–976.

Guan, Y., Deng, H., & Zhou, X. (2020). Understanding the impact of the COVID-19 pandemic on career development: Insights from cultural psychology. *Journal of Vocational Behaviour*, *119*(1), 1-5.

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, *18*(1), 59-82.

Gurney, J. G., McPheeters, M. L., & Davis, M. M. (2006). Parental report of health conditions and health care use among children with and without autism: National Survey of Children's Health. *Archives of Paediatrics and Adolescent Medicine*, *160*(8), 825-830.

Hartley, S. L., Papp, L. M., Blumenstock, S. M., Floyd, F., & Goetz, G. L. (2016). The effect of daily challenges in children with autism on parents' couple problem-solving interactions. *Journal of Family Psychology*, *30*(6), 1-30.

Hartley, S. L., Sikora, D. M., & McCoy, R. (2008). Prevalence and risk factors of maladaptive behaviour in young children with autistic disorder. *Journal of Intellectual Disability Research*, *52*(10), 819-829.

Hastings, R. P. (2003). Child behaviour problems and partner mental health as correlates of stress in mothers and fathers of children with autism. *Journal of Intellectual Disability Research*, *47*(4-5), 231-237.

Hastings, R. P., & Brown, T. (2002). Behaviour problems of children with autism, parental self-efficacy, and mental health. *American Journal on Mental Retardation*, *107*(3), 222-232.

Hastings, R. P., Kovshoff, H., Brown, T., Ward, N. J., Espinosa, F. D., & Remington, B. (2005). Coping strategies in mothers and fathers of preschool and school-age children with autism. *Autism*, *9*(4), 377-391.

Hastings, R. P., Kovshoff, H., Ward, N. J., Espinosa, F. D., Brown, T., & Remington, B. (2005). Systems analysis of stress and positive perceptions in mothers and fathers of pre-school children with autism. *Journal of autism and Developmental Disorders*, *35*(1), 635-644.

Hastings, R. P., Thomas, H., & Delwiche, N. (2002). Grandparent support for families of children with Down's syndrome. *Journal of Applied Research in Intellectual Disabilities*, *15*(1), 97-104.

Higgins, D. J., Bailey, S. R., & Pearce, J. C. (2005). Factors associated with functioning style and coping strategies of families with a child with an autism spectrum disorder. *Autism*, *9*(2), 125-137.

Hill, R. (1958). Generic features of families under stress. *Social Casework, 49*(2), 139-150

Hobfoll, S. E. (1989). Conservation of resources: a new attempt at conceptualizing stress. *American Psychologist*, *44*(3), 513-524.

Hobfoll, S. E., & Spielberger, C. D. (2003). *Process of family stress*. Sage Publications

Hofstede, G. (2011). Dimensionalizing cultures: The Hofstede model in context. *Online Readings in Psychology and Culture*, *2*(1), 1-26.

Holmes, N., & Carr, J. (1991). The pattern of care in families of adults with a mental handicap: A comparison between families of autistic adults and Down syndrome adults. *Journal of Autism and Developmental Disorders*, *21*(2), 159-176.

Hotulainen, R., & Takala, M. (2014). Parents' views on the success of integration of students with special education needs. *International Journal of Inclusive Education*, *18*(2), 140-154.

Hrastinski, I., & Wilbur, R. B. (2016). Academic achievement of deaf and hard-of-hearing students in an ASL/English bilingual program. *Journal of Deaf Studies and Deaf Education*, *21*(2), 156-170.

Hsiao, Y. J., Higgins, K., Pierce, T., Whitby, P. J. S., & Tandy, R. D. (2017). Parental stress, family quality of life, and family-teacher partnerships: Families of children with autism spectrum disorder. *Research in developmental disabilities*, *70*(1), 152-162.

Huang, C. Y., Yen, H. C., Tseng, M. H., Tung, L. C., Chen, Y. D., & Chen, K. L. (2014). Impacts of autistic behaviours, emotional and behavioural problems on parenting stress in caregivers of children with autism. *Journal of Autism and Developmental Disorders*, *44*(1), 1383-1390.

Huang, J. P., Cui, S. S., Yu, H. A. N., Hertz-Picciotto, I. R. V. A., Qi, L. H., & Zhang, X. (2014). Prevalence and early signs of autism spectrum disorder (ASD) among 18–36-month-old children in Tianjin of China. *Biomedical and Environmental Sciences*, *27*(6), 453-461.

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.

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.

Ibanez, A., & Sisodia, G. S. (2022). The role of culture on 2020 SARS-CoV-2 Country deaths: A pandemic management based on cultural dimensions. *Geo Journal*, *87*(2), 1175-1191.

Ibrahim, S. H., Voigt, R. G., Katusic, S. K., Weaver, A. L., & Barbaresi, W. J. (2009). Incidence of gastrointestinal symptoms in children with autism: a population-based study. *Pediatrics*, *124*(2), 680-686.

Ibrahimagic, A., Patkovic, N., Radic, B., & Hadzic, S. (2021). Communication and language skills of autistic spectrum disorders in children and their parents' emotions. *Materia Socio-Medica*, *33*(4), 250.

Ilias, K., Liaw, J. H. J., Cornish, K., Park, M. S. A., & Golden, K. J. (2017). Wellbeing of mothers of children with "AUTISM" in Malaysia: An interpretative phenomenological analysis study. *Journal of Intellectual and Developmental Disability*, *42*(1), 74-89.

Ingersoll, B., & Hambrick, D. Z. (2011). The relationship between the broader autism phenotype, child severity, and stress and depression in parents of children with autism spectrum disorders. *Research in Autism Spectrum Disorders, 5*(1), 337-344.

Jablensky, A., Johnson, R., Bunney, W., Cruz, M., Durkin, M., Familusi, J., Gourie-Devi, M., Jamison, D., Jenkins, R., Kaaya, S. and Kleinman, A., 2001. *Neurological, psychiatric, and developmental disorders: Meeting the challenge in the developing world*. National Academy Press.

Jarvis, J. (2003). It is more peaceful without any support: What do deaf pupils think about the support they receive in mainstream schools? *Support for Learning*, *18*(4), 162-169.

Jelena, P., Isaac, A., & Baffour, K. T. (2012). Religion and subjective well-being in Ghana. *Social Indicators Research*, *106*(1), 61–79.

Jennings, K., & Dietz, L. (2007). *Parenting, stress of*. Elsevier Inc

Jones, J., & Passey, J. (2004). Family adaptation, coping and resources: Parents of children with developmental disabilities and behaviour problems. *Journal on Developmental Disabilities*, *11*(1), 31-46.

Kakooza-Mwesige, A., Andrews, C., Peterson, S., Mangen, F. W., Eliasson, A. C., & Forssberg, H. (2017). Prevalence of cerebral palsy in Uganda: A population-based study. *The Lancet Global Health*, *5*(12), e1275-e1282.

Kartini, I., Jeanette, H. J. L., Kim, C., Miriam, S. A. P., & Golden, K. J. (2017). Wellbeing of mothers of children with “A-U-T-I-S-M” in Malaysia: An interpretative phenomenological analysis study, *Journal of Intellectual and Developmental Disability*, *42*(1), 74-89

Kayfitz, A. D., Gragg, M. N., & Robert Orr, R. (2010). Positive experiences of mothers and fathers of children with autism. *Journal of Applied Research in Intellectual Disabilities*, *23*(4), 337-343.

Kearney, C. A. (2010). *Helping children with selective mutism and their parents: A guide for school-based professionals*. Oxford university press.

Kermit, P. S., & Holiman, S. M. (2018). *Inclusion in Norwegian higher education: Deaf students' experiences with lecturers*. https://ntnuopen.ntnu.no/ntnu-xmlui/handle/11250/2588033

Khan, S., Batool, I., & Akhtar, N. (2021). Burden of caregiving and life satisfaction among the caregivers of children with autism spectrum disorder. *Khyber Medical University Journal*, *13*(2), 71-75.

Khanna, R., Madhavan, S. S., Smith, M. J., Patrick, J. H., Tworek, C., & Becker-Cottrill, B. (2011). Assessment of health-related quality of life among primary caregivers of children with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, *41*(9), 1214-1227.

Khusaifan, S. J., & El Keshky, M. E. S. (2021). Social support as a protective factor for the well-being of parents of children with autism in Saudi Arabia. *Journal of Pediatric Nursing*, *58*(1), e1-e7.

Kiani, A., Mohammadi, G., Hasanzadeh, M., Mohsen Loo, F., & Poor Rahmani, P. (2022). Comparison of life satisfaction and hoping in mothers of children with special learning disabilities, autism spectrum disorders and normal. *Journal of Family Relations Studies*, *2*(5), 49-56.

Kim, H. S., Yeom, H. A., Seo, Y. S., Kim, N. C., & Yoo, Y. S. (2002). Stress and coping strategies of patients with cancer: A Korean study. *Cancer Nursing*, *25*(6), 425-431.

Kim, Y.S., Leventhal, B.L., Koh, Y.J., Fombonne, E., Laska, E., Lim, E.C., Cheon, K.A., Kim, S.J., Kim, Y.K., Lee, H. and Song, D.H., 2011. Prevalence of autism spectrum disorders in a total population sample. *American Journal of Psychiatry*, *168*(9), pp.904-912.

King, G., King, S., Rosenbaum, P., & Goffin, R. (1999). Family-centered caregiving and well-being of parents of children with disabilities: Linking process with outcome. *Journal of Pediatric Psychology*, *24*(1), 41-53.

Kissi-Abrokwah, B., & Kodua-Ntim, K. (2022). The concept of autism spectrum disorder: A study on knowledge sharing protocol among parents with autistic children in Ghana. *Advances in Autism*, *8*(2), 147-162.

Kivunja, C., & Kuyini, A. B. (2017). Understanding and applying research paradigms in educational contexts. *International Journal of Higher Education*, *6*(5), 26-41.

Krishnan, I.A., De Mello, G., Kok, S.A., Sabapathy, S.K., Munian, S., Ching, H.S., Kandasamy, P., Ramalingam, S., Baskaran, S. and Kanan, V.N., 2020. Challenges faced by hearing impairment students during COVID-19. *Malaysian Journal of Social Sciences and Humanities (MJSSH)*, *5*(8), 106-116.

Lagunju, I. A., Bella-Awusah, T. T., & Omigbodun, O. O. (2014). Autistic disorder in Nigeria: Profile and challenges to management. *Epilepsy and Behaviour*, *39*(1), 126-129.

Lai, D. C., Tseng, Y. C., & Guo, H. R. (2018). Characteristics of young children with developmental delays and their trends over 14 years in Taiwan: A population-based nationwide study. *BMJ open*, *8*(5),1-9.

Lai, W. W., Goh, T. J., Oei, T. P., & Sung, M. (2015). Coping and well-being in parents of children with autism spectrum disorders (ASD). *Journal of Autism and Developmental Disorders*, *45*(1), 2582-2593.

Lam, A. G., & Zane, N. W. (2004). Ethnic differences in coping with interpersonal stressors: A test of self-construals as cultural mediators. *Journal of Cross-Cultural Psychology*, *35*(4), 446-459.

Landon, J., Shepherd, D., & Goedeke, S. (2018). Predictors of satisfaction with life in parents of children with an autism spectrum disorder. *Journal of Autism and Developmental Disorders*, *48*(5), 1640-1650.

Larcan, R., & Cuzzocrea, F. (2011). Family functioning and psychosocial development of siblings of individuals with intellectual disabilities. *Clinical Developmental Psychology*, *15*(1), 123-154.

Lather, P. (2016). *This is your father's paradigm: Government intrusion and the case of qualitative research in education*. Routledge.

Lau, W. Y. P., Gau, S. S. F., Chiu, Y. N., & Wu, Y. Y. (2014). Autistic traits in couple dyads as a predictor of anxiety spectrum symptoms. *Journal of Autism and Developmental Disorders*, *44*(11), 2949-2963.

Lavee, Y., McCubbin, H. I., & Patterson, J. M. (1985). The double ABCX model of family stress and adaptation: An empirical test by analysis of structural equations with latent variables. *Journal of Marriage and the Family 47*(4), 811-825.

Lavee, Y., McCubbin, H. I., & Patterson, J. M. (1985). The double ABCX model of family stress and adaptation: An empirical test by analysis of structural equations with latent variables. *Journal of Marriage and the Family 47*(4), 811-825.

Lazarus, R. S. (1991). *Emotion and adaptation.* Oxford University Press.

Lazarus, R. S. (1996). *The role of coping in the emotions and how coping changes over the life course*. Academic Press.

Lazarus, R. S. (1999). Hope: An emotion and a vital coping resource against despair. *Social Research 66*(2), 653-678.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer Publishing Company.

Lazarus, R. S., & Folkman, S. (1991). *The concept of coping*. Columbia University Press.

Leekam, S. R., Nieto, C., Libby, S. J., Wing, L., & Gould, J. (2007). Describing the sensory abnormalities of children and adults with autism. *Journal of Autism and Developmental Disorders*, *37*(5), 894-910.

Limbos, M. A. P., Ramirez, M., Park, L. S., Peek-Asa, C., & Kraus, J. F. (2004). Injuries to the head among children enrolled in special education. *Archives of Pediatrics and Adolescent Medicine*, *158*(11), 1057-1061.

Little, L. (2002). Differences in stress and coping for mothers and fathers of children with Asperger's syndrome and nonverbal learning disorders. *Pediatric Nursing*, *28*(6), 565-570

Liu, J. P., Li, A. C., Xu, K. H., Velozzi, D. M., Yang, Z. S., Milliman, J. D., & DeMaster, D. J. (2006). Sedimentary features of the Yangtze River-derived along-shelf clinoform deposit in the East China Sea. *Continental Shelf Research*, *26*(17-18), 2141-2156.

Liu, X., Hubbard, J. A., Fabes, R. A., & Adam, J. B. (2006). Sleep disturbances and correlates of children with autism spectrum disorders. *Child Psychiatry and Human Development*, *37*(1), 179-191.

Lord, C., Elsabbagh, M., Baird, G., & Veenstra-Vanderweele, J. (2018). Autism spectrum disorder. *The lancet*, *392*(10146), 508-520.

Lourens, H. (2015). *The lived experiences of higher education for students with a visual impairment: A phenomenological study at two universities in the Western Cape, South Africa* [Unpublished doctoral dissertation, Stellenbosch University].

Lu, M. H., Wang, G. H., Lei, H., Shi, M. L., Zhu, R., & Jiang, F. (2018). Social support as mediator and moderator of the relationship between parenting stress and life satisfaction among the Chinese parents of children with ASD. *Journal of Autism and Developmental Disorders*, *48*(4), 1181-1188.

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 an autism spectrum disorder. *Research in Autism Spectrum Disorders*, *17*(1), 70-77.

Lu, N., Jiang, N., Sun, Q., & Lou, V. W. (2020). Community social capital and positive caregiving experiences among adult-children caregivers of older adults with disabilities in urban China. *Research on Aging*, *42*(1), 3-12.

Lucas, H., Scammell, A., & Hagelskamp, C. (2005). How do GP registrars feel about dealing with mental health issues in the primary care setting? A qualitative investigation. *Primary Health Care Research & Development*, *6*(1), 60-71.

Ludlow, A., Skelly, C., & Rohleder, P. (2012). Challenges faced by parents of children diagnosed with an autism spectrum disorder. *Journal of health psychology*, *17*(5), 702-711.

Luther, E. H., Canham, D. L., & Cureton, V. Y. (2005). Coping and social support for parents of children with autism. *The Journal of School Nursing*, *21*(1), 40-47.

Madden-Derdich, D. A., & Herzog, M. J. (2005). *Families, stress, and intervention.* Sage Publications

Maguvhe, M. (2015). Teaching science and mathematics to students with visual impairments: Reflections of a visually impaired technician. *African Journal of Disability*, *4*(1), 1-6.

Maher, C., Hadfield, M., Hutchings, M., & De Eyto, A. (2018). Ensuring rigor in qualitative data analysis: A design research approach to coding combining NVivo with traditional material methods. *International Journal of Qualitative Methods*, *17*(1), 16-40

Mak, W. W., & Kwok, Y. T. (2010). Internalization of stigma for parents of children with autism spectrum disorder in Hong Kong. *Social Science and Medicine*, *70*(12), 2045-2051.

Marks, N. L., Lurie, C. A. T. H. Y., & Schutt, C. E. (2016). *Autism spectrum disorder from a family perspective*. http://www.princeton.edu/~actin/documents/ASDfromaFamilyPerspective.pdf

Marshall, C., & Rossman, G. B. (2014). *Designing qualitative research*. Sage Publications.

Marsiglia, F. F., Booth, J. M., Baldwin, A., & Ayers, S. (2013). Acculturation and life satisfaction among immigrant Mexican adults. *Advances in Social Work*, *14*(1), 49.

Mash, E. J., & Wolfe, D. A. (2013). *Abnormal Child Psychopatology*. Wadsworth.

Matson, J. L., Fodstad, J. C., & Boisjoli, J. A. (2008). Cutoff scores, norms, and patterns of feeding problems for the Screening Tool of Feeding Problems (STEP) for adults with intellectual disabilities. *Research in Developmental Disabilities*, *29*(4), 363-372.

Matson, J. L., Nebel-Schwalm, M., & Matson, M. L. (2007). A review of methodological issues in the differential diagnosis of autism spectrum disorders in children. *Research in Autism Spectrum Disorders*, *1*(1), 38-54.

Mbamba, C. R., & Ndemole, I. K. (2021). I paused my life: Experiences of single mothers caring for their autistic children in Ghana. *Journal of Social Service Research*, *47*(5), 659-669.

Mbamba, C. R., Yeboaa, P. A., & Ndemole, I. K. (2023). Autistic children in the care of single mothers: opportunities and barriers to safeguarding the welfare of special needs children. *Vulnerable Children And Youth Studies*, *18*(1), 46-57.

McConnell, D., Savage, A., & Breitkreuz, R. (2014). Resilience in families raising children with disabilities and behaviour problems. *Research in Developmental Disabilities*, *35*(4), 833-848.

McCubbin, H. I., & Patterson, J. M. (1981). *Family stress and adaptation to crises: a double ABCX model of family behaviour*. https://eric.ed.gov/?id=ED219676

McCubbin, H. I., & Patterson, J. M. (1983). The family stress process: The double ABCX model of adjustment and adaptation. *Marriage and Family Review*, *6*(1-2), 7-37.

McCubbin, H. I., & Patterson, J. M. (2014). *The family stress process: The double ABCX model of adjustment and adaptation*. Routledge.

McCubbin, H. I., McCubbin, M. A., Thompson, A. I., Sae-Young, H., & Allen, C. T. (1997). Families under stress: What makes them resilient? *Journal of Family and Consumer Sciences*, *89*(3), 2-11

McCubbin, M. A., & McCubbin, H. I. (1989). *Theoretical orientations to family stress and coping*. Brunner/Mazel.

McGrath, P. (2006). Psycho-social issues in childhood autism rehabilitation: A review. *International Journal of Psychosocial Rehabilitation*, *11*(1), 29–36.

McKenry, P., & Price, S. (2005). *Families coping with change*. Sage Publications

McStay, R. L., Dissanayake, C., Scheeren, A., Koot, H. M., & Begeer, S. (2014). Parenting stress and autism: The role of age, autism severity, quality of life and problem behaviour of children and adolescents with autism. *Autism*, *18*(5), 502-510.

McStay, R. L., Trembath, D., & Dissanayake, C. (2014). Stress and family quality of life in parents of children with autism spectrum disorder: Parent gender and the double ABCX model. *Journal of Autism and Developmental Disorders*, *44*(12), 3101-3118.

McStay, R. L., Trembath, D., & Dissanayake, C. (2014). Stress and family quality of life in parents of children with autism spectrum disorder: Parent gender and the double ABCX model. *Journal of Autism and Developmental Disorders*, *44*(1), 3101-3118.

Ministry of Education [MoE], (2013). *Inclusive education policy*. https://sapghana.com/data/documents/Inclusive-Education-Policy-official-document.pdf

Montes, G., & Halterman, J. S. (2007). Psychological functioning and coping among mothers of children with autism: A population-based study. *Pediatrics*, *119*(5), e1040-e1046.

National Institute of Mental Health (2018). *Autism Spectrum Disorder*. https://www.nimh.nih.gov/sites/default/files/documents/health/publications/autism-spectrum-disorder/19-mh-8084-autismspectrumdisorder.pdf

Nukunya, G. K. (2003). *Tradition and change in Ghana: An introduction to sociology*. Ghana Universities Press.

O'Reilly, C., Lewis, J. D., & Elsabbagh, M. (2017). Is functional brain connectivity atypical in autism? A systematic review of EEG and MEG studies. *PloS one*, *12*(5), 1-28.

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*(1), 59-70.

Obosu, G. K., Opoku-Asare, N. A., & Deku, P. (2016). Access to English Language Acquisition in Ghana Schools for the Deaf: Are the Deaf Students Handicapped? *Journal of Education and Practice*, *7*(35), 17-24.

Ocloo, M. A., Hayford, S., Agbeke, W. K., Gadabui, G., Avoke, M., & Boison, C. I. (2002). *Foundation of special education: The Ghanaian perspective*. Nyakod Printing Works.

Okasha, A. (2005). Mental health in Egypt. *Journal of Psychiatry and Related Sciences*, *42*(1), 116–125.

Okorley, E. A. (2020). *Contributions of colleges of education in Greater Accra Region in preparing teacher trainees towards inclusive education* [Unpublished doctoral dissertation, University of Cape Coast].

Oliver, J., & Brough, P. (2002). Cognitive appraisal, negative affectivity and psychological well-being. *New Zealand Journal of Psychology*, *31*(1), 2-6.

Olsson, M. B., & Hwang, C. P. (2001). Depression in mothers and fathers of children with intellectual disability. *Journal of Intellectual Disability Research*, *45*(6), 535-543.

Oprea, C., & Stan, A. (2012). Mothers of autistic children. How do they feel? *Procedia-Social and Behavioural Sciences*, *46*(1), 4191-4194.

Orfson-Offei, E. (2021). Autism spectrum disorder and language choice in Ghana. *Pragmatics and Society*, *12*(2), 287-307.

Oti-Boadi, M., Dankyi, E., & Kwakye-Nuako, C. O. (2020). Stigma and forgiveness in Ghanaian mothers of children with autism spectrum disorders (ASD). *Journal of Autism and Developmental Disorders*, *50*(4), 1391-1400.

Oti-Boadi, M., Oppong Asante, K., & Malm, E. K. (2020). The experiences of ageing parents of young adults with autism spectrum disorders (ASD). *Journal of Adult Development*, *27*(1), 58-69.

Owen, C., & McCann, D. (2018). Transforming Home: parents' experiences of caring for children on the autism spectrum in Tasmania, Australia. *Housing Studies*, *33*(5), 734-758.

Park, E. Y., & Kim, J. H. (2019). Depression and life satisfaction among parents caring for individuals with developmental disabilities in South Korea. *Journal of developmental and physical disabilities*, *31*(4), 453-469.

Pastor-Cerezuela, G., Fernández-Andrés, M. I., Tárraga-Mínguez, R., & Navarro-Peña, J. M. (2016). Parental stress and ASD: Relationship with autism symptom severity, IQ, and resilience. *Focus on Autism and Other Developmental Disabilities*, *31*(4), 300-311.

Patel, D. R., & Merrick, J. (2011). *Neurodevelopmental disabilities: Introduction and epidemiology*. Springer, Publications.

Patterson, J. M. (2002). Integrating family resilience and family stress theory. *Journal of Marriage and Family*, *64*(2), 349-360.

Patterson, J. M., & Garwick, A. (2003). *Levels of meaning*. Sage Publications

Patterson, J. M., & Garwick, A. W. (1994). Levels of meaning in family stress theory. *Family Process*, *33*(3), 287-304.

Pavot, W., & Diener, E. (2008). The satisfaction with life scale and the emerging construct of life satisfaction. *The Journal of Positive Psychology*, *3*(2), 137-152.

Paynter, J., Riley, E., Beamish, W., Davies, M., & Milford, T. (2013). The double ABCX model of family adaptation in families of a child with an autism spectrum disorder attending an Australian early intervention service. *Research in Autism Spectrum Disorders*, *7*(10), 1183-1195.

Pearlin, L. I., & Bierman, A. (2013). *Current issues and future directions in research into the stress process*. Springer, Publications.

Perry, A., Harris, K., & Minnes, P. (2004). Family environments and family harmony: An exploration across severity, age, and type of DD. *Journal on Developmental Disabilities*, *11*(1), 17-30.

Petroff, L. L. (2008). *Stress, adult attachment, and academic success among community college students*. The University of Nebraska Lincoln Publications.

Pillay, S., Duncan, M., & de Vries, P. J. (2021). Autism in the Western Cape Province of South Africa: Rates, socio-demographics, disability and educational characteristics in one million school children. *Autism*, *25*(4), 1076-1089.

Plant, K. M., &, M. R. (2007). Predictors of care-giver stress in families of preschool-aged children with developmental disabilities. *Journal of Intellectual Disability Research*, *51*(2), 109-124.

Pozo, P., Sarriá, E., & Brioso, A. (2014). Family quality of life and psychological well-being in parents of children with autism spectrum disorders: a double ABCX model. *Journal of Intellectual Disability Research*, *58*(5), 442-458.

Prince-Hughes, D. (2004). *Songs of the gorilla nation: My journey through autism*. Crown. Publications.

Quine, L. (1992). Severity of sleep problems in children with severe learning difficulties: Description and correlates. *Journal of Community and Applied Social Psychology*, *2*(4), 247-268.

Quist, H. O. (2003), Secondary education in Ghana at the dawn of the 20th century. *Profile, Problems, Prospects', Prospects, 29*(4), 425-42.

Redondo-Flórez, L., Fernández-Lucas, J., & Clemente-Suárez, V. J. (2020). Cultural differences in stress-related psychological, nutrition, physical activity and oral health factors of professors. *Nutrients*, *12*(12), 3644.

Richdale, A., Francis, A., Gavidia-Payne, S., & Cotton, S. (2000). Stress, behaviour, and sleep problems in children with an intellectual disability. *Journal of Intellectual and Developmental Disability*, *25*(2), 147-161.

Rivard, M., Terroux, A., Parent-Boursier, C., & Mercer, C. (2014). Determinants of stress in parents of children with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, *44*(7), 1609–1620.

Rosino, M. (2016). *ABC-X model of family stress and coping*. John Wiley and Sons, Inc.

Rosino, M. (2016). *ABC-X model of family stress and coping.* https://www.researchgate.net/profile/Michael-Rosino/publication/314932267

Rubin, I. L. (1989). *Developmental disabilities: Delivery of medical care for children and adults*. Lea and Febiger Publications.

Rubin, K.H. (1989). *The play observation scale (POS).* University of Waterloo Publications.

Sadeghi, M., & Rahimipour, T. (2017). The effect of resilience and psychological hardiness on mental health of mothers of children with attention deficit hyperactivity disorder (ADHD). *Knowledge & Research in Applied Psychology*, *18*(1), 30-37.

Salifu, J., & Mate-Kole, C. (2014). The state of autism in Ghana: A focus on cultural understanding and challenges in the Ghanaian setting. *Changing Trends in Mental Health Care and Research in Ghana 1*(1), 69-82.

Sampson, W. G., & Sandra, A. E. (2018). Comparative study on knowledge about autism spectrum disorder among paediatric and psychiatric nurses in public hospitals in Kumasi, Ghana. *Clinical Practice and Epidemiology in Mental Health 14*(1), 99–108.

Santamaria, F., Cuzzocrea, F., Gugliandolo, M. C., & Larcan, R. (2012). Marital satisfaction and attribution style in parents of children with autism spectrum disorder, down syndrome and non-disabled children. *Life Span and Disability*, *15*(1), 19-37.

Santiago, C. D., Torres, S. A., Brewer, S. K., Fuller, A. K., & Lennon, J. M. (2016). The effect of cultural factors on daily coping and involuntary responses to stress among low-income Latino adolescents. *Journal of Community Psychology*, *44*(7), 872-887.

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H. and Jinks, C., 2018. Saturation in qualitative research: exploring its conceptualization and operationalization. *Quality & quantity*, *52*(1), 1893-1907.

Saunders, M., Lewis, P., & Thornhill, A. (2007). *Research methods*. Pearson Education Limited

Sawyer, M. G., Bittman, M., Greca, A. M. L., Crettenden, A. D., Harchak, T. F., & Martin, J. (2010). Time demands of caring for children with autism: What are the implications for maternal mental health? *Journal of Autism and Developmental Disorders*, *40*(1), 620–628.

Schieve, L. A., Blumberg, S. J., Rice, C., Visser, S. N., & Boyle, C. (2007). The relationship between autism and parenting stress. *Pediatrics*, *119*(1), S114-S121.

Schroeder, J. H., Cappadocia, M. C., Bebko, J. M., Pepler, D. J., & Weiss, J. A. (2014). Shedding light on a pervasive problem: A review of research on bullying experiences among children with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, *44*(7), 1520-1534.

Schwartz, S. (2006). A theory of cultural value orientations: Explication and applications. *Comparative Sociology*, *5*(2-3), 137-182.

Schwebel, D. C., Hodgens, J. B., & Sterling, S. (2006). How mothers parent their children with behaviour disorders: Implications for unintentional injury risk. *Journal of Safety Research*, *37*(2), 167-173.

Seif Eldin, A., Habib, D., Noufal, A., Farrag, S., Bazaid, K., Al-Sharbati, M., ... & Gaddour, N. (2008). Use of M-CHAT for a multinational screening of young children with autism in the Arab countries. *International Review of Psychiatry*, *20*(3), 281-289.

Seymour, M., Giallo, R., & Wood, C. E. (2017). The psychological and physical health of fathers of children with Autism Spectrum Disorder compared to fathers of children with long-term disabilities and fathers of children without disabilities. *Research in Developmental Disabilities*, *69*, 8-17.

Seymour, M., Wood, C., Giallo, R., & Jellett, R. (2013). Fatigue, stress and coping in mothers of children with an autism spectrum disorder. *Journal of Autism and Developmental Disorders*, *43*(7), 1547-1554.

Shahsavarani, A. M., Azad Marz Abadi, E., & Hakimi Kalkhoran, M. (2015). Stress: Facts and theories through literature review. *International Journal of Medical Reviews*, *2*(2), 230-241.

Shilubane, H., & Mazibuko, N. (2020). Understanding autism spectrum disorder and coping mechanism by parents: An explorative study. *International Journal of Nursing Sciences*, *7*(4), 413-418.

Shivers, C. M., & Resor, J. (2020). Health and life satisfaction among parents of children with physical disabilities. *Journal of Developmental and Physical Disabilities*, *32*(5), 719-733.

Shu, B. C., Chiang, T. L., & Lin, S. J. (2019). Prevalence of bullying and perceived happiness in adolescents with learning disability, intellectual disability, ADHD, and autism spectrum disorder: In the Taiwan Birth Cohort Pilot Study. *Medicine*, *98*(6), e14483.

Shulruf, B., Hattie, J., & Dixon, R. (2007). Development of a new measurement tool for individualism and collectivism. *Journal of Psychoeducational Assessment*, *25*(4), 385-401.

Sim, A., Vaz, S., Cordier, R., Joosten, A., Parsons, D., Smith, C., & Falkmer, T. (2018). Factors associated with stress in families of children with autism spectrum disorder. *Developmental Neurorehabilitation*, *21*(3), 155-165.

Sim, A., Vaz, S., Cordier, R., Joosten, A., Parsons, D., Smith, C., & Falkmer, T. (2018). Factors associated with stress in families of children with autism spectrum disorder. *Developmental Neurorehabilitation*, *21*(3), 155-165.

Simui, F., Kasonde-Ngandu, S., Cheyeka, A. M., & Makoe, M. (2019). Lived disablers to academic success of the visually impaired at the University of Zambia, Sub-Saharan Africa. *Journal of Student Affairs in Africa*, *7*(2), 41-56.

Simui, F., Sakakombe, L., Muzata, K. K., & Mtonga, T. (2020). Disablers to Academic success of learners with special education in selected higher education institutions in Zambia. *Zambian Journal of Educational Management, Administration and Leadership 1*(1), 21-38.

Singleton, R., & Straits, B. (2010). Survey research. *Approaches to Social Research 1*(1), 263-308.

Sivberg, B. (2002). Family system and coping behaviors: A comparison between parents of children with autistic spectrum disorders and parents with non-autistic children. *Autism*, *6*(4), 397-409.

Slayter, E. M., Garnick, D. W., Kubisiak, J. M., Bishop, C. E., Gilden, D. M., & Hakim, R. B. (2006). Injury prevalence among children and adolescents with mental retardation. *Mental Retardation*, *44*(3), 212-223.

Slikker, J. (2009). *Attitudes towards people with disabilities in Ghana*. VSO Ghana.

Smith, L. E., Seltzer, M. M., Tager-Flusberg, H., Greenberg, J. S., & Carter, A. S. (2008). A comparative analysis of well-being and coping among mothers of toddlers and mothers of adolescents with ASD. *Journal of Autism and Developmental Disorders*, *38*(5), 876-889.

Smith, T., & Iadarola, S. (2015). Evidence base update for autism spectrum disorder. *Journal of Clinical Child and Adolescent Psychology*, *44*(6), 897-922.

Sousa, L., & Lyubomirsky, S. (2001). Life satisfaction. *Encyclopedia of Women and Gender: Sex Similarities and Differences and the Impact of Society on Gender*, *2*(1), 667-676.

Spada, M. M., Nikčević, A. V., Moneta, G. B., & Wells, A. (2008). Metacognition, perceived stress, and negative emotion. *Personality and Individual Differences*, *44*(5), 1172-1181.

Stewart, M., McGillivray, J. A., Forbes, D., & Austin, D. W. (2017). Parenting a child with an autism spectrum disorder: a review of parent mental health and its relationship to a trauma-based *conceptualisation. Advances in Mental Health*, *15*(1), 4-14.

Stich, H. L., Baune, B. T., Caniato, R. N., Mikolajczyk, R. T., & Krämer, A. (2012). Individual development of preschool children-prevalences and determinants of delays in Germany: A cross-sectional study in Southern Bavaria. *BMC Paediatrics*, *12*(1), 1-9.

Stone-man, Z., & Gavidia-Payne, S. (2006) Marital adjustment in families of young children with disabilities. Associations with daily hassles and problem-focused coping. *American Journal on Mental Retardation*, *111*(1), 1-14.

Strauss, K., Mancini, F., Fava, L., & SPC Group. (2013). Parent inclusion in early intensive behaviour interventions for young children with ASD: A synthesis of meta-analyses from 2009 to 2011. *Research in Developmental Disabilities*, *34*(9), 2967-2985.

Stuart, M., & McGrew, J. H. (2009). Caregiver burden after receiving a diagnosis of an autism spectrum disorder. *Research in Autism Spectrum Disorders*, *3*(1), 86-97.

Suleman, Q., Hussain, I., Shehzad, S., Syed, M. A., & Raja, S. A. (2018). Relationship between perceived occupational stress and psychological well-being among secondary school heads in Khyber Pakhtunkhwa, Pakistan. *PloS one*, *13*(12), 1-23.

Summers, J. A., Poston, D. J., Turnbull, A. P., Marquis, J., Hoffman, L., Mannan, H., & Wang, M. (2005). Conceptualizing and measuring family quality of life. *Journal of Intellectual Disability Research JIDR*, *49*(10), 777–783.

Tantam, D. (1988). Asperger's syndrome. *Journal of Child Psychology and Psychiatry*, *29*(3), 245-255.

Tanwir, F., Moideen, S., & Habib, R. (2021). Interviews in healthcare: A phenomenological approach a qualitative research methodology. *Journal of Public Health International*, *4*(2), 10-15.

Tehee, E., Honan, R., & Hevey, D. (2009). Factors contributing to stress in parents of individuals with autistic spectrum disorders. *Journal of Applied Research in Intellectual Disabilities*, *22*(1), 34–42.

Tetteh, B. O. (2012). *Challenges facing transitional vocational placement and training of visually impaired students at Akropong school for the Blind in the Akuapem-North District* [Unpublished doctoral dissertation, University of Cape Coast].

Tomanik, S., Harris, G. E., & Hawkins, J. (2004). The relationship between behaviours exhibited by children with autism and maternal stress. *Journal of Intellectual and Developmental Disability*, *29*(1), 16-26.

Tsinigo, E. and Behrman, J.R. (2017), “Technological priorities in rice production among smallholder farmers in Ghana”, *Njas-Wageningen Journal of Life Sciences*, 83(1), 47-56.

Tucker, J. S., Sinclair, R. R., Mohr, C. D., Adler, A. B., Thomas, J. L., & Salvi, A. D. (2008). A temporal investigation of the direct, interactive, and reverse relations between demand and control and affective strain. *Work and Stress*, *22*(2), 81-95.

Turney, K., & Hardie, J. H. (2018). Health limitations among mothers and fathers: Implications for parenting. *Journal of Marriage and Family*, *80*(1), 219-238.

Umar, M. (2014). Early intervention services as perceived by parents of children with autism in Egypt and Saudi Arabia. *The International Interdisciplinary Journal of Education*, *1*(1045), 238–249.

United Nations Children's Fund (UNICEF, 2013). *The state of the world's children*. https://www.unicef.org/reports/state-worlds-children-2013

Urbieta, C. T., Rodríguez, V. Y., Salas, B. L., & Cuadrado, E. (2017). The role of coping strategies and self-efficacy as predictors of life satisfaction in a sample of parents of children with autism spectrum disorder. *Psicothema*, *29*(1), 55-60.

Valicenti-McDermott, M., Lawson, K., Hottinger, K., Seijo, R., Schechtman, M., Shulman, L., & Shinnar, S. (2015). Parental stress in families of children with autism and other developmental disabilities. *Journal of Child Neurology*, *30*(13), 1728-1735.

Välijärvi, J., Kupari, P., Linnakylä, P., Reinikainen, P., Sulkunen, S., Törnroos, J., & Arffman, I. (2007). *The Finnish success in Pisa-and some reasons behind it: 2 Pisa 2003*. Kirjapaino Oma Oy Publishers

Vasilca, A. I., & David, L. T. (2018). From depression to life satisfaction in mothers of children with autism spectrum disorders. *Bulletin of the Transilvania University of Brasov*, *11*(60), 57-62.

Vasilopoulou, E., & Nisbet, J. (2016). The quality of life of parents of children with autism spectrum disorder: A systematic review. *Research in Autism Spectrum Disorders*, *23*(1), 36-49.

Vernhet, C., Dellapiazza, F., Blanc, N., Cousson-Gélie, F., Miot, S., Roeyers, H., & Baghdadli, A. (2019). Coping strategies of parents of children with autism spectrum disorder: A systematic review. *European Child and Adolescent Psychiatry*, *28*(6), 747-758.

Vivanti, G., Prior, M., Williams, K., & Dissanayake, C. (2014). Predictors of outcomes in autism early intervention: why don't we know more? *Frontiers in Pediatrics*, *2*(1), 1-10.

Wang, H., Hu, X., & Han, Z. R. (2020). Parental stress, involvement, and family quality of life in mothers and fathers of children with autism spectrum disorder in mainland China: A dyadic analysis. *Research in Developmental Disabilities*, *107*(1), 103791.

Wang, M., Turnbull, A. P., Summers, J. A., Little, T. D., Poston, D. J., Mannan, H., & Turnbull, R. (2004). Severity of disability and income as predictors of parents' satisfaction with their family quality of life during early childhood years. *Research and Practice for Persons with Severe Disabilities*, *29*(2), 82-94.

Wang, Y., Huang, Z., & Kong, F. (2020). Parenting stress and life satisfaction in mothers of children with cerebral palsy: The mediating effect of social support. *Journal of Health Psychology*, *25*(3), 416-425.

Webster, A., Cumming, J., & Rowland, S. (2017). *Empowering parents of children with autism spectrum disorder*. Springer Singapore.

Werner, S., & Shulman, C. (2013). Subjective well-being among family caregivers of individuals with developmental disabilities: the role of affiliate stigma and psychosocial moderating variables. *Research in Developmental Disabilities, 34*(11), 4103-4114.

Wireko-Gyebi, S. & Ashiagbor, E.S. (2018). Comparative study on knowledge about autism spectrum disorder among paediatric and psychiatric nurses in public hospitals in Kumasi, Ghana. *Clinical Practice and Epidemiology in Mental Health, 14*(1), 99-108.

Wong, C. C., Mak, W. W., & Liao, K. Y. H. (2016). Self-compassion: A potential buffer against affiliate stigma experienced by parents of children with autism spectrum disorders. *Mindfulness, 7*(1), 1385-1395.

World Health Organisation (2022). *Autism.* https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders

World Health Organisation (2011). *World health report on disability, Geneva, Switzerland.* http://www.who.int/disabilities/world_report/2011/accessible_en.pdf

Wuanka, C. (2017) *Multimedia instruction and students learning at basic schools for the deaf in Eastern Region, Ghana* https://ir.ucc.edu.gh/xmlui/handle/123456789/7387

Xiang, H., Stallones, L., Chen, G., Hostetler, S. G., & Kelleher, K. (2005). Nonfatal injuries among US children with disabling conditions. *American Journal of Public Health*, *95*(11), 1970-1975.

Yoder, G. M. (2016). Coping, life satisfaction and empowerment in caregivers of children with an autism spectrum disorder. [Unpublished master's thesis, Ball State University].

Zablotsky, B., Bradshaw, C. P., & Stuart, E. A. (2013). The association between mental health, stress, and coping supports in mothers of children with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, *43*(6), 1380-1393.

Zeedyk, S. M., Rodriguez, G., Tipton, L. A., Baker, B. L., & Blacher, J. (2014). Bullying of youth with autism spectrum disorder, intellectual disability, or typical development: Victim and parent perspectives. *Research in Autism Spectrum Disorders*, *8*(9), 1173-1183.

APPENDICES

APPENDIX A

INTERVIEW GUIDE FOR PARENTS

UNIVERSITY OF CAPE COAST

COLLEGE OF EDUCATION STUDIES

FACULTY OF EDUCATIONAL FOUNDATIONS

DEPARTMENT OF EDUCATION AND PSYCHOLOGY

Dear Participants,

You are invited to participate in research on Coping, Stress and Life Satisfaction of Primary caregivers of children living with autism Spectrum Disorders in the Cape Coast Metropolis. I wish to assure you that this interview is strictly for academic purposes and as such, all information obtained through this medium shall be treated as confidential. Please be honest in your responses.

SECTION A: DEMOGRAPHIC INFORMATION

1. Gender
2. What is your relationship to the child?
3. Please indicate your age range (18-25, 26-30, 31- 40, and 41 to 50, 50 and above)
4. What is your highest educational background (JHS, SHS, Diploma, Degree)

SECTION B: STRESS EXPERIENCES OF CAREGIVERS OF CHILDREN WITH AUTISM

5. Can you share any instances in the last three months when you found yourself feeling angry due to unexpected events related to your role as a caregiver for a child with autism?

6. In reflecting on the past three months, can you provide examples of situations where you felt a lack of control over important aspects of your life, particularly in the context of caring for your child with autism?
7. How would you describe the frequency and circumstances in the last three months when you experienced feelings of nervousness and stress in relation to your responsibilities as a caregiver for a child with autism?

SECTION C: COPING STRATEGY FOR STRESSFUL SITUATIONS

1. What do you do when you feel stressed?
2. Who do you ask for help when you feel stressed?
3. What are some of the options they provide?

SECTION D: LIFE SATISFACTION

1. How do you feel about how your life is going?
    a. Do you like how your life is going?
2. If you could live your life over, what would you change?

THANK YOU FOR YOUR PARTICIPATION

APPENDIX B

ETHICAL CLEARANCE

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
ETHICAL REVIEW BOARD

UNIVERSITY POST OFFICE
CAPE COAST, GHANA

Our Ref: CES/ERB/uccedu/v6/22-105

Your Ref: ....

Date: 04/october, 2022

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jaomotosho@ucc.edu.gh
0243784739

Vice-Chairman, CES-ERB
Prof. K. Edjah
kedjah@ucc.edu.gh
0244742357

Secretary, CES-ERB
Prof. Linda Dzama Forde
lforde@ucc.edu.gh
0244786680

Dear Sir/Madam,

ETHICAL REQUIREMENTS CLEARANCE FOR RESEARCH STUDY

The bearer, Emmanuel Y. Gyimah, Reg. No. EF/SDP/20/0004 is an M.Phil. / Ph.D. student in the Department of Education and psychology in the College of Education Studies, University of Cape Coast, Cape Coast, Ghana. He / She wishes to undertake a research study on the topic:

Cultural Coping, stress and life satisfaction of parents of children living with autism spectrum disorders in the Cape Coast Metropolis

The Ethical Review Board (ERB) of the College of Education Studies (CES) has assessed his/her proposal and confirm that the proposal satisfies the College's ethical requirements for the conduct of the study.

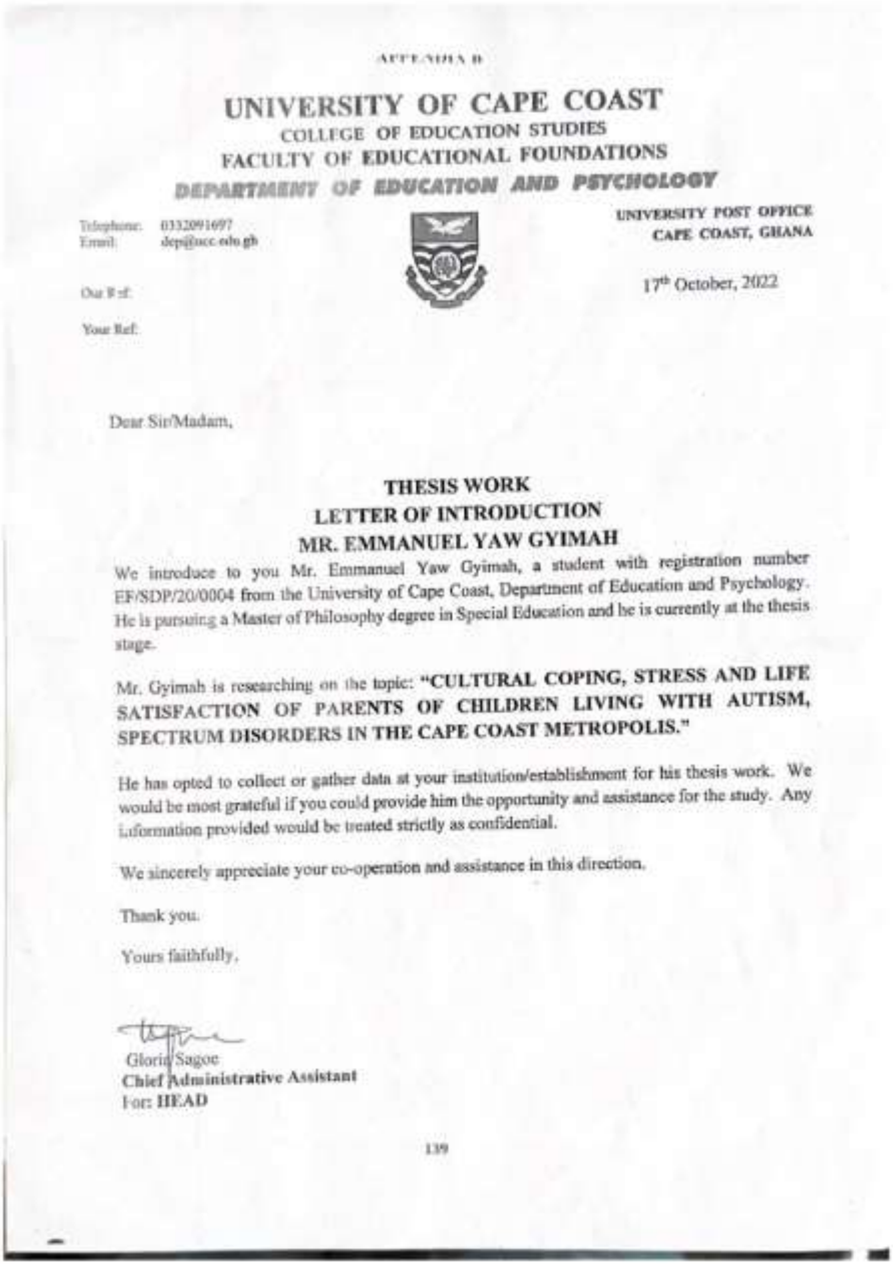
In view of the above, the researcher has been cleared and given approval to commence his/her study. The ERB would be grateful if you would give him/her the necessary assistance to facilitate the conduct of the said research.

Thank you.
Yours faithfully,

Prof. Linda Dzama Forde
(Secretary, CES-ERB)

APPENDIX C

INTRODUCTORY LETTER



APPENDIX B

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
FACULTY OF EDUCATIONAL FOUNDATIONS
DEPARTMENT OF EDUCATION AND PSYCHOLOGY

Telephone: 0332091697
Email: dep@ucc.edu.gh

UNIVERSITY POST OFFICE
CAPE COAST, GHANA

Our Ref:

Your Ref:

17th October, 2022

Dear Sir/Madam,

THESIS WORK
LETTER OF INTRODUCTION
MR. EMMANUEL YAW GYIMAH

We introduce to you Mr. Emmanuel Yaw Gyimah, a student with registration number EF/SDP/20/0004 from the University of Cape Coast, Department of Education and Psychology. He is pursuing a Master of Philosophy degree in Special Education and he is currently at the thesis stage.

Mr. Gyimah is researching on the topic: **"CULTURAL COPING, STRESS AND LIFE SATISFACTION OF PARENTS OF CHILDREN LIVING WITH AUTISM, SPECTRUM DISORDERS IN THE CAPE COAST METROPOLIS."**

He has opted to collect or gather data at your institution/establishment for his thesis work. We would be most grateful if you could provide him the opportunity and assistance for the study. Any information provided would be treated strictly as confidential.

We sincerely appreciate your co-operation and assistance in this direction.

Thank you.

Yours faithfully,

Gloria Sagoe
Chief Administrative Assistant
For: HEAD

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APPENDIX D

EMERGENT THEMES AND CODES

Themes	CODES			
Stress experiences	Angry	Control	Difficult	Stress
Coping mechanisms	Religion	Ignore	Parents	Siblings
Life satisfaction experiences	Content	Unwilling to change	Religion	Hope

Themes	*Major statement*	Participant
Stress experiences	*When I go to some places with the child, the child will always be moving about, and the comments that some people make will make me angry. Some people will tell me I am not training my child well. But they don't know what is going on. So sometimes I get angry because I am trying my best. Also, I tell the child not to go to some places, but before you realise the child is already there causing trouble. It makes me angry. But I cannot do anything about the condition. That is how he is, so I give it to God.*	P3

	I get stressed often. This is because as head of the family, I have to provide for my family, that is my wife and children. I also have my mother to take care of. I don't have any one to help. Their mother has to take care of the children. She does not earn much money because she keeps a close eye on the child, so I do everything. I want to establish a store for her at home but you know how the country is. I don't know how long we have to take care of the child. Because it is financially draining. All her rounds, we have to pay a taxi driver to take her where she wants to go. I have to monitor her often so the mother can also focus on the others. She does not like talking, that is the problem, so I have to keep a close eye on her. I don't know why but it is stressful to me. But God gives, so God knows why things are like this.	P7
Coping mechanisms	*For me I cannot do anything about it. It is God that I pray to. I go to church, and I go with the*	P12

	boy and his siblings. I am sure God will help us. As human beings we cannot do anything without help from God. I pray that God will help us through everything.	
	When I am stressed I ask my parents for help. I send him to my parents in Accra to help me. Especially during vacation. He spends like a week or two with them before coming back.	P8
Life satisfaction experiences	*I am okay with the way my life is going, I don't have any bad thing about my life. I am okay with it. My life is okay*	P2
	I have learnt how to handle this situation. I think besides financial issues, I am doing well. The only challenge is finances. But with that I know it will improve. In the beginning it was challenging. I did not understand why my child has to go through this situation. But going forward I have accepted the situation and things are okay. So I think my life is going on well.	P10

APPENDIX E

CAREGIVER PARTICIPANT CONSENT FORM

Good Morning/Afternoon! My name is Emmanuel Yaw Gyimah and I am an MPhil student from the University of Cape Coast. I am currently conducting a study on the coping mechanisms, stress, and life satisfaction of primary caregivers of children living with Autism Spectrum Disorder (ASD) in the Cape Coast Metropolis. I am interested in gaining insights into your experiences and perspectives as a primary caregiver. The purpose of our discussion is purely academic, and the information you provide will contribute to the understanding of the challenges and strengths associated with caregiving for children with ASD.

This conversation is entirely confidential, and your identity will remain anonymous. I will use a unique code (Participant 1, 2, 3...) to identify you, ensuring that your name is not associated with our discussion. I would like to record this conversation for accuracy and completeness, but the recordings will be deleted or erased from the recording device after I have transcribed the information for my research. Your participation is entirely voluntary, and you have the right to withdraw at any point during our conversation without any consequences.

The data collected will be used exclusively for academic purposes and will be presented in a generalized manner in my research report. Your participation will take approximately 30 minutes, and I assure you that your valuable insights will significantly contribute to the advancement of knowledge in this field.

Do you agree to participate in this interview? If you agree, please respond by saying "YES" in Fante, Twi, or English. Your agreement indicates your informed consent to participate in this study. If you have any questions or concerns, feel free to ask, and I will do my best to address them. Thank you for considering participation in this research.

APPENDIX F

FULL TRANSCRIBED INTERVIEW

PARTICIPANT 1

SECTION A: DEMOGRAPHIC INFORMATION

1. What is your gender: female
2. What is your relation to child: mother
3. What is your age: 31 to 40
4. What is your highest educational background: JHS

SECTION B: STRESS EXPERIENCES OF CAREGIVERS OF CHILDREN WITH AUTISM

QUESTION: CAN YOU SHARE ANY INSTANCES IN THE LAST THREE MONTHS WHEN YOU FOUND YOURSELF FEELING ANGRY DUE TO UNEXPECTED EVENTS RELATED TO YOUR ROLE AS A CAREGIVER FOR A CHILD WITH AUTISM?

ANSWER: Yes, there was a particular incident in the last three months when my child had a meltdown in a public place. People around made negative comments about my parenting, assuming I wasn't doing my best. It made me angry because they didn't understand the challenges we face.

QUESTION: IN REFLECTING ON THE PAST THREE MONTHS, CAN YOU PROVIDE EXAMPLES OF SITUATIONS WHERE YOU FELT A LACK OF CONTROL OVER IMPORTANT ASPECTS OF YOUR LIFE, PARTICULARLY IN THE CONTEXT OF CARING FOR YOUR CHILD WITH AUTISM?

ANSWER: I have restricted the number of hours I work because of my child. At first I used to work even in the evenings. I sell food by the roadside. But now

I do it only when he closes from school. I have to be there early to pick him up. After that I cannot go to work. Because I have to take care of him. I cannot take him to where I sell my food because he will disturb me.

QUESTION: HOW WOULD YOU DESCRIBE THE FREQUENCY AND CIRCUMSTANCES IN THE LAST THREE MONTHS WHEN YOU EXPERIENCED FEELINGS OF NERVOUSNESS AND STRESS IN RELATION TO YOUR RESPONSIBILITIES AS A CAREGIVER FOR A CHILD WITH AUTISM?

ANSWER: I experience nervousness and stress quite frequently. It is mainly when I'm in public spaces, and I'm unsure of how my child will react. I'm always on edge, anticipating possible meltdowns or negative reactions from others.

SECTION C: COPING STRATEGY FOR STRESSFUL SITUATIONS

QUESTION: WHAT DO YOU DO WHEN YOU FEEL STRESSED?

ANSWER: When I feel stressed, I try to take a moment for myself. I might step away, take deep breaths, or listen to calming music. It helps me refocus and manage the stress better.

QUESTION: WHO DO YOU ASK FOR HELP WHEN YOU FEEL STRESSED?

ANSWER: I have a younger sister who helps me. She helps me with my food business. So there are weeks that I cannot go and sell food. She comes around to help sustain the business. Also she helps take care of my child when I am stressed.

QUESTION: WHAT ARE SOME OF THE OPTIONS THEY PROVIDE?

ANSWER: My sister helps sustain my food business during challenging weeks, and she also assists in caring for my child. Her involvement provides me with the necessary support to handle stress.

SECTION D: LIFE SATISFACTION

QUESTION: HOW DO YOU FEEL ABOUT HOW YOUR LIFE IS GOING?

ANSWER: Despite the challenges, I feel content with my life. I've learned to appreciate the moments of joy and progress with my child, even though there are difficulties.

QUESTION: DO YOU LIKE HOW YOUR LIFE IS GOING?

ANSWER: Yes, I do. While it is not without its challenges, the love and connection with my child bring a sense of fulfillment that makes me appreciate my life.

QUESTION: IF YOU COULD LIVE YOUR LIFE OVER, WHAT WOULD YOU CHANGE?

ANSWER: I wouldn't change much. Every experience, even the challenging ones, has contributed to who I am today. I'm grateful for the unique journey I've had with my child.

PARTICIPANT 2

SECTION A: DEMOGRAPHIC INFORMATION

5. WHAT IS YOUR GENDER: Male
6. WHAT IS YOUR RELATION TO CHILD: Uncle
7. WHAT IS YOUR AGE: 31-40
8. WHAT IS YOUR HIGHEST EDUCATIONAL BACKGROUND: SHS

SECTION B: STRESS EXPERIENCES OF CAREGIVERS OF CHILDREN WITH AUTISM

QUESTION: CAN YOU SHARE ANY INSTANCES IN THE LAST THREE MONTHS WHEN YOU FOUND YOURSELF FEELING ANGRY DUE TO UNEXPECTED EVENTS RELATED TO YOUR ROLE AS A CAREGIVER FOR A CHILD WITH AUTISM?

ANSWER: There was a specific occasion when the child had a sudden outburst in a busy shopping mall, and handling the situation proved to be incredibly difficult. I found myself frustrated and overwhelmed by the challenges presented during that episode.

QUESTION: IN REFLECTING ON THE PAST THREE MONTHS, CAN YOU PROVIDE EXAMPLES OF SITUATIONS WHERE YOU FELT A LACK OF CONTROL OVER IMPORTANT ASPECTS OF YOUR LIFE, PARTICULARLY IN THE CONTEXT OF CARING FOR YOUR CHILD WITH AUTISM?

ANSWER: The child's hyperactivity and difficulty in following instructions have been a frequent source of stress for me. It is challenging when teachers struggle to manage his behaviour, and I worry about the judgments of others.

QUESTION: HOW WOULD YOU DESCRIBE THE FREQUENCY AND CIRCUMSTANCES IN THE LAST THREE MONTHS WHEN YOU EXPERIENCED FEELINGS OF NERVOUSNESS AND STRESS IN RELATION TO YOUR RESPONSIBILITIES AS A CAREGIVER FOR A CHILD WITH AUTISM?

ANSWER: The child because of his condition cannot help me in everything I do. When I ask him to go and take something for me, I will get there and he is playing. He does not listen to what I say. He prefers to do what he likes. I got him a teacher at home to help teach him some of the things he does not understand, but the teacher complained that he is too hyperactive. You ask him to do one thing, he will not finish then he goes to do another thing. So this year I have changed two teachers now because of the child's behaviour. It is stressful. Because you don't know what people will say about you and the child, and you always have to force him to do the right thing.

SECTION C: COPING STRATEGY FOR STRESSFUL SITUATIONS

QUESTION: WHAT DO YOU DO WHEN YOU FEEL STRESSED?

ANSWER: I have learnt that he likes playing a lot. So to help me cope I also play with him so that he does not always cry. I adopted this strategy and it is helping me now. I tell his teachers to use play and toys to help him learn. The teachers that teach him at home are now a bit relaxed for him. Now they have patience for him. I also have patience for him and this is helping me a lot.

QUESTION: WHO DO YOU ASK FOR HELP WHEN YOU FEEL STRESSED?

ANSWER: I turn to my family and friends for support. They provide emotional assistance and encouragement when I am dealing with the challenges of caring for my nephew.

QUESTION: WHAT ARE SOME OF THE OPTIONS THEY PROVIDE?

ANSWER: My family and friends help by offering a listening ear, providing practical assistance, and sometimes giving me a break from caregiving responsibilities.

SECTION D: LIFE SATISFACTION

QUESTION: HOW DO YOU FEEL ABOUT HOW YOUR LIFE IS GOING?

ANSWER: I am okay with the way my life is going, I don't have any bad thing about my life. I am okay with it. My life is okay.

QUESTION: DO YOU LIKE HOW YOUR LIFE IS GOING?

ANSWER: Yes, I like how my life is going. Despite the challenges, I find satisfaction in caring for my nephew and being a positive influence in his life.

QUESTION: IF YOU COULD LIVE YOUR LIFE OVER, WHAT WOULD YOU CHANGE?

ANSWER: I am content with my life but if anything, I might seek more support earlier to better navigate the complexities of caring for a child with autism.

QUESTION: WHAT KIND OF SUPPORT WILL YOU NEED?

ANSWER: someone to take care of the child for me to also get time to do other stuffs. And also financial help.

PARTICIPANT 3

SECTION A: DEMOGRAPHIC INFORMATION

8. WHAT IS YOUR GENDER: Female
9. WHAT IS YOUR RELATION TO CHILD: mother
10. WHAT IS YOUR AGE: 31-40
11. WHAT IS YOUR HIGHEST EDUCATIONAL BACKGROUND: degree

SECTION B: STRESS EXPERIENCES OF CAREGIVERS OF CHILDREN WITH AUTISM

QUESTION: CAN YOU SHARE ANY INSTANCES IN THE LAST THREE MONTHS WHEN YOU FOUND YOURSELF FEELING ANGRY DUE TO UNEXPECTED EVENTS RELATED TO YOUR ROLE AS A CAREGIVER FOR A CHILD WITH AUTISM?

ANSWER: Sometimes I am not happy with some events in my life, but I cannot do anything about it. Even though I get angry, I have to let it go. Because anger cannot change my life.

QUESTION: WHAT ARE SOME OF THE THINGS THAT MAKES YOU ANGRY IN RELATION TO THE CHILD?

ANSWER: When I go to some places with the child, the child will always be moving about, and the comments that some people make will make me angry. Some people will tell me I am not training my child well. But they don't know what is going on. So sometimes I get angry because I am trying my best. Also, I tell the child not to go to some places, but before you realise the child is already there causing trouble. It makes me angry. But I cannot do anything about the condition. That is how he is, so I give it to God.

QUESTION: IN REFLECTING ON THE PAST THREE MONTHS, CAN YOU PROVIDE EXAMPLES OF SITUATIONS WHERE YOU FELT A LACK OF CONTROL OVER IMPORTANT ASPECTS OF YOUR LIFE, PARTICULARLY IN THE CONTEXT OF CARING FOR YOUR CHILD WITH AUTISM?

ANSWER: One specific situation that bothered me was when unexpected changes messed up our daily routine. Even though I tried to keep things on track, unexpected disruptions made it tough, and I felt a bit helpless.

QUESTION: CAN YOU EXPLAIN FURTHER ON THE UNEXPECTED CHANGES

ANSWER: A few months ago, my work schedule suddenly changed without warning. I had everything planned out, but unexpected things at my job messed it up. It was tough because it not only affected my job but also the time I usually spend with my child. Dealing with this sudden work change made taking care of my child a bit more challenging.

QUESTION: HOW WOULD YOU DESCRIBE THE FREQUENCY AND CIRCUMSTANCES IN THE LAST THREE MONTHS WHEN YOU EXPERIENCED FEELINGS OF NERVOUSNESS AND STRESS IN RELATION TO YOUR RESPONSIBILITIES AS A CAREGIVER FOR A CHILD WITH AUTISM?

ANSWER: I often experience feelings of nervousness and stress when dealing with unexpected challenges related to my responsibilities as a caregiver for a child with autism. For instance, taking care of him in crowded places

SECTION C: COPING STRATEGY FOR STRESSFUL SITUATIONS

QUESTION: WHAT DO YOU DO WHEN YOU FEEL STRESSED?

ANSWER: As I said earlier, for me I cannot do anything about it. It is nobody's wish that the child will go through some of these changes. But I have hope that he will get better. My source of hope is that God can do miracles. So I trust God to help me.

WHO DO YOU ASK FOR HELP WHEN YOU FEEL STRESSED?

ANSWER: When I feel stressed, I turn to my close friends and family for support. They understand my situation and provide emotional assistance. Additionally, I occasionally seek advice from other parents who have children with autism. Sharing experiences and learning from others helps me cope better.

WHAT ARE SOME OF THE OPTIONS THEY PROVIDE?

ANSWER: When I feel stressed, my friends and family are always there to help out. They listen to me, support me emotionally, and sometimes even lend a hand with practical things like taking care of my child or giving me a break.

SECTION D: LIFE SATISFACTION

QUESTION: HOW DO YOU FEEL ABOUT HOW YOUR LIFE IS GOING?

ANSWER: What I can say is I do not know if something worse could have happened to me. So I am not sure, but what I have now I am content with it.

DO YOU LIKE HOW YOUR LIFE IS GOING?

ANSWER: I can say that I do like how my life is going

QUESTION: IF YOU COULD LIVE YOUR LIFE OVER, WHAT WOULD YOU CHANGE?

ANSWER: I feel content with my life. I've learned to appreciate every part of it, even the challenges that come with raising a child with autism.

PARTICIPANT 4

SECTION A: DEMOGRAPHIC INFORMATION

1. WHAT IS YOUR GENDER: female
2. WHAT IS YOUR RELATION TO CHILD: mother
3. WHAT IS YOUR AGE: 31-40
4. WHAT IS YOUR HIGHEST EDUCATIONAL BACKGROUND: SHS

SECTION B: STRESS EXPERIENCES OF CAREGIVERS OF CHILDREN WITH AUTISM

QUESTION: CAN YOU SHARE ANY INSTANCES IN THE LAST THREE MONTHS WHEN YOU FOUND YOURSELF FEELING ANGRY DUE TO

UNEXPECTED EVENTS RELATED TO YOUR ROLE AS A CAREGIVER FOR A CHILD WITH AUTISM?

ANSWER: Sometimes, when we went out, the child got upset, and I couldn't always predict why. It made me feel like I didn't have control over what happened.

QUESTION: IN REFLECTING ON THE PAST THREE MONTHS, CAN YOU PROVIDE EXAMPLES OF SITUATIONS WHERE YOU FELT A LACK OF CONTROL OVER IMPORTANT ASPECTS OF YOUR LIFE, PARTICULARLY IN THE CONTEXT OF CARING FOR YOUR CHILD WITH AUTISM?

ANSWER: Because of my child I cannot travel for a long time. If I have to go somewhere, then it means I have to take her with me. If there are situations that I cannot go with the child, I always feel troubled because of that. I don’t know how the person I would leave the child with would treat her. So, if I will spend like three days, it is okay, I can leave her with my mother and travel. But my mother is also old, she cannot look after her for a long period. So my movements are restricted because of the child. Maybe when she gets older, it will be better.

QUESTION: HOW WOULD YOU DESCRIBE THE FREQUENCY AND CIRCUMSTANCES IN THE LAST THREE MONTHS WHEN YOU EXPERIENCED FEELINGS OF NERVOUSNESS AND STRESS IN RELATION TO YOUR RESPONSIBILITIES AS A CAREGIVER FOR A CHILD WITH AUTISM?

ANSWER: There were instances when my child fell sick, and managing their health became an added responsibility. The uncertainty and concern about their well-being triggered feelings of nervousness. Ensuring proper care, coordinating with healthcare professionals, and providing comfort during those times were both emotionally and physically demanding.

SECTION C: COPING STRATEGY FOR STRESSFUL SITUATIONS

QUESTION: WHAT DO YOU DO WHEN YOU FEEL STRESSED?

ANSWER: First of all, it is God. I thank God for my life and my child's life. Also, my mother has been helping me a lot, she takes care of my child and also encourages me to be strong and not to give up. When I feel stressed, she steps in to take care of my child and myself. Yeah, so I think my mother helps me to cope with my situation.

QUESTION: WHO DO YOU ASK FOR HELP WHEN YOU FEEL STRESSED?

ANSWER: When I feel stressed, one of the people I turn to for help is my pastor. Beyond his role in our spiritual community, he has been a pillar of support for me during challenging times. I often seek his guidance and prayers, finding comfort in the wisdom and encouragement he provides. His presence and words help me navigate the emotional and mental strains that come with being a caregiver for a child with autism.

QUESTION: WHAT ARE SOME OF THE OPTIONS THEY PROVIDE?

ANSWER: Firstly, he offers prayers, which bring a sense of peace and hope to my heart. Additionally, he sometimes arranges for members of our church community to assist with practical needs, such as meals or transportation, easing some of the burdens I face. Beyond that, he encourages open discussions about my challenges, fostering a supportive environment where I can share my thoughts and feelings.

SECTION D: LIFE SATISFACTION

QUESTION: HOW DO YOU FEEL ABOUT HOW YOUR LIFE IS GOING?

ANSWER: It is sometimes but the support from God and my family and friends is enough for me.

QUESTION: DO YOU LIKE HOW YOUR LIFE IS GOING?

ANSWER: Yes, I do like how my life is going

QUESTION: IF YOU COULD LIVE YOUR LIFE OVER, WHAT WOULD YOU CHANGE?

ANSWER: If I could live my life over, I wouldn't change much. God knows what is good for his children.

PARTICIPANT 5

SECTION A: DEMOGRAPHIC INFORMATION

1. WHAT IS YOUR GENDER: female
2. WHAT IS YOUR RELATION TO CHILD: aunt
3. WHAT IS YOUR AGE: 18-25
4. WHAT IS YOUR HIGHEST EDUCATIONAL BACKGROUND: SHS

SECTION B: STRESS EXPERIENCES OF CAREGIVERS OF CHILDREN WITH AUTISM

QUESTION: CAN YOU SHARE ANY INSTANCES IN THE LAST THREE MONTHS WHEN YOU FOUND YOURSELF FEELING ANGRY DUE TO UNEXPECTED EVENTS RELATED TO YOUR ROLE AS A CAREGIVER FOR A CHILD WITH AUTISM?

ANSWER: I take care of the child because the parents are no more. When it is your child, you can discipline the child very well to behave. But taking care of another person’s child is difficult. Also because of the condition the child does not listen. You tell him to do something and he does it if he wants. If he does not want to he won't do it. The slightest thing and people will say you are maltreating the child. It is difficult. I get angry but I don't get angry for long.

QUESTION: IN REFLECTING ON THE PAST THREE MONTHS, CAN YOU PROVIDE EXAMPLES OF SITUATIONS WHERE YOU FELT A LACK OF CONTROL OVER IMPORTANT ASPECTS OF YOUR LIFE, PARTICULARLY IN THE CONTEXT OF CARING FOR YOUR CHILD WITH AUTISM?

ANSWER: The child's unpredictable behaviour and resistance to certain activities made it difficult for me to feel in control of the caregiving responsibilities.

QUESTION: HOW WOULD YOU DESCRIBE THE FREQUENCY AND CIRCUMSTANCES IN THE LAST THREE MONTHS WHEN YOU EXPERIENCED FEELINGS OF NERVOUSNESS AND STRESS IN RELATION TO YOUR RESPONSIBILITIES AS A CAREGIVER FOR A CHILD WITH AUTISM?

ANSWER: The fear of judgment from others created stressful circumstances. For instance, during outings, the child's behaviour sometimes attracted attention, and people would misunderstand

SECTION C: COPING STRATEGY FOR STRESSFUL SITUATIONS

QUESTION: WHAT DO YOU DO WHEN YOU FEEL STRESSED?

ANSWER: When I feel stressed, I find solace in spending time in prayer. It helps me gather strength and maintain a positive outlook. Additionally, engaging in activities that bring me joy, such as listening to music or taking short walks, serves as a form of self-care to alleviate stress.

QUESTION: WHO DO YOU ASK FOR HELP WHEN YOU FEEL STRESSED?

ANSWER: Everything is by the grace of God. So God is the reason we are all here and I trust him to help us. I pray he gives me strength.

SECTION D: LIFE SATISFACTION

QUESTION: HOW DO YOU FEEL ABOUT HOW YOUR LIFE IS GOING?

ANSWER: My life is going well. Although there a few problems with my family we are doing well by the special grace of God.

QUESTION: DO YOU LIKE HOW YOUR LIFE IS GOING?

ANSWER: Yes I am okay with it.

QUESTION: IF YOU COULD LIVE YOUR LIFE OVER, WHAT WOULD YOU CHANGE?

ANSWER: Though I wish his mother was still around. Because he is not my son, disciplining him is quite difficult. Aside that, there is nothing I would change about my life. He is doing well with the situation. So far we are fine. I have hope so everything is well.

PARTICIPANT 6

SECTION A: DEMOGRAPHIC INFORMATION

9. WHAT IS YOUR GENDER: female
10. WHAT IS YOUR RELATION TO CHILD: aunt
11. WHAT IS YOUR AGE:26-30
12. WHAT IS YOUR HIGHEST EDUCATIONAL BACKGROUND: DIPLOMA

SECTION B: STRESS EXPERIENCES OF CAREGIVERS OF CHILDREN WITH AUTISM

QUESTION: CAN YOU SHARE ANY INSTANCES IN THE LAST THREE MONTHS WHEN YOU FOUND YOURSELF FEELING ANGRY DUE TO UNEXPECTED EVENTS RELATED TO YOUR ROLE AS A CAREGIVER FOR A CHILD WITH AUTISM?

ANSWER: The lack of accommodations and understanding from people makes the caregiving role more challenging.

QUESTION: IN REFLECTING ON THE PAST THREE MONTHS, CAN YOU PROVIDE EXAMPLES OF SITUATIONS WHERE YOU FELT A LACK OF CONTROL OVER IMPORTANT ASPECTS OF YOUR LIFE, PARTICULARLY IN THE CONTEXT OF CARING FOR YOUR CHILD WITH AUTISM?

ANSWER: There was a day when we had to go for a medical checkup, and the child became extremely worried and started crying in the crowded waiting room. The unexpected behaviour drew attention, and people's reactions made me feel angry and helpless as a caregiver.

QUESTION: HOW WOULD YOU DESCRIBE THE FREQUENCY AND CIRCUMSTANCES IN THE LAST THREE MONTHS WHEN YOU EXPERIENCED FEELINGS OF NERVOUSNESS AND STRESS IN RELATION TO YOUR RESPONSIBILITIES AS A CAREGIVER FOR A CHILD WITH AUTISM?

ANSWER: Sometimes my husband does not understand the child very well. He gets upset about some of the things the child does. This is also stressful to me. The child is my sister’s child. She is no more so I take care of the child. We sometimes do not understand what the child wants and sometimes the child is sometimes very quiet that we wonder what is wrong. I feel stressed because I do not understand what the child wants.

SECTION C: COPING STRATEGY FOR STRESSFUL SITUATIONS

QUESTION: WHAT DO YOU DO WHEN YOU FEEL STRESSED?

ANSWER: When I feel stressed, one thing I often turn to is prayer. Taking a moment to talk to God helps me find a sense of calm and perspective. It is like sharing my worries with a close friend who can provide comfort and guidance. The act of praying helps me feel supported and lessens the weight of the stress I may be experiencing.

QUESTION: WHO DO YOU ASK FOR HELP WHEN YOU FEEL STRESSED?

ANSWER: I turn to my pastor most often. Sometimes when my husband is upset, our pastor talks to us and encourages us for the good work we are doing. So I turn to my pastor for help. My pastor also prays with us and encourages us to have faith. I believe this is what has helped me most. I am grateful for Gods intervention and my pastor’s prayers.

SECTION D: LIFE SATISFACTION

QUESTION: HOW DO YOU FEEL ABOUT HOW YOUR LIFE IS GOING?

ANSWER: In thinking about how my life is going, I feel a sense of contentment. Despite the challenges, there's a deep satisfaction in the journey. It is like appreciating the unique path I've walked, especially in caring for the child with autism. The love and support surrounding me contribute to this feeling of contentment.

QUESTION: DO YOU LIKE HOW YOUR LIFE IS GOING?

ANSWER: Yes, I do. There's a certain beauty in the way things have unfolded. Each day, I find joy in the small victories, and the connections I've built with my family and friends bring a sense of fulfilment. It is not without its difficulties, but overall, I genuinely like how my life is going.

QUESTION: IF YOU COULD LIVE YOUR LIFE OVER, WHAT WOULD YOU CHANGE?

ANSWER: If I could go back and live my life over, I wouldn't change much. Every experience, even the challenging ones, has shaped who I am today. There's a sense of acceptance and peace with the journey. The only thing I might wish for is more understanding and acceptance of autism in the community.

PARTICIPANT 7

SECTION A: DEMOGRAPHIC INFORMATION

5. WHAT IS YOUR GENDER: male
6. WHAT IS YOUR RELATION TO CHILD: father
7. WHAT IS YOUR AGE: 31-40
8. WHAT IS YOUR HIGHEST EDUCATIONAL BACKGROUND: degree

SECTION B: STRESS EXPERIENCES OF CAREGIVERS OF CHILDREN WITH AUTISM

QUESTION: CAN YOU SHARE ANY INSTANCES IN THE LAST THREE MONTHS WHEN YOU FOUND YOURSELF FEELING ANGRY DUE TO UNEXPECTED EVENTS RELATED TO YOUR ROLE AS A CAREGIVER FOR A CHILD WITH AUTISM?

ANSWER: While attending a community event, the child experienced difficulty adapting to the new environment. The unexpected challenges led to a meltdown, and the judgmental stares and comments from others fuelled my frustration and anger.

QUESTION: IN REFLECTING ON THE PAST THREE MONTHS, CAN YOU PROVIDE EXAMPLES OF SITUATIONS WHERE YOU FELT A LACK OF CONTROL OVER IMPORTANT ASPECTS OF YOUR LIFE, PARTICULARLY IN THE CONTEXT OF CARING FOR YOUR CHILD WITH AUTISM?

ANSWER: Figuring out how much socializing the child could handle was tricky. I couldn't control how others saw or interacted with the child, and that made things challenging.

QUESTION: HOW WOULD YOU DESCRIBE THE FREQUENCY AND CIRCUMSTANCES IN THE LAST THREE MONTHS WHEN YOU EXPERIENCED FEELINGS OF NERVOUSNESS AND STRESS IN RELATION TO YOUR RESPONSIBILITIES AS A CAREGIVER FOR A CHILD WITH AUTISM?

ANSWER: I get stressed often. This is because as head of the family, I have to provide for my family, that is my wife and children. I also have my mother to take care of. I don't have any one to help. Their mother has to take care of the children. She does not earn much money because she keeps a close eye on the child, so I do everything. I want to establish a store for her at home but you know how the country is. I don't know how long we have to take care of the child. Because it is financially draining. All her rounds, we have to pay a taxi driver to take her where she wants to go. I have to monitor her often so the mother can also focus on the others. She does not like talking, that is the problem, so I have to keep a close eye on her. I don't know why but it is stressful to me. But God gives, so God knows why things are like this.

SECTION C: COPING STRATEGY FOR STRESSFUL SITUATIONS

QUESTION: WHAT DO YOU DO WHEN YOU FEEL STRESSED?

ANSWER: When I feel stressed, my go-to coping strategy is turning to God. I find solace in prayer and meditation, seeking guidance and strength to navigate through challenging moments

QUESTION: WHO DO YOU ASK FOR HELP WHEN YOU FEEL STRESSED?

ANSWER: In times of stress, I often reach out to God through prayer. The act of expressing my worries and seeking divine intervention brings a sense of peace. Additionally, I may confide in close family and friends, sharing my thoughts and feelings to receive emotional support.

QUESTION: WHAT ARE SOME OF THE OPTIONS THEY PROVIDE?

ANSWER: Seeking help from God through prayer offers me a sense of guidance and perspective. It is like receiving emotional and spiritual support. Family and friends, on the other hand, provide a listening ear, understanding, and sometimes practical assistance.

SECTION D: LIFE SATISFACTION

QUESTION: HOW DO YOU FEEL ABOUT HOW YOUR LIFE IS GOING?

ANSWER: I am content with my life. Although things are hard they will not be hard forever. The cost involved in taking care of the child is high. However, it is fine. I trust God that he will deliver me from anything I cannot cope with. So I am content with my life. God will not give you what you cannot handle.

QUESTION: DO YOU LIKE HOW YOUR LIFE IS GOING?

ANSWER: Yes, I am okay

QUESTION: IF YOU COULD LIVE YOUR LIFE OVER, WHAT WOULD YOU CHANGE?

ANSWER: I do not think there is something I want to change. Maybe financially, I would like to be okay in that aspect. When it comes to finances, aside that people have more challenges than me so I am content with my life.

PARTICIPANT 8

SECTION A: DEMOGRAPHIC INFORMATION

1. WHAT IS YOUR GENDER: male
2. WHAT IS YOUR RELATION TO CHILD: father
3. WHAT IS YOUR AGE: 31-40
4. WHAT IS YOUR HIGHEST EDUCATIONAL BACKGROUND: Diploma

SECTION B: STRESS EXPERIENCES OF CAREGIVERS OF CHILDREN WITH AUTISM

QUESTION: CAN YOU SHARE ANY INSTANCES IN THE LAST THREE MONTHS WHEN YOU FOUND YOURSELF FEELING ANGRY DUE TO UNEXPECTED EVENTS RELATED TO YOUR ROLE AS A CAREGIVER FOR A CHILD WITH AUTISM?

ANSWER: One instance that stirred frustration was during a shopping trip when the child wanted an item I could not provide and any attempt to divert attention resulted in a aggressive behaviour. Dealing with the public's lack of understanding and empathy in such situations made me feel angry.

QUESTION: IN REFLECTING ON THE PAST THREE MONTHS, CAN YOU PROVIDE EXAMPLES OF SITUATIONS WHERE YOU FELT A

LACK OF CONTROL OVER IMPORTANT ASPECTS OF YOUR LIFE, PARTICULARLY IN THE CONTEXT OF CARING FOR YOUR CHILD WITH AUTISM?

ANSWER: Sometimes, people didn't understand the child in public. I couldn't control how others reacted or what they thought, and that made me feel a bit powerless.

QUESTION: HOW WOULD YOU DESCRIBE THE FREQUENCY AND CIRCUMSTANCES IN THE LAST THREE MONTHS WHEN YOU EXPERIENCED FEELINGS OF NERVOUSNESS AND STRESS IN RELATION TO YOUR RESPONSIBILITIES AS A CAREGIVER FOR A CHILD WITH AUTISM?

ANSWER: When he comes back from school, all that he wants to do is to watch cartoons. When you stop him he starts crying and being sad. But my other two girls are not like that. He is the second born but he does not behave like that. One time he is very active playing, then when you ask him to stop and do the right thing it is difficult for him. He is stressing me every day because I have to keep an eye on him all the time. The other two children do what I ask them to, but he cannot concentrate on what I ask him to. Only thing he likes are his toys and tablet. He is a good boy but he does not listen to what I tell him. I am afraid one day he will get hurt because of his behaviour.

SECTION C: COPING STRATEGY FOR STRESSFUL SITUATIONS

QUESTION: WHAT DO YOU DO WHEN YOU FEEL STRESSED?

ANSWER: When I feel stressed, I have found comfort in turning to my parents for support. They provide a listening ear and offer advice, drawing from their own experiences.

QUESTION: WHO DO YOU ASK FOR HELP WHEN YOU FEEL STRESSED?

ANSWER: When I am stressed I ask my parents for help. I send him to my parents in Accra to help me. Especially during vacation. He spends like a week or two with them before coming back.

QUESTION: WHAT ARE SOME OF THE OPTIONS THEY PROVIDE?

ANSWER: My parents offer various forms of support when I am stressed. Beyond lending a listening ear, they actively take on caregiving responsibilities for my child when he stays with them. Their involvement not only eases my stress but also strengthens the bond between my child and his grandparents.

SECTION D: LIFE SATISFACTION

QUESTION: HOW DO YOU FEEL ABOUT HOW YOUR LIFE IS GOING?

ANSWER: Everything is going well. That is what I can say.

QUESTION: DO YOU LIKE HOW YOUR LIFE IS GOING?

ANSWER: Yes, I do.

QUESTION: IF YOU COULD LIVE YOUR LIFE OVER, WHAT WOULD YOU CHANGE?

ANSWER: I've learned and grown through the journey, and I wouldn't trade those lessons for anything. Life, with all its complexities, is something I accept and value.

PARTICIPANT 9

SECTION A: DEMOGRAPHIC INFORMATION

1. WHAT IS YOUR GENDER: FEMALE
2. WHAT IS YOUR RELATION TO CHILD: Aunt
3. WHAT IS YOUR AGE: 26-30

4. WHAT IS YOUR HIGHEST EDUCATIONAL BACKGROUND: SHS

SECTION B: STRESS EXPERIENCES OF CAREGIVERS OF CHILDREN WITH AUTISM

QUESTION: CAN YOU SHARE ANY INSTANCES IN THE LAST THREE MONTHS WHEN YOU FOUND YOURSELF FEELING ANGRY DUE TO UNEXPECTED EVENTS RELATED TO YOUR ROLE AS A CAREGIVER FOR A CHILD WITH AUTISM?

ANSWER: Unexpectedly, the child faced difficulties during a family gathering. The noise and social interaction triggered distress, and despite my efforts to explain the situation, some relatives questioned my ability to manage the child. This left me frustrated and angered.

QUESTION: IN REFLECTING ON THE PAST THREE MONTHS, CAN YOU PROVIDE EXAMPLES OF SITUATIONS WHERE YOU FELT A LACK OF CONTROL OVER IMPORTANT ASPECTS OF YOUR LIFE, PARTICULARLY IN THE CONTEXT OF CARING FOR YOUR CHILD WITH AUTISM?

ANSWER: Dealing with unexpected health issues for the child was tough. It felt like I didn't have much say in making decisions about their health.

QUESTION: HOW WOULD YOU DESCRIBE THE FREQUENCY AND CIRCUMSTANCES IN THE LAST THREE MONTHS WHEN YOU EXPERIENCED FEELINGS OF NERVOUSNESS AND STRESS IN RELATION TO YOUR RESPONSIBILITIES AS A CAREGIVER FOR A CHILD WITH AUTISM?

ANSWER: I face stress because of constantly going to pick him from school. When I allow the taxi driver, sometimes he gives them a lot of issues, so it is better I go and pick him. When you bring him home, you cannot take your eyes off him. He is always trying to do something which can cause a problem. The parents are not in Cape Coast so the boy stays with me. On weekends he goes home. I work at a primary school, it is not easy handling him. I am alone with all these responsibilities. It is not easy as a young girl. I cannot go out often. If he can handle himself then I have no problem, but I have to do everything for him.

SECTION C: COPING STRATEGY FOR STRESSFUL SITUATIONS

QUESTION: WHAT DO YOU DO WHEN YOU FEEL STRESSED?

ANSWER: It is not easy for me. There are days where I am so stressed I seek for permission from his school and send him to the parents so I can rest for a while. Sometimes too it is my mother who comes over so I can have freedom. For instance, on Thursdays I can let him skip Friday school and go to the parents so he can return on Sunday for school. This helps me to get the time to engage in activities that will help me to relax or feel better such as listening to or playing music. Sometimes to I go out during the weekend to have fun.

QUESTION: WHO DO YOU ASK FOR HELP WHEN YOU FEEL STRESSED?

ANSWER: I reach out to my nephew's parents, who are also my siblings, when I feel stressed. They play a crucial role in providing support during challenging times. Whether it is granting permission for my nephew to stay with them temporarily or having our mother come over to assist, their involvement is a vital part of the support system.

QUESTION: WHAT ARE SOME OF THE OPTIONS THEY PROVIDE?

ANSWER:

SECTION D: LIFE SATISFACTION

QUESTION: HOW DO YOU FEEL ABOUT HOW YOUR LIFE IS GOING?

ANSWER: I feel content with how my life is going. While there are challenges, I've learned to appreciate the small joys and victories that come my way.

QUESTION: DO YOU LIKE HOW YOUR LIFE IS GOING?

ANSWER: Yes, I do. I am content with my life.

QUESTION: IF YOU COULD LIVE YOUR LIFE OVER, WHAT WOULD YOU CHANGE?

ANSWER: Honestly, not much. Every experience, including the struggles and triumphs, has contributed to who I am today.

PARTICIPANT 10

SECTION A: DEMOGRAPHIC INFORMATION

1. WHAT IS YOUR GENDER: female
2. WHAT IS YOUR RELATION TO CHILD: mother
3. WHAT IS YOUR AGE: 26-30
4. WHAT IS YOUR HIGHEST EDUCATIONAL BACKGROUND:SHS

SECTION B: STRESS EXPERIENCES OF CAREGIVERS OF CHILDREN WITH AUTISM

QUESTION: CAN YOU SHARE ANY INSTANCES IN THE LAST THREE MONTHS WHEN YOU FOUND YOURSELF FEELING ANGRY DUE TO UNEXPECTED EVENTS RELATED TO YOUR ROLE AS A CAREGIVER FOR A CHILD WITH AUTISM?

ANSWER: We encountered a challenging situation at the park when the child struggled with transitions between activities. The difficulty in explaining the child's needs to others and the lack of empathy in the public space left me feeling annoyed.

QUESTION: IN REFLECTING ON THE PAST THREE MONTHS, CAN YOU PROVIDE EXAMPLES OF SITUATIONS WHERE YOU FELT A LACK OF CONTROL OVER IMPORTANT ASPECTS OF YOUR LIFE, PARTICULARLY IN THE CONTEXT OF CARING FOR YOUR CHILD WITH AUTISM?

ANSWER: I have to sacrifice a lot for my child, in terms of finances. To provide him with extra care that my other children may not need. When I do that, my other two children think I am giving him special treatment. They are children so they don't understand. But I cannot control some of these things. When they grow they will understand better. Their older sibling, my first born understands, so they younger one will understand well.

QUESTION: HOW WOULD YOU DESCRIBE THE FREQUENCY AND CIRCUMSTANCES IN THE LAST THREE MONTHS WHEN YOU EXPERIENCED FEELINGS OF NERVOUSNESS AND STRESS IN RELATION TO YOUR RESPONSIBILITIES AS A CAREGIVER FOR A CHILD WITH AUTISM?

ANSWER: Trying to get the child ready for school every morning was a bit stressful. The morning routine could be unpredictable, and I felt nervous about getting everything done on time.

SECTION C: COPING STRATEGY FOR STRESSFUL SITUATIONS

QUESTION: WHAT DO YOU DO WHEN YOU FEEL STRESSED?

ANSWER: When stress creeps in, I turn to my faith and engage in prayer and meditation. Taking a moment to connect with my spiritual beliefs provides me with a sense of calm and perspective.

QUESTION: WHO DO YOU ASK FOR HELP WHEN YOU FEEL STRESSED?

ANSWER: My primary source of support during times of stress is my faith community. I turn to my spiritual leaders, fellow believers, and friends within the religious community.

QUESTION: WHAT ARE SOME OF THE OPTIONS THEY PROVIDE?

ANSWER: Within my faith community, the support extends beyond prayers. Fellow believers offer a listening ear, share scripture that provides comfort and guidance, and sometimes organize group activities that promote a sense of community.

SECTION D: LIFE SATISFACTION

QUESTION: HOW DO YOU FEEL ABOUT HOW YOUR LIFE IS GOING?

ANSWER: I have learnt how to handle this situation. I think besides financial issues, I am doing well. The only challenge is finances. But with that I know it will improve. In the beginning it was challenging. I did not understand why my child has to go through this situation. But going forward I have accepted the situation and things are okay. So I think my life is going on well.

QUESTION: DO YOU LIKE HOW YOUR LIFE IS GOING?

ANSWER: Yes, overall, I do like how my life is going. Despite the financial challenges, I've learned to navigate and adapt to the situation.

QUESTION: IF YOU COULD LIVE YOUR LIFE OVER, WHAT WOULD YOU CHANGE?

ANSWER: If given the chance to live my life over, I wouldn't change much. Every experience, even the challenging ones, has contributed to my growth and resilience. Perhaps I would have sought financial planning or support earlier, but in the grand scheme of things, I believe the journey, with all its ups and downs, has shaped me into the person I am today.

PARTICIPANT 11

SECTION A: DEMOGRAPHIC INFORMATION

1. WHAT IS YOUR GENDER: Male
2. WHAT IS YOUR RELATION TO CHILD: father
3. WHAT IS YOUR AGE: 31-40
4. WHAT IS YOUR HIGHEST EDUCATIONAL BACKGROUND: SHS

SECTION B: STRESS EXPERIENCES OF CAREGIVERS OF CHILDREN WITH AUTISM

QUESTION: CAN YOU SHARE ANY INSTANCES IN THE LAST THREE MONTHS WHEN YOU FOUND YOURSELF FEELING ANGRY DUE TO UNEXPECTED EVENTS RELATED TO YOUR ROLE AS A CAREGIVER FOR A CHILD WITH AUTISM?

ANSWER: One of the things that makes me angry is because people don’t understand that the child has a condition. As the father of the child I understand him. But other people do not. They are tempted to hit the child when they do not know him. Especially some of the younger people. I get the report and I get angry this thing happened to my child. But it is not everything I can take action. So I pray things will get better.

QUESTION: IN REFLECTING ON THE PAST THREE MONTHS, CAN YOU PROVIDE EXAMPLES OF SITUATIONS WHERE YOU FELT A LACK OF CONTROL OVER IMPORTANT ASPECTS OF YOUR LIFE, PARTICULARLY IN THE CONTEXT OF CARING FOR YOUR CHILD WITH AUTISM?

ANSWER: Making a daily routine for the child was hard because sometimes things happened unexpectedly, and it felt like I couldn't plan well.

QUESTION: HOW WOULD YOU DESCRIBE THE FREQUENCY AND CIRCUMSTANCES IN THE LAST THREE MONTHS WHEN YOU EXPERIENCED FEELINGS OF NERVOUSNESS AND STRESS IN RELATION TO YOUR RESPONSIBILITIES AS A CAREGIVER FOR A CHILD WITH AUTISM?

ANSWER: When the child had a doctor's appointment, it made me nervous. I worried about how they would handle the visit, and it added stress, thinking about their well-being and how to make the experience more comfortable.

SECTION C: COPING STRATEGY FOR STRESSFUL SITUATIONS

QUESTION: WHAT DO YOU DO WHEN YOU FEEL STRESSED?

ANSWER: I ignore what people say about the child. They have negative things to say about the child. So I do not mind them. What I do is to focus on how I can help the child rather than what people are saying.

QUESTION: WHO DO YOU ASK FOR HELP WHEN YOU FEEL STRESSED?

ANSWER: I always contact my brother for help. Most often when it is financial stress. He is the one I turn to in those situations. In other situations it is my brother’s wife. I allow the child to go and visit her so that my wife can rest small. I am always busy at work so it is good to let her rest small.

QUESTION: WHAT ARE SOME OF THE OPTIONS THEY PROVIDE?

ANSWER: My brother and his wife offer valuable support beyond just financial assistance. They provide a listening ear, understanding, and practical help.

SECTION D: LIFE SATISFACTION

QUESTION: HOW DO YOU FEEL ABOUT HOW YOUR LIFE IS GOING?

ANSWER: Despite the challenges, I feel content with how my life is progressing. The negativity from others about my child's condition does not define our happiness. I find fulfillment in focusing on how I can positively impact my child's life.

QUESTION: DO YOU LIKE HOW YOUR LIFE IS GOING?

ANSWER: Yes, I do. Life's journey is unpredictable, and while financial stress is a hurdle, I appreciate the love and support within my family. The bond we share, especially with my brother and his wife, adds a richness to life that I cherish.

QUESTION: IF YOU COULD LIVE YOUR LIFE OVER, WHAT WOULD YOU CHANGE?

ANSWER: If given the chance to relive my life, I wouldn't alter much. Every experience, including the challenges of raising a child with unique needs, has contributed to my resilience and compassion.

PARTICIPANT 12

SECTION A: DEMOGRAPHIC INFORMATION

1. WHAT IS YOUR GENDER: female
2. WHAT IS YOUR RELATION TO CHILD: Mother

3. WHAT IS YOUR AGE:26-30
4. WHAT IS YOUR HIGHEST EDUCATIONAL BACKGROUND:JHS

SECTION B: STRESS EXPERIENCES OF CAREGIVERS OF CHILDREN WITH AUTISM

QUESTION: CAN YOU SHARE ANY INSTANCES IN THE LAST THREE MONTHS WHEN YOU FOUND YOURSELF FEELING ANGRY DUE TO UNEXPECTED EVENTS RELATED TO YOUR ROLE AS A CAREGIVER FOR A CHILD WITH AUTISM?

ANSWER: A surprise visit from relatives disrupted the child's established routine at home. Balancing the need for social interaction with the child's comfort became a source of frustration, especially when met with scrutiny from family members.

QUESTION: IN REFLECTING ON THE PAST THREE MONTHS, CAN YOU PROVIDE EXAMPLES OF SITUATIONS WHERE YOU FELT A LACK OF CONTROL OVER IMPORTANT ASPECTS OF YOUR LIFE, PARTICULARLY IN THE CONTEXT OF CARING FOR YOUR CHILD WITH AUTISM?

ANSWER: Making a daily routine for the child was hard because sometimes things happened unexpectedly, and it felt like I couldn't plan well.

QUESTION: HOW WOULD YOU DESCRIBE THE FREQUENCY AND CIRCUMSTANCES IN THE LAST THREE MONTHS WHEN YOU EXPERIENCED FEELINGS OF NERVOUSNESS AND STRESS IN RELATION TO YOUR RESPONSIBILITIES AS A CAREGIVER FOR A CHILD WITH AUTISM?

ANSWER: Bedtime routines can be stressful. The child might have trouble settling down, and I worry about making sure they feel comfortable and secure before going to sleep. It is a regular source of nightly stress.

SECTION C: COPING STRATEGY FOR STRESSFUL SITUATIONS

QUESTION: WHAT DO YOU DO WHEN YOU FEEL STRESSED?

ANSWER: For me I cannot do anything about it. It is God that I pray to. I go to church, and I go with the boy and his siblings. I am sure God will help us. As human beings we cannot do anything without help from God. I pray that God will help us through everything.

QUESTION: WHO DO YOU ASK FOR HELP WHEN YOU FEEL STRESSED?

ANSWER: In times of stress, my first source of help is my faith. I turn to God through prayer and seek solace in attending church. I believe that God's guidance and support are essential in navigating the challenges we face.

QUESTION: WHAT ARE SOME OF THE OPTIONS THEY PROVIDE?

ANSWER: Through my faith, I find strength, hope, and a sense of peace. The church community offers a supportive environment where we can share our burdens, receive encouragement, and connect with others facing similar challenges. It is a source of spiritual and emotional sustenance.

SECTION D: LIFE SATISFACTION

QUESTION: HOW DO YOU FEEL ABOUT HOW YOUR LIFE IS GOING?

ANSWER: Despite the difficulties, I feel a deep sense of gratitude for the blessings in my life. I've come to accept that challenges are part of the journey, and my faith helps me find meaning and purpose in every circumstance.

QUESTION: DO YOU LIKE HOW YOUR LIFE IS GOING?

ANSWER: Yes, I do. Life is a journey filled with ups and downs, but I appreciate the moments of joy, love, and connection that come with it. I find contentment in knowing that I am not alone in facing life's challenges.

QUESTION: IF YOU COULD LIVE YOUR LIFE OVER, WHAT WOULD YOU CHANGE?

ANSWER: If given the chance to start anew, I wouldn't change much. Every experience, whether joyful or challenging, has contributed to my growth and resilience. I've learned valuable lessons that have shaped me, and I trust that my journey, guided by faith, is unfolding as it should.