RESEARCH ARTICLE

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Journal of Ecophysiology and Occupational Health, *Vol 26(1), DOI: 10.18311/jeoh/2026/53690, 149-157, March 2026*

ISSN (Online) : 0972-4397
ISSN (Online) : 0974-0805

Predictors of Quality of Life in Working Parents having Children with Autism Spectrum Disorder and Attention-Deficit/Hyperactivity Disorder: The Role of Psychological Well-Being

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Abstract

Parents having children with Neurodevelopmental Disorders (NDDs) frequently have constant caregiving obligations, which can impair their psychological functioning and Overall Quality of Life (QOL). This cross-sectional study investigated the relationship between Psychological Well-Being (PWB) and Quality of Life (QOL) among working parents of children diagnosed with Autism Spectrum Disorder (ASD) and Attention Deficit/Hyperactivity Disorder (ADHD) in metropolitan India. A purposive sample of 120 working parents (60 ASD and 60 ADHD) completed the World Health Organization Quality of Life-BREF (WHOQOL-BREF) and the Psychological Well-Being Scale (PWB). The data were analyzed using independent t-tests, Pearson correlations, multiple regression analysis, and mediation testing in SPSS (Version 29). Results showed that there were no significant group differences in psychological well-being (PWB) or quality of life (QOL) subdomains (p >.159), indicating similar well-being across both diagnosis categories. PWB strongly predicted QOL (β = 0.457-0.727, p <.001), explaining 22-54% of the variance across domains. The PWB's domains, such as self-acceptance and mastery/competence, emerged as the most powerful predictors of QOL. Mediation analysis indicated a significant indirect association through PWB in the relationship between diagnostic group and QOL. These findings emphasize the importance of PWB in reducing caregiving stress and improving QOL for urban Indian working parents of children with NDDs. Interventions strengthening parents' well-being, particularly via programs combining telehealth delivery, psychoeducation, self-acceptance, and stigma-focused psychotherapy may improve carer resilience and boost overall family well-being in this sample of urban Indian working parents.

Major Findings: Psychological well-being strongly predicted overall quality of life, with subdomains such as self-acceptance and mastery/competence emerging as the most powerful predictors.

Keywords: Autism Spectrum Disorder, Attention Deficit/Hyperactivity Disorder, Neurodevelopmental Disorders, Psychological Well-being, Quality of Life, Parental Mental Health

1. Introduction

Parenting a child with a Neurodevelopmental Disorder (NDD) such as Autism Spectrum Disorder (ASD) or Attention-Deficit/Hyperactivity Disorder (ADHD) poses long-term and distinct challenges for families. These challenges can severely affect Parental Well-Being (PWB) and Overall Quality of Life (QOL)[1,2]. ASD is characterized

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Article Received on: 30.11.2025 Revised on: 07.01.2026 Accepted on: 08.01.2026

by difficulties in social communication and by restricted, repetitive behaviors. Children with ASD typically require intensive behavioral interventions and ongoing monitoring[3]. In contrast, ADHD involves persistent inattention, hyperactivity, and impulsivity, necessitating ongoing behavioral therapy and close collaboration with educational and medical systems[4]. Parents of children with an NDD place carers at a higher risk of poorer QOL and increased psychological distress than parents of Typically Developing (TD) children[5]. Working parents in metropolitan India must simultaneously manage employment, frequent treatment appointments, school advocacy, and daily behavior management. Such demands often result in physical fatigue, increased social isolation, and limited time for self-care. These stressors substantially impact both psychological and environmental dimensions of QOL[5,6]. These contextual influences highlight the need to investigate parental PWB and QOL among metropolitan Indian families.

Psychological well-being, as conceptualized by Ryff (1989), includes self-acceptance, a sense of mastery, supportive relationships, a sense of purpose, autonomy, and personal growth[7]. This multidimensional resource enables individuals to withstand chronic stress and promotes adaptive functioning[8]. Quality of life, as defined by the World Health Organization (1998) is a broad concept that incorporates physical, psychological, social, and environmental factors, representing a global assessment of well-being and adaptability[9]. Recent research has shown that higher PWB in parents correlates with reduced burden and better adjustment, suggesting that it is a key target for interventions to improve life quality in this population[10]. Thus, investigating PWB aspects (such as self-acceptance and mastery) provides mechanistic insight into why certain carers retain a greater quality of life despite chronic caring obligations. Framing PWB as a targetable mediator illuminates the processes via which diagnosis-related caregiving obligations affect overall life quality.

Prior research has often compared parents of children with neurodevelopmental disorders to those of TD children, with the former group reporting higher stress and a reduced quality of life[4]. Despite the variety of caregiving obligations, few studies compare parents of children with various NDDs, such as ASD versus ADHD. Comparisons between diagnostic groupings are useful since the clinical needs differ. ASD caregiving usually includes intense early interventions, communication support, and behavioral structuring, whereas ADHD caregiving focuses on behavioral management, school coordination, and medication adherence. However, recent research reveals that carer burden overlaps significantly across NDDs, and that contextual variables (access to resources, telehealth, social support, stigma) may determine group differences more than the condition itself[11,12]. Although some global studies suggest that ASD has greater caregiving intensity and stress than ADHD, latest research, particularly in urban and resource-accessible contexts, shows significant overlap in parental burden and outcomes. The current study investigates possible group differences in an urban Indian working-parent sample without presupposing directionality. Furthermore, in India, the rapid expansion of urban services and an increasing number of parent-mediated telehealth programs (including WHO Caregiver Skills Training adaptations) have the potential to diminish disorder-specific inequalities in parental outcomes by boosting access and parent empowerment[13].

Recent research highlighted the shifting environment of neurodevelopmental caregiving. Post-COVID adjustments, notably the increase in tele-interventions, have transformed resource availability, potentially lowering disparities between ASD and ADHD parents[5]. Furthermore, research has shown the role of self-esteem and sleep quality in QOL, indicating that internal psychological resources are critical for parental flexibility[14].

This study focused primarily on working parents of children with ASD or ADHD in urban India, and it applies culturally validated tools to evaluate PWB's predictive role in QOL. By avoiding overlap with the broader tri-group analysis, it aims to provide nuanced insights into shared and disorder-specific care experiences, enabling culturally relevant interventions.

1.1 Objectives

1. To compare psychological well-being between working parents of children with ASD and ADHD.
2. To compare the quality-of-life domains of two parent groups.
3. To determine if psychological well-being characteristics predict quality-of-life domains for these parents.

1.2 Hypotheses

- H1: There will be differences in psychological well-being and quality of life between working parents of children with ASD and those with ADHD.

- H2: Psychological well-being will positively predict quality of life across both groups.
- H3: Certain aspects of psychological well-being will influence quality of life outcomes.

2. Materials And Methods

2.1 Study Design

A quantitative, cross-sectional, comparative design was used to investigate the relationships between PWB and QOL among working parents of children with ASD or ADHD.

2.2 Participants

A purposive sample of 120 working participants (60 parents of children with ASD and 60 parents of children with ADHD) from metropolitan India was used. All participants are working parents aged 25-50 years, having a child aged between 5-15 years with a clinically diagnosed condition of ASD or ADHD and were employed for at least 20 hours per week and were primary caregivers of the diagnosed child.

2.3 Data Collection

Written informed consent was obtained from all participants before completing a sociodemographic data sheet (including parent age, gender, education, occupation, income, family type, and child diagnostic details), WHOQOL-BREF, and PWB scale either in person or online (approx. 30 minutes).

- World Health Organization Quality of Life-BREF (WHOQOL-BREF)[9]: A 26-item instrument assessing four domains, including physical health, psychological health, social relationships, and environment. Items are rated on a 5-point Likert scale; higher scores denote better QOL. The tool has been validated in Indian samples with adequate reliability ($\alpha > 0.80$).
- Psychological Well-Being Scale[15]: Developed within the Indian cultural context, this 20-item scale assesses the dimensions of self-acceptance, mastery/competence, positive relations, and engagement/growth, adapted from[7]. Items are rated on a 6-point Likert scale, 1 = strongly disagree to 6 = strongly agree; higher scores indicate greater well-being. The scale produces a total PWB score (sum of all 20 items; possible range: 20-120, after reverse-scoring negatively worded items if applicable) as well as subscale scores for the four dimensions: self-acceptance, mastery/competence, positive relations, and engagement/growth (computed by averaging or summing relevant items). In the current study, total and domain-level scores were employed in the analyses, as described. Prior research has shown an internal consistency of more than 0.80.

2.4 Statistical Analysis

Data were examined using SPSS (version 29), which included descriptive statistics (means, SDs) for all variables, independent-samples t-tests, Pearson correlations, and single and multiple regression analyses to determine PWB's predictive value on the QOL domain. Regression and correlation analyses incorporated both total PWB scores and individual domain scores to examine overall and dimension-specific predictive effects. Mediation analysis was performed using the PROCESS macro (Model 4, 5000 bootstraps) to assess PWB's mediation of diagnostic type (ASD=1, ADHD=0) as a theoretical proxy for potential differences in caregiving demands, acknowledging that this represents a simplification of qualitatively distinct challenges on QOL. G*Power analysis confirmed >80% power for n=120 to detect medium effects (d=0.5 for t-tests, r=0.3 for correlations, f^2=0.15 for regressions, α=.05).

3. Results and Discussion

The study's findings, based on 120 working parents (60 with children diagnosed with ASD and 60 with ADHD), showed no significant differences in overall PWB or QOL domains. However, PWB showed strong positive associations with all QOL domains and served as a major predictor in regression models, accounting for a considerable percentage of the variance in outcomes. Specific dimensions of PWB, notably self-acceptance and mastery/competence, were significant predictors of QOL variation. These findings, based on descriptive statistics, t-tests, correlations, and regressions, support the protective influence of PWB in this population.

3.1 Descriptive Statistics

This Table (Table 1) presents means and standard deviations for Psychological Well-Being (PWB) total scores and quality of life (WHOQOL) domains, stratified by group (ADHD vs. ASD parents). For the PWB overall total, ADHD parents exhibited a mean of 75.0 (SD =

15.9), slightly higher than ASD parents' mean of 71.8 (SD = 13.2). In the WHOQOL physical health domain, ADHD parents scored 56.0 (SD = 15.9) compared to 53.9 (SD = 11.5) for ASD parents. Psychological health was 60.1 (SD = 13.7) in ASD parents and 56.6 (SD = 13.7) in ADHD parents. Social relationships and environment domains showed scores of 61.1 vs. 60.7 (social) and 65.9 vs. 65.2 (environment). The WHOQOL overall mean was nearly identical (59.9 vs. 60.0) between parents of ASD and ADHD.

3.2 Group Comparisons

The Table 2 displays *t*-values, degrees of freedom, *p*-values, mean differences, standard error of differences, and Cohen's *d* for comparisons between ADHD and ASD parent groups. No statistically significant differences were observed ($p > 0.05$). Effect sizes were small to negligible (Cohen's d = 0.01-0.26). The PWB total is t (114) = 1.20, p = 0.232. For WHOQOL subdomains, Physical health yielded t (108) = 0.82, p = 0.413 (d = 0.15); Psychological health showed (t = -1.41, p = 0.159, d = -0.25); Social relationships (t = 0.14, p = 0.887, d = 0.02); environment (t = 0.29, p = 0.767, d = 0.05) and the WHOQOL overall total showed (t = -0.03, p = 0.97, d = -0.01).

Table 1. Descriptive statistics for PWB and WHOQOL domains by group (n=120)

Variable	Group	*n*	Mean	SD
PWB Total	ASD	60	71.8	13.2
	ADHD	60	75.0	15.9
WHOQOL Overall	ASD	60	60.0	9.75
	ADHD	60	59.9	12.9
Physical Health	ASD	60	53.9	11.5
	ADHD	60	56.0	15.9
Psychological Health	ASD	60	60.1	13.7
	ADHD	60	56.6	13.7
Social Relationships	ASD	60	60.7	14.6
	ADHD	60	61.1	17.3
Environment	ASD	60	65.2	12.5
	ADHD	60	65.9	14.4

3.3 Correlation Matrix

The Table 3 reports Pearson's r, degrees of freedom, and p-values for associations between PWB total and WHOQOL domains. All correlations were positive and significant ($p < 0.001$). Physical health correlated moderately with PWB total (r = 0.486, df = 118). Psychological health (r = 0.677) and social relationships (r = 0.688) showed strong associations. Environment had a moderate correlation (r = 0.457), while WHOQOL overall demonstrated the strongest (r = 0.697).

3.4 Multiple Regression Analysis

The Table 4 summarizes standardized coefficients (β), t-values, p-values, R^2, and F-statistics for regressions using PWB total as the predictor of WHOQOL domains. PWB significantly predicted all outcomes ($p < .001$). WHOQOL overall was β = 0.727, t = 11.49, R^2 = 0.528, F (1,118) = 132. For physical health, β = 0.486, t = 6.05, R^2 = 0.237, F = 36.6. Psychological health showed β = 0.677, t = 10.00, R^2 = 0.459, F = 100. Social relationships yielded β = 0.688, t = 10.3, R^2 = 0.473, F = 106. Environment had β = 0.457, t = 5.58, R^2 = 0.209, F = 31.1.

3.5 Mediation Analysis

The Table 5 presents significant predictors with standardized coefficients (β), t-values, p-values, R^2, adjusted R^2, F-statistics, and model p-values. Models explained 22-54% of WHOQOL variance ($p < .001$). For

Table 2. Independent-samples *t*-tests comparing groups (ADHD vs. ASD, n=120)

Variable	*t*-value	df	*p*-value	Mean Difference	SE difference	Cohen's *d* Effect size
PWB Total	1.2012	114	0.232	3.2	2.66	0.21931
WHOQOL overall	-0.0374	110	0.97	-0.0781	2.09	-0.00682
Physical health	0.8225	108	0.413	2.0833	2.53	0.15018
Psychological health	-1.4173	118	0.159	-3.5417	2.5	-0.25876
Social relationships	0.1426	115	0.887	0.4167	2.92	0.02603
Environment	0.2968	116	0.767	0.7292	2.46	0.05418

Note. H_a $\mu_{ADHD} \neq \mu_{ASD}$

WHOQOL overall (R^2 = 0.523, adj R^2 = 0.523, F(4,115) = 33.6), significant predictors were self-acceptance (β = 0.356, t = 3.82) and mastery/competence (β = 0.315, t = 4.68). Physical health (R^2 = 0.244, adj R^2 = 0.217, F = 9.27) had positive relations (β = 0.2734, t = 2.295). Psychological health (R^2 = 0.506, adj R^2 = 0.489, F = 29.5) included self-acceptance (β = 0.3124, t = 3.239), mastery/competence (β = 0.4152, t = 5.956), and Environmental growth (β = 0.3031, t = 3.35). Social relationships (R^2 = 0.554, adj R^2 = 0.538, F = 35.7) featured self-acceptance (β = 0.5325, t =

Table 3. Pearson correlations between PWB total and WHOQOL domains (combined groups, n=120)

Variable pair	Pearson's *r*	df	*p*-value	Interpretation
PWB and WHOQOL overall	0.697***	118	<.001	Positive correlation
PWB and Physical Health	0.486***	118	<.001	Positive correlation
PWB and Psychological Health	0.677***	118	<.001	Positive correlation
PWB and Social Relationships	0.688***	118	<.001	Positive correlation
PWB and Environment	0.457***	118	<.001	Positive correlation

Note. * p < .05, ** p < .01, *** p < .001

Table 4. Simple linear regression results (PWB predicting WHOQOL, combined groups, n=120)

Dependent Variable	β (Standardised Coefficient)	*t*-value	*p*-value	R^2 (Explained Variance)	*F*-statistic (df=1,118)
WHOQOL Overall	0.727	11.49	<.001	0.528	132
Physical Health	0.486	6.05	<.001	0.237	36.6
Psychological Health	0.677	10	<.001	0.459	100
Social Relationships	0.688	10.3	<.001	0.473	106
Environment	0.457	5.58	<.001	0.209	31.1

Table 5. Multiple linear regression results (PWB dimensions predicting WHOQOL, combined groups, n=120)

Dependent Variable	Significant Predictors	Standardized coefficient β	*t*-value	*p*- value	R^2	Adjusted R^2	*F*-statistic (df=4,115)	*p*-value (Model)
WHOQOL Overall	Self-Acceptance	0.356	3.82	<0.001	0.539	0.523	33.6	<.001
	Mastery and Competence	0.315	4.68	<.001				
	Positive Relations	0.16	1.72	0.088				
	Environmental growth	0.143	1.63	0.105				
Physical Health	Self-Acceptance	0.0996	0.834	0.406	0.244	0.217	9.27	<.001
	Mastery and Competence	0.1619	1.877	0.063				
	Positive Relations	0.2734	2.295	0.024				
	Environmental growth	0.0963	0.86	0.391				
Psychological Health	Self-Acceptance	0.3124	3.239	0.002	0.506	0.489	29.5	<.001
	Mastery and Competence	0.4152	5.956	<.001				
	Positive Relations	-0.0808	-0.84	0.403				
	Environmental growth	0.3031	3.35	0.001				
Social Relationships	Self-Acceptance	0.5325	5.807	<.001	0.554	0.538	35.7	<.001
	Mastery and Competence	0.1548	2.336	0.021				
	Positive Relations	0.2493	2.724	0.007				
	Environmental growth	-0.0534	-0.62	0.536				
Environment	Self-Acceptance	0.154	1.273	0.206	0.222	0.195	8.22	<.001
	Mastery and Competence	0.2949	3.372	0.001				
	Positive Relations	0.0487	0.403	0.688				
	Environmental growth	0.1386	1.221	0.225				

5.807), mastery/competence (β = 0.1548, t = 2.336), and positive relations (β = 0.2493, t = 2.724). Environment (R^2 = 0.222, adjusted R^2 = 0.195, F = 8.22) had mastery/competence (β = 0.2949, t = 3.372). Mediation analysis was conducted using the PROCESS macro (Model 4, 5,000 bootstrap). Diagnostic type (ASD=1, ADHD=0) showed an indirect association with WHOQOL overall through PWB total score (approximate indirect effect = -1.74; a-path [group effect on PWB] = -3.20 and b-path [PWB effect on overall QOL] = 0.55).

4. Discussion

The present study advances understanding of how Psychological Well-Being (PWB) and Quality of Life (QOL) are interrelated among working parents of children with Autism Spectrum Disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD) in this urban metropolitan India. Contrary to hypothesis 1, no statistically significant differences emerged in overall PWB or QOL between the two parent groups. Descriptive data revealed substantial overlap in well-being profiles, with small to negligible effect sizes underscoring the practical equivalence of outcomes in this sample. A subtle (non-significant) trend toward better physical health QOL in the ADHD group may reflect relatively lower physical demands in ADHD caregiving[16]. These findings challenges diagnosis-centric models of parental burden and align with emerging evidence that caregiving burdens for ASD and ADHD increasingly converge in urban, resource-rich settings[1,2]. Existing literature documents pronounced distress and reduced QOL among parents of children with NDDs, compared to parents of typically developing children. However, recent comparative analyses including Indian and international samples show that condition-specific differences in parental outcomes often diminish when adjusting for contextual factors such as employment, access to specialist clinics, and support networks[1,2,6]. For example, Gabra and Hashem (2021) and van Dierendonck and Lam (2023) highlight that similarities in carer burden across ASD and ADHD are more prominent in metropolitan cohorts, where therapeutic and educational resources are accessible[11,17].

4.1 Physical Health and Caregiving Intensity

Although the lower trend in physical-health QOL among ASD caregivers did not reach statistical significance, it aligns with Indian and global studies reporting greater physical fatigue and schedule demands in ASD families due to intensive, structured interventions[16]. Patra and Kumar Patro (2019) and *Raju et al.* (2023) emphasize that chronic physical strain and fatigue remain clinical concerns, suggesting that regular screening for these WHOQOL components is warranted regardless of global QOL scores[5,18].

4.2 Psychological Well-Being as a Predictor and Mediator of QOL

A core contribution of this study is the robust finding that PWB, as measured multidimensionally, predicts QOL across physical, psychological, social, and environmental domains, and showed a significant indirect association between diagnostic group and QOL. These patterns support PWB's broad positive influence on QOL, with strong positive correlations to psychological and social domains, indicating a notable link to mental and interpersonal aspects. The findings confirm PWB's predictive strength, explaining 22-54 % of the variance across domains, with strong effects for psychological (46%) and social (47%) domains indicating a buffering effect against caregiving stress by supporting Hypothesis 2, which states that PWB will positively predict QOL across both groups. Specific well-being dimensions accounting for QOL were self-acceptance and mastery/competence, which are crucial determinants of QOL in this study, with positive relations also contributing significantly to psychological health and social relationships domain supporting hypothesis 3. Mediation analysis indicated a significant indirect association between diagnostic group and QOL through PWB, consistent with partial indirect association; however, the use of diagnostic category as a proxy for caregiving stress represents a theoretical simplification, given the qualitatively distinct demands of ASD and ADHD. These trends are consistent with theoretical models emphasizing well-being's role in relational and emotional resilience and with empirical research that has identified well-being as a proximal protective factor in carer adjustment[17]. These insights are also consistent with meta-analytic research showing that eudaimonic well-being interventions foster adaptability and enhance carer outcomes in NDD populations[10]. Self-acceptance mitigates stigma-related internalized guilt, whereas mastery/competence provides a sense of control over routines and resources, reducing perceived stress and promoting adaptive functioning[18,19].

4.3 Role of Urban Resources and Parent Interventions

The absence of significant group differences is likely specific to this metropolitan sample, which benefits from relatively greater access to resources (specialist clinics, early intervention centers) and the growth of parent-mediated telehealth services (which accelerated during COVID-19)[20]. Recent telehealth evidence suggests that remote parent training might increase parental self-efficacy and reduce stress, minimizing carer outcome disparities caused by uneven access to resources[12,21]. The WHO Caregiver Skills Training (WHO-CST) has been piloted in India with promising feasibility and carer benefits, implying that online and facilitator-led carer programs can be feasible and acceptable, resulting in carer gains (reduced stress, increased empowerment), which could potentially narrow diagnostic disparities in carer outcomes when available and used[13]. Thus, scaling parent-mediated telehealth and the WHO-CST program in urban settings can effectively improve self-efficacy, reduce stress, and minimize outcome gaps between ASD and ADHD families[13,21.]

4.4 Stigma and Cultural Context

The predictive importance of self-acceptance ties directly to the literature on affiliate stigma, internalized shame experienced by parents in stigmatizing cultural environments like Indian culture[11,18]. Affiliate stigma has been reported among Indian parents having autistic children and is linked to elevated psychological distress. Interventions that explicitly target stigma-related cognitions (e.g., normalization, self-compassion, acceptance-based approaches, psychoeducation, peer support) may be powerful levers for improving carer outcomes to address culturally driven barriers to help-seeking and emotional resilience[18,22].

4.5 Limitations

However, our current study possesses several limitations that should be considered, such as using the cross-sectional design precludes causal inferences; the observed indirect effects reflect statistical associations rather than confirmed directional pathways. Future research should employ longitudinal and mixed methods to elucidate the dynamics of PWB and QOL over time. Findings are limited to working parents in metropolitan India with likely better access to specialist services and telehealth; results may not generalize to rural, lower-income, or non-working parent populations. Expanding samples across sociodemographic contexts will clarify broader generalizability and inform targeted interventions. Incorporating objective health indicators (e.g., sleep study, physiological stress indices, biomarkers) with qualitative interviews may provide a more comprehensive view of carers lived experiences. Finally, Randomized controlled trials of well-being-enhancing treatments, such as acceptance-based therapies or mastery-focused training, should assess their direct impact on QOL among carers of children with ASD and ADHD

5. Conclusion

This study emphasizes psychological well-being as a pivotal determinant of QOL for working parents of children with ASD or ADHD. No significant differences emerged in psychological well-being or quality of life between working parents of children with ASD and ADHD in urban Indian settings. Psychological well-being particularly the dimensions of self-acceptance and mastery/competence emerged as a strong predictor of QOL outcomes across domains. These findings apply specifically to working parents in urban Indian settings with relatively greater access to resources. These results highlight the importance of internal psychological resources in mitigating caregiving stress, suggesting that interventions like telehealth-delivered psychoeducation, self-acceptance training, and stigma-focused psychotherapy could enhance resilience and family well-being. Future longitudinal studies and randomized trials in diverse populations (e.g., rural or non-working parents) are needed to confirm these associations and test interventions.

6. Acknowledgments

The author thanks Dr Shubhagata Awasthi and Dr Anupama Vijayaraghavan for their guidance and support during this research work. The author also thanks all the participants, the institutes where she collected her data and Amity University for making it possible for her to conduct the research. The author also acknowledges the unwavering support of family members throughout this endeavor.

7. Funding Statement/Declaration of Conflicting Interest

The authors received no financial support for the research, authorship, and/or publication of this article.

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

8. Ethics

The study was approved by the University Research Committee (URC) and Institutional Ethics Committee of Amity University as part of the main author's PhD research. All procedures adhered to ethical guidelines, with participant confidentiality maintained. Written informed consent was obtained from all participants prior to data collection.

9. References

1. Konowałek Ł, Kotowska-Bąbol M, Łukasik J, Remiszewski P, Wolańczyk T. Quality of life among parents of autistic children: questionnaire validation study and multivariate analysis of associated factors. Front Psychiatry. 2025; 16-2025. Available from: https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2025.1554368 https://doi.org/10.3389/fpsyt.2025.1554368 PMid:40704035 PMCid: PMC12284825.
2. Quatrosi G, Genovese D, Lyko-Pousson K, Tripi G. Quality of Life in mothers of children with ADHD: A scoping review. Child. 2025; 12(10). https://doi.org/10.3390/children12101376 PMid:41153558 PMCid: PMC12563816.
3. APA. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition [Internet]. Fifth edit. American Psychiatric Publishing; 2013. https://doi.org/10.1176/appi.books.9780890425596
4. Hayes SA, Watson SL. The impact of parenting stress: A meta-analysis of studies comparing the experience of parenting stress in parents of children with and without autism spectrum disorder. J Autism Dev Disord. 2013; 43(3):629–642. https://doi.org/10.1007/s10803-012-1604-y PMid:22790429.
5. Raju S, Hepsibah PE V, Niharika MK. Quality of life in parents of children with autism spectrum disorder: Emphasizing challenges in the Indian context. Int J Dev Disabil. 2023; 69(3):371–378. https://doi.org/10.1080/20473869.2023.2173832 PMid:37213591 PMCid: PMC10198003.
6. Lobo E, Babu GR, Mukherjee D, van Schayck OCP, Srinivas PN. It takes a village: Unpacking contextual factors influencing caregiving in urban poor neighbourhoods of Bangalore, South India. Healthc (Basel, Switzerland). 2025; 13(12). https://doi.org/10.3390/healthcare13121459 PMid:40565486 PMCid: PMC12192858.
7. Ryff CD. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. J Pers Soc Psychol. 1989; 57(6). https://doi.org/10.1037/0022-3514.57.6.1069
8. Ryff CD. Psychological well-being revisited: advances in the science and practice of eudaimonia. Psychother Psychosom. 2014; 83(1):10–28. https://doi.org/10.1159/000353263 PMid:24281296 PMCid: PMC4241300.
9. World Health Organization. Measuring quality of life: The development of the World Health Organization Quality of Life Instrument (WHOQOL). Psychol Med. 1998; 28(3). https://doi.org/10.1017/S0033291798006667 PMid:9626712.
10. Gaigg SB, Benjamin L, Bogosian A. Interventions to improve parental mental health and psychological well-being in parents of adolescents with a diagnosis of ASD and/or ADHD: A systematic review. Res Autism. 2025; 126:202649. https://doi.org/10.1016/j.reia.2025.202649
11. Gabra RH, Hashem DF. Comparison of caregivers' characteristics, stigma, and disease burden of children with autism spectrum disorder and attention-deficit disorder in Egypt. Middle East Curr Psychiatry. 2021; 28(1):83. https://doi.org/10.1186/s43045-021-00162-0
12. Pan C-Y, Kuo T-Y, Kuo F-L. Meta-analysis of effectiveness of parent-mediated telehealth interventions in children with autism spectrum disorder. Res Autism Spectr Disord. 2023; 107:102209. https://doi.org/10.1016/j.rasd.2023.102209
13. Sengupta K, Shah H, Ghosh S, Sanghvi D, Mahadik S, Dani A, et al. World Health Organisation-Caregiver Skills Training (WHO-CST) Program: Feasibility of Delivery by Non-Specialist Providers in Real-world Urban Settings in India. J Autism Dev Disord. 2023; 53(4):1444–1461. https://doi.org/10.1007/s10803-021-05367-0 PMid:34853959.
14. Al-Lihabi A, Alharbi ST, Alsheraimi R, Alharbi AM, Alofi M, Azouni S, *et al*. Quality of Life and sleep among parents of children with autism spectrum disorder in Medina. Cureus. 2025; 17(8). https://doi.org/10.7759/cureus.90153 PMid:40959377 PMCid: PMC12434649.
15. Mehrotra S, Tripathi R, Banu H. Psychological well-being: Reflections on an elusive construct and its assessment. J Indian Acad Appl Psychol. 2013; 39(2):189.
16. Nadeem NJ, Afzal S, Dogar IA, Smith JG, Shah T, Noreen M, *et al*. The impact of having an autistic child on parental mental health and wellbeing in Pakistan. Res Autism Spectr Disord. 2024; 115:102423. https://doi.org/10.1016/j.rasd.2024.102423
17. van Dierendonck D, Lam H. Interventions to enhance eudaemonic psychological well-being: A meta-analytic review with Ryff's Scales of Psychological Well-being. Appl Psychol Heal Well-Being. 2023; 15(2):594–610. https://doi.org/10.1111/aphw.12398 PMid:36073601.
18. Patra S, Kumar Patro B. Affiliate stigma among parents of children with autism in eastern India. Asian J Psychiatr. 2019; 44:45–7. https://doi.org/10.1016/j.ajp.2019.07.018 PMid:31315059. https://www.sciencedirect.com/science/article/pii/S1876201819303090

19. Banga G, Ghosh S. The impact of affiliate stigma on the psychological well-being of mothers of children with specific learning disabilities in India: The mediating role of subjective burden. J Appl Res Intellect Disabil. 2017; 30(5):958–969. https://doi.org/10.1111/jar.12311 PMid:27878938.
20. Pacione L. Telehealth-delivered caregiver training for autism: Recent innovations. Front Psychiatry. 2022; 13:916532. https://doi.org/10.3389/fpsyt.2022.916532 PMid:36620655 PMCid: PMC9811175.
21. Gentile M, Messineo L, La Guardia D, Arrigo M, Città G, Ayala A, *et al*. A Parent-mediated telehealth Pprogram for children with autism spectrum disorder: Promoting parents' ability to stimulate the children's learning, reduce parenting stress, and boost their sense of parenting empowerment. J Autism Dev Disord. 2022; 52(12):5285–5300. https://doi.org/10.1007/s10803-022-05482-6 PMid:35235129 PMCid: PMC9637081.
22. Ma Yu, Lee Liz Yuanxi, Zhang Xuemin. Affiliate stigma and related factors among parents of autism spectrum condition: A pilot study from mainland China. Autism Dev Lang Impair [Internet]. 2023; 8:23969415231168570. https://doi.org/10.1177/23969415231168567 PMid:37064167 PMCid:PMC10090549.

Author Contribution

Conceptualization, S.K; Methodology, S.K; data collection, S.K; data analysis, S.K; writing the discussion, S.K; conclusion, S.K; writing- editing, S.K; writing review, A.V and S.A; supervisor, A.V and S.A. The manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes that the manuscript represents honest work.

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