



Psychological Distress and Quality of Life among Parents of Children with Autism Spectrum Disorder: Social Support as a Mediating Role

ISSN (Online): 3007-1038
 Pages: 204–211
 DOI: 10.55737/rl.2025.44145
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Abstract: Parents of children with ASD experience psychological distress, lowering quality of life, but social support helps lessen negative effects. The objective of the study was to explore if, among Pakistani parentage of kids diagnosed with ASD, support from communal impacts on connection relating mental torment and attribute towards life. A cross-sectional survey of 100 parents of children with ASD conducted at Ayub Medical Complex (Abbottabad) and Haripur. Standardized mediums comprise the Multidimensional Scale of Perceived Social Support (MSPSS), the Kessler Psychological Distress Scale (K10), and the WHOQOL-BREF. Mediation evaluated using 5,000 bootstrap samples using SPSS v25 and Hayes PROCESS Model 4. Result suggested that communal support ($r = -.73$, $p < .01$) and QoL ($r = -.65$, $p < .01$) were adversely correlated with psychological distress. QoL and social support were effectively correlated ($r = .78$, $p < .01$). Partial mediation strengthened ($R^2 = .69$, $F = 111.82$, $p < .001$) by the significant indirect cause of distress on QoL through social support ($B = -0.24$, 95% CI $[-0.38, -0.10]$). Associated parentages of male kids, parents of female children registered more distress ($t = -7.72$, $p < .001$). Distress had a solid implied effect on QoL through social support ($B = -0.24$, 95% CI $[-0.38, -0.10]$), which confirmed partial mediation ($R^2 = .69$, $F = 111.82$, $p < .001$). Related to parents of male children, parents of female children conveyed larger distress ($t = -7.72$, $p < .001$). The study concluded that social support fully mediates psychological distress and quality of life, emphasizing the need for culturally sensitive interventions.

Key Words: Autism Spectrum Disorder, Psychological Distress, Social Support, Quality of Life, Pakistan

Introduction

The American Psychiatric Association, (2022) declares that autism spectrum disorder (ASD) is a neurodevelopmental specification illustrated by permanent deficits in social interaction and constrained pedestrian behavior.

The age for diagnosis is 3 years and early-onset. Majority of children having comorbid conditions affecting more males as in contrast with females. Its prevalence throughout the world is elevated due to upgrading indicative systems and understanding among society.

According to Maenner (2020), around 2% of children globally impacted. Corresponding to (Vohra et al. 2014), a child having autism spectrum disorder nourishment demands recent consequences and postulated support, which repeatedly causes parents to combat emotional, physical, and monetary obligations (Saeed et al., 2021).

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Citation: Rashid, M., Anjum, F. A., Nazir, S., Ahmad, T., & Anjum, U. M. (2025). Psychological Distress and Quality of Life among Parents of Children with Autism Spectrum Disorder: Social Support as a Mediating Role. *Regional Lens*, 4(4), 204–211.
<https://doi.org/10.55737/rl.2025.44145>

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Due to the established description of the disorder and the scarcity of support expertise, parentage of autism spectrum disorder children often states raised extent of stress, anxiety, and depression (Hayes & Watson, 2013; Lai et al., 2015). Their quality of life and associations with others negatively compressed by such torment (Vasilopoulou & Nisbet, 2016).

There is absence of extensive appreciation and knowledge regarding autism in Pakistan (Muqtadir, 2019). There are no correct incidence statistics on this disorder in our region. Conversely, there are possibly 350,000 kids with this syndrome in the territory according to Autism Society (Lai et al., 2014). The frequency is assumed to be extensively above average definitely. In Pakistan due to ignorance, absence of health resources and disgrace that is attributed to psychological circumstances many individuals linger unidentified.

Parents are at threat for social segregation and psychological fatigue due to this scarcity (Khaliq et al., 2025). According to Lakey and Orehek (2011), social support discusses the instrumental, emotional, and informational assets that are approachable through a person's social network. The Stress-Buffering Hypothesis (Cohen & Wills, 1985) states that social support develops coping skills, protecting people from the detrimental impacts of stress on psychological strength (Montes & Halterman, 2008).

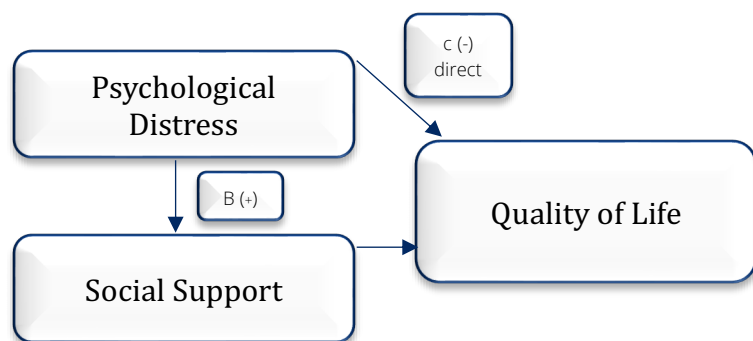
Stress associated to parenting has a detrimental effect on the quality of life and mental health of the parents (Emerson, 2003; Enea & Rusu, 2020). Research indicates that resistance and psychological adaptation in caregivers increased by robust support networks (Gao et al., 2025).

Few research has experimentally examined the intervening influence of community care among anguish and attribute of life amongst caregivers of children with ASD in Pakistan, regardless of a significant frame of worldwide texts (Davy et al., 2022). Therefore, the current study sought to determine if social support in this population mitigates the detrimental relationship between psychological distress and quality of life.

Accordingly, this study aims to assess whether community supports cushions and the adverse correlation link with psychological concern and QoL in this populace.

Hypothesis: The association between psychological distress and quality of life among parents of children with ASD is mediated by social support.

Figure 1



Methodology

This cross-sectional quantitative evaluation escorted out from January to April 2025 at the Autism Outpatient Clinics of Ayub Medical Complex (Abbottabad) and Haripur District Hospital.

Families from Khyber Pakhtunkhwa's Hazara region were allocated by reciprocal localities. The Institutional Review Board of Muslim Youth University in Islamabad commenced its ethical approval. Recorded informed agreement secured, and participation exclusively intended.

One hundred parentage (seventy-four mothers and twenty-six fathers) of children with ASD were engaged utilizing a non-probability availability selection process.

The participants were 35.6 years old on average ($SD = 6.7$). Using DSM-5 standards, children involving the ages of five and ten clinically recognized with mild to moderate ASD. Built on power analysis ($\beta = .80$, $\alpha = .05$), the sample extent decided adequate for moderate impact ranges.

Inclusion Criteria

1. Parents of children having Autism aged 5–10 years with an expert identification of autism spectrum disorder.
2. Parents of children diagnosed with autism spectrum disorder living in Hazara Division for more than one year.
3. Parents of autistic children having Capacity to read and comprehend Urdu or English.

Exclusion Criteria

1. Single parentage or those with a detected psychiatric disorder.
2. Parents of children with severe ASD or other progressive disorders.

Research Instruments

1. Kessler Psychological Distress Scale (K10)

Evaluates non-specific indications of depression and anxiety over the past four weeks (Kessler et al., 2002). Scores range 10–50; higher records specify elevated distress ($\alpha = .95$).

2. Multidimensional Scale of Perceived Social Support (MSPSS)

Measures associated emotional and instrumental support from family, friends, and substantial others (Zimet et al., 1988). Responses worth a 7-point Likert scale; higher scores indicate bigger support ($\alpha = .94$).

3. WHOQOL-BREF

Assesses four areas of QoL—physical, psychological, social, and environmental (World Health Organization, 1996). Higher scores denote improved QoL ($\alpha = .93$).

Data Collection Procedure

After having approval, contestants accomplished the paper-based forms through their clinic appointments. Every session underwent ≈ 20 minutes. Concealment through implied reactions and assured statistics storage was sustained.

Variables

- ▶ **Independent Variable:** Psychological Distress (K10)
- ▶ **Mediator:** Social Support (MSPSS)
- ▶ **Dependent Variable:** Quality of Life (WHOQOL-BREF)
- ▶ **Control Variables:** Child's age, gender, and severity of ASD indications.

Statistical Analysis

Statistics in SPSS v25 utilizing factual and inferential values were investigated. Cronbach's α demonstrated consistency of measurements. Pearson correlations observed correlations among variables. Hayes PROCESS macro (Model 4) assessed the facilitating impact of social support on the correlation between psychological distress and QoL with 5 000 bootstrap samples and 95 % CIs. Significance was set at $p < .05$.

Results



Demographic Characteristics

One hundred parents with children having ASD participated in the study; seventy-four mothers (74%) and twenty-six fathers (26%) were included. The parents were 35.6 years old on average ($SD = 6.7$). With 32 (53.3%) males and 28 (46.7%) females, the children's ages ranged from 5 to 10 years ($M = 7.3$, $SD = 1.8$). The majority of families had monthly incomes of less than PKR 60,000.

Table 1

Demographic Attributes of Participants (N = 100)

Demographic Characteristics of Participants (N = 100)

Variable	Category	N	%
Parent gender	Mothers	74	74.0
	Fathers	26	26.0
Child gender	Male	52	52.0
	Female	48	48.0
Family system	Nuclear	42	42.0
	Joint	58	58.0
Income level	Low	54	54.0
	Middle	27	27.0
	High	19	19.0

Note: Percentages are based on total sample of 100 participants

Descriptive Statistics and Reliability

The scales verified high internal uniformity (Cronbach's $\alpha = .93-.95$). Mean and standard variation scores are presented in Table 2.

Table 2

Descriptive Statistics and Reliability Coefficients (N = 100)

Measure	M	SD	Cronbach's α
K10 – Psychological Distress	33.4	11.7	.95
MSPSS – Social Support	53.0	17.8	.94
WHOQOL-BREF – Quality of Life	84.9	13.3	.93

Note: K10 = Kessler Psychological Distress Scale; MSPSS = Multidimensional Scale of Perceived Social Support; WHOQOL-BREF = World Health Organization Quality of Life Scale (Brief Version).

Correlational Analysis

Table 3

Relationships among Research Variables (N = 100)

Variables	1	2	3
Psychological Distress	—	-.65**	-.73**
Quality of Life		—	.78**
Social Support			—

Note: $p < .05$; $p < .01$. All correlations are significant at the .01 level (two-tailed).

Pearson correlation analysis revealed significant associations among all study variables (see Table 3). Psychological distress was negatively correlated with QoL ($r = -.65$, $p < .001$) and social support ($r = -.73$, $p < .001$). Social support was positively correlated with QoL ($r = .78$, $p < .001$).

Group Comparison

Table 4

An independent sample t test shows that parents of male children and parents of female children vary on average.

Variables	Male (n=52)	Female (n=48)	t (100)	95% CI		Cohen's D
	M(SD)	M(SD)		LL	UL	
Psychological Distress	26.63(11.57)	40.72(6.00)	-7.72**	-17.72	-10.38	1.86

Note: CI = Confidence Interval, LL = Lower Limit, UL = Upper Limit, *M*= Mean, *SD*= Standard Deviation ***p* = .001.

Independent t-test results showed that parents of female children (*M* = 40.7, *SD* = 6.0) reported significantly higher distress than those of male children (*M* = 26.6, *SD* = 11.6), *t*(58) = -7.72, *p* < .001, Cohen's *d* = 1.86, indicating a large effect size.

Mediation Analysis

Psychological distress significantly predicted reduced social support, according to a mediation analysis using Hayes PROCESS Model 4 (path *a*, *B* = -0.77, *SE* = 0.13, *t* = -5.83, *p* < .001) and reduced QoL (path *c*, *B* = -1.08, *SE* = 0.12, *t* = -8.63, *p* < .001). The direct impact of distress on QoL declined but remained significant when social support was included in the model (path *c'*, *B* = -0.25, *SE* = 0.08, *t* = -3.12, *p* = .002).

QoL was assumed by social support (path *b*, *B* = 0.64, *SE* = 0.07, *t* = 9.22, *p* < .001).

The implicit influence (*a* × *b*) was -0.24, with a 95 % bootstrap CI [-0.38, -0.10], proving partial derivative mediation (see Table 4 and Figure 1).

Table 5

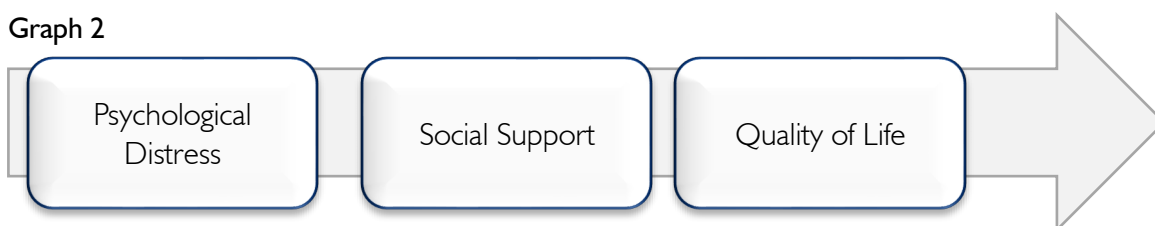
Mediation Analysis Summary (N = 100)

Path	Predictor → Outcome	B	SE	t	P	95 % CI
A	Psychological Distress → Social Support	-0.77	0.13	-5.83	< .001	[-1.02, -0.49]
B	Social Support → Quality of Life (controlling for Distress)	0.64	0.07	9.22	< .001	[0.50, 0.78]
C	Total effect (Distress → Quality of Life)	-1.08	0.12	-8.63	< .001	[-1.32, -0.83]
<i>c'</i>	Direct effect (Distress → Quality of Life controlling for Support)	-0.25	0.08	-3.12	.002	[-0.41, -0.09]
Indirect effect (<i>a</i> × <i>b</i>)	—	-0.24	—	—	—	[-0.38, -0.10]

Model summary: *R*² = .69, *F*(2, 57) = 111.82, *p* < .001.

Note: CI = confidence interval; QoL = Quality of Life.

Graph 2



(*a* = -0.77 **)

(*c'* = -0.25 **)

Note. *p* < .01 ; indirect effect (*a* × *b*) = -0.24, 95% CI [-0.38, -0.10]

Discussion

This study confirmed that social support moderately intervenes the association between parents of children with ASD and psychological distress and quality of life. The consequences affiliate with mutually the Stress-Buffering Hypothesis (Cohen & Wills, 1985) and Transactional Model of Stress and Coping (Lazarus & Folkman, 1984), signifying that perceived support improves emotional strain and rallies particular well-being. Elevated psychological distress was effectively correlated with reduced QoL within physical, psychological, and social realms. These outcomes communicate to former research revealing the unpleasant emotional impact of caregiving on parental functioning (Vohra et al., 2014). In Pakistan, inadequate rehabilitation facilities and social stigma elaborate distress, exclusively for mothers who assist as core caregivers (Aftab et al., 2023).

Persistent with transnational confirmation (Enea & Rusu, 2020) the existing outcomes verified that parents who perceived improved social support stated greater QoL regardless of distress. Support from family and community enhanced resistance, proceeding adaptive coping approaches. In socialist cultures such as Pakistan, extended-family structures can provide both emotional and instrumental assistance, thereby buffering stress outcomes (Ulu & Karacasu, 2022).

Parentage diagnosed with autism spectrum disorder state heightened load, and it is in reverse linked with -financial status education, and isolated families skilled additional burden (Rezq et al., 2025; Barik et al., 2025)

Furthermore, parents of female children demonstrated significantly greater distress, due to cultural disgrace encompassing disability in girls (Mohamed & Shefer, 2015). These perceptions emphasize the need for ethnically supported perception programs supporting approval of neurodiverse children (Papoudi et al, 2020)

Implications

The conclusions emphasize the need for incorporated intimate-balanced interference platforms within clinical and community settings. Training in stress management, peer-support groups, and counseling services should be implemented into pediatric and psychiatric care sections. Legislators should consolidate referral systems, extend autism resource centers, and reserve psychosocial interventions available to low-income families.

Restrictions and Expectations

Causal implications are limited by the cross-sectional design of this study. Data were self-reported, advancing prospective response predisposition. Imminent longitudinal and mixed-method findings could investigate temporal dynamics of distress and support. Involving fathers and expanded family representatives may provide a comprehensive illustration of caregiving dynamics.

Conclusion and Recommendations

The present analysis determines that assistance by society partly facilitates the correlation between psychological distress and QoL between parents of children with ASD in Pakistan. Enhanced social support networks can shield emotional strain and enhance parental well-being. Parents of female children and low-income families are at enormous hazard of psychological distress.

Recommendations

1. Establish structured support groups within autism centers.
2. Incorporate family counseling and psychoeducation into clinical care.
3. Promote community consciousness to decrease stigma toward autism, especially in girls.
4. Encourage public–private collaborations to fund social support systems.

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