

Maternal Stress and Psychological Well-Being in Autism Caregiving: A Multicultural and Structural Narrative Review

Ms. Latika Khullar¹, Mr. Ritesh Tomer², Dr. Upasana Ray³, Dr. Pallavi⁴,
Dr. Virender Kumar Chandoria⁵, Dr. Pooja Singh⁶

¹Doctoral Fellow, Department of Educational Studies, Jamia Millia Islamia, India

latikakhullar1@gmail.com

²Assistant Professor, Mata Sundri College for Women, University of Delhi, New Delhi

³Associate Professor, Central Institute of Educational Technology, National Council of Educational Training and Research, India

⁴Subject Matter Expert at PARAKH National Council of Educational Training and Research, New Delhi

⁵Associate Professor, Department of Teacher Education, National Council of Educational Research & Training, New Delhi, India.

⁶Assistant Professor (Education), College of Teacher Education, Nuh, Maulana Azad National Urdu University, Telangana, India.

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ABSTRACT:

The current narrative review on multiculturalism compiled evidence about well-being of mothers of children with Autism Spectrum Disorder (ASD) worldwide. Overall, the results suggest that child-specific factors per se are less important for maternal well-being than interactive (child-centred) demands, and peripheral socioeconomic or cultural influences. The universality of stress is explained by a matrix chronic stress and acute caregiving crises, overlaid with gendered discursive by-products care (i.e. affiliate stigma; conceptual invisibility of autism across the spectrum) in many non-Western cultural frames. Family support networks and peer support interventions which are culturally-orientated may counter these stressors (see below), but is access to such protective factors still so profoundly inequitable? The review identifies the following priority areas for future research: Western epistemologies remain dominant; measures used currently are not culturally salient across all populations; and lack of longitudinal studies that reflect diverse samples. The findings inform the development of recommendations for policy and practice: culturally competent service models; interdependent health care and education systems; necessary funding support structures; and litigation-enforceable access to equitable care. By integrating in this final review the three previous excerpted themes, structural sensitivity, cultural centredness and maternal autonomy are shown to together create a path towards a more compelling definition of attuning altogether to build larger

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feelings of maternal agency and sustainable well-being across distinct sociocultural circumstances.

Keywords: Maternal Stress, Psychological Well-Being, Autism Spectrum Disorder (ASD), Caregiving, Cultural Issues.

1. Introduction

Autism disorders fall on a spectrum of neurodevelopmental disorders which affect social communication, have differences in the quality of social interactions and are associated with restricted or repetitive behaviours. It is now estimated to occur in approximately one in 160 individuals globally (Kulasinghe et al., 2023; Shorey et al., 2019; World Health Organization, 2019). Nonetheless, these numbers reveal important regional variation wrought from differing diagnostic criteria, access to healthcare and early screening structures, and culturally mediated conceptualisations of diversity in development. This heterogeneity complicates the collection of epidemiological data down to challenging disease classification standards, which is done with insufficient diagnostic infrastructure. Rising diagnostic criteria with time, practitioner familiarity, improved screening mechanisms and parent advocacy have all shaped more accounts and the movement from outdated labels (Silverman 2012).

Diagnostic pathways are shaped by socio-cultural context. We found that familial awareness of milestones, willingness to engage in help-seeking and cultural explanations of behaviour influenced when ASD was recognised and when families sought evaluation. Because diagnostic tools are often culture insensitive, these will lead to under-

identification and delayed intervention in resource-poor settings. The interpretation of these differences in diagnosis directly impacts experiences of maternal caregiving. This means that the psychological burden of mothers differs across sociocultural contexts based on availability of services, exposure to stigma, and financial and management demands of navigating the system.

Thus, this review contends that whereas differences in child-level characteristics are considerably less theorised in the current literature as factors associated with maternal psychological well-being during caregiving for children with ASD, structural, cultural and systemic attributes appear to exert some influence but remain forcefully under-theorised. Synthesising research across diverse contexts worldwide, the review demonstrates the influence of epistemological biases, institutional inequities and cultural norms on maternal stress, coping and adaptation.

Culturally sensitive school and community clinic screening initiatives show promise in decreasing costs and stigma and increasing early service delivery (Dey et al., 2024; Frigerio et al., 2024; Nowell et al., 2015). This is summarised in Table 1, where we see the structure and culture of different world regions influencing reporting, detection, and, by extension, what it means to experience ASD.

Table 1: Global Prevalence and Epidemiological Disparities in Autism Spectrum Disorder

S.No.	Region / Country	Estimated Prevalence	Factors Influencing Detection
	Global (WHO est.)	~1 in 160 children (Kulasinghe et al., 2023; Shorey et al., 2019)	Variability in diagnostic practices, evolving criteria, and awareness levels
2.	High-Income Countries (HICs: e.g., USA, UK, Western Europe)	1–2% of child population; higher reported prevalence due to systematic screening (Nowell et al., 2015; Silverman, 2012)	Broader diagnostic criteria, strong parental advocacy, early screening programs, and better infrastructure
3.	Low- and Middle-Income Countries (LMICs: e.g., India, sub-Saharan Africa, parts of Asia)	Often under-reported; prevalence appears lower than HICs (Dey et al., 2024; Frigerio et al., 2024)	Limited specialists, low awareness, stigma, lack of culturally validated tools, cost/transport barriers
4.	Ethnic Minority Populations in HICs (e.g., African-American, Latino, immigrant groups)	Underdiagnosed / diagnosed later than White peers (Nowell et al., 2015; Tincani et al., 2009)	Language mismatch with providers, stigma, financial constraints, systemic inequities in access
5.	Cultural Variations (e.g., East Asia, Middle East, Africa)	Reported prevalence varies widely, sometimes lower than Western countries (Frigerio et al., 2024)	Local beliefs about child development, behaviors seen as “normal” in one culture flagged in another, stigma delaying recognition

2. Key Constructs

2.1 Stress Within Caregiving Contexts

Maternal stress for mothers of ASD children is multidimensional, unique and generative to multiple sclerosis abstaining from some family, cultural, and systemic aspects. Core stressors arise from child-related challenges that can be behavioural problems, emotional dysregulation, aggression and sensory difficulties, causing a burden on parent-child relationships and disrupting the family routine (Nikmat, 2008). This difficulty increases if women must juggle demands unmet by family, unfriendly community attitudes or stigma against disability that can make the mother feel not able as a parent,

raising her risk for anxiety, depression and burnout (Naheed et al. 2019).

Cultural norms shape how stress reactions are dealt with due to the fact that they determine mothers' views of issues and whether the mothers seek support. The stress avoidance created by a cultural practice of saving face, as well as the risk aversion apparent in many Asian contexts (Lai et al., 2015), means that few people feel able to discuss issues of extension and seek services or emotional support. Economic and institutional constraints, such as financial hardship, lack of services, and having to navigate complex education and health systems, contribute to the stress burden experienced by carers (Nicholas et al., 2020; Bittman et al., 2009).

The combined effects of child demands, cultural expectations, and systemic barriers establish a self-perpetuating anxious state with multiple layers. In addition, high stress for mothers may compound behavioural problems that cause more stress, thus feeding back across time. Such dynamics beg for interventions aimed at a multilevel ecological design (Kaba et al., 2022; Napitupulu et al., 2023) as opposed to modules that rely on a singular or unidirectional method of child behaviour.

2.2. Chronic vs. Acute Stress in ASD Caregiving

Acute stress, by contrast, arises as the result of sudden crises such as severe behavioral outbursts, medical emergencies, or school-based conflicts. Although it lasts for only a short time, acute stress causes sudden rises in heart rate and blood pressure levels, as well as cortisol. Repeating such episodes often, without any means of recovery, leads to the accumulation of chronic strain (Cooke et al., 2020).

Some of the main differences between chronic and acute stress are

- **Duration** -Chronic stress—months or years
Acute stress lasts minutes to hours but may return every time.
- **Triggers** – Chronic stress is inspired by continuous demands of caregiving and systemic barriers, whereas acute stress is caused by high onslaught crises or escalations.
- **Physiological responses** – A chronic state of stress, physiological and hormonal, is the physiological characteristic of the chronic stress associated with burnout, while autonomic acute stress is a transient physiological state of autonomic arousal.
- **Coping demands** – chronic stress requires coping, which requires long-term strategies such as problem-solving, emotion regulation, and social support. Acute stress requires immediate crisis management skills.
- **Family impact** – While chronic stress undermines the motivating workings of a family over time, acute stress momentarily disturbs routine unless incidences are frequent.
- **Intervention Needs**- Chronic stress needs long-term systemic help. Acute stress needs de-escalation training and emergency response planning.

Together, these distinctions help understand how continuous demands and abrupt crises interact to influence the development of maternal psychological well-being through complex, cumulative pathways.

2. Review Scope and Approach

This is achieved by focusing on the context which reflects real-world career experience, wherein experiential interplay between cultural beliefs, socioeconomic inequalities, institutional barriers and ecology interacts (Dardas and Ahmad, 2015; Costa et al., 2017). Given the range of methodological and geographic differences across studies, a narrative synthesis strategy is employed to synthesise findings from literature across psychology, sociocultural research, disability literature and family systems scholarship.

Conclusion: This analysis identifies fundamental stressors, frameworks and cultural drivers of maternal health and processes of resilience in the context viewed from a structural perspective. It also identifies critical research gaps, such as an absence of samples from non-Western contexts, a scarcity of longitudinal data and limited connection of caregiving stress to household labour and employment strain or child developmental outcomes. These literature gaps highlight the need for both conceptual frameworks and culturally congruent support structures as central to mothers' lives and care experiences within broader sociocultural contexts.

4. Theoretical Lenses: A Multidimensional Model

The comprehension of the psychological well-being of mothers caring for children with ASD needs a vast multidimensional theoretical foundation that goes beyond single-cause explanations. The four complementary frameworks involved (Bronfenbrenner's Ecological Systems Theory,

Resilience Theory, and Ryff's Model of Psychological Well-Being) are used to reflect the complex dynamic of individual, relational, cultural and structural forces in the lives of mothers that analyses Lazarus and Folkman's Stress-Coping Paradigm.

4.1 Stress-Coping Paradigm

In this paradigm, stress is viewed as a transactional process in which the individual and his or her environment merge. For mothers of children with ASD, the psychological outcomes are dependent upon the interpretations regarding behavioral challenges, societal stigma, and governance expectations (Lazarus & Folkman, as cited in Dardas & Ahmad, 2015; Costa et al., 2017). These appraisals inform the coping strategies, which can be problem-focused (e.g., seeking intervention) and/or emotion-focused (e.g., positive reframing, self-care). Adaptive coping helps improve resilience and reduce distress because maladaptive strategies may heighten anxiety, emotional overload, and long-term psychological strain (Kaba et al., 2022; Napitupulu et al., 2023).

4.2 Ecological Systems Theory

Bronfenbrenner's Ecological Systems Theory places the well-being of the mother within a series of surrounded environmental systems, which interact constantly over time (Akula et al. 2025):

- **Microsystem:** Direct caregiving interactions and the nearest support networks.
- **Mesosystem:** Interconnections between key settings: home-school, health care—these may support or inhibit maternal coping according to the quality of coordination between settings (Frantz et al., 2017).
- **Exosystem:** Policies of the workplace, community resources, and services available in the community that indirectly influence experiences of caregiving.
- **Macrosystem:** Cultural values and gender roles, socioeconomic parameters that affect ideas of disability, and expectations of who

should provide care (Magana et al., 2017; Papoudi et al., 2021).

- **Chronosystem:** Temporal and historical factors, such as transitions (e.g., changes at school) and more general situations, such as the Covid-19 pandemic, that can exacerbate and/or change stress responses.

At all levels, socioeconomic status interacts with cultural norms to make a difference in terms of exposure to stigma, access to resources and long-term caring trajectory (Bronfenbrenner, 1979; Frigerio et al., 2024).

4.3 Resilience Theory and Strength-Based Perspectives

Resilience theory describes how some mothers become positively adapted in spite of the chronic stress of caregiving. Resilience is understood not to be a fixed trait but a dynamic and developable process which is influenced by protective factors, for example, optimism, emotional regulation, social support, and meaning-making (Sevari & Savari, 2021; Napitupulu et al., 2023). Adaptive coping strategies (e.g., cognitive reframing) help in the strengthening of environmental mastery and minimisation of emotional distress, whereas avoidant coping strategies increase the psychological burden (Benson, 2010).

Strength-based / positive psychology approaches have been found to complement frameworks of resilience. Some interventions aimed at promoting the development of gratitude as well as self-compassion, such as mindfulness-based self-compassion interventions, have demonstrated a reduction in internalized stigma and increased emotional regulation capacity that results in sustainable well-being (Torbet et al., 2019; Napitupulu et al., 2023). This is a paradigm shift that moves from carrying stress levels and only managing stress to actual psychological growth.

4.4 Ryff's Model of Psychological Well-Being

Ryff and Keyes's (1995) five-factor model that delineates six forms of well-being measuring various psychological functioning indicators – self-acceptance, purpose in life, personal growth,

environmental mastery, and autonomy as well as positive relations with others (Napitupulu, 2023; Akula et al., 2025; Alsa et al., 2021). The domains of interaction between personal dispositions, cultural expectations, structural barriers and digital support networks with which mothers of children with ASD must grapple (Frigerio et al., 2024). There are good levels of environmental mastery and autonomy in gendered maternalism to transcend fragmented systems, but there is a far poorer retention of social ties and integration of caregiving into identity (Alsa et al., 2021) as mothers remain characterised by stigmatisation and isolation.

4.5 Integrative Perspective

As one, these four frameworks demonstrate that maternal well-being does not signal and is neither a singular nor unique outcome of the reaction to any single stressor. Rather, it is a complicated, contextualised, situated process dependent on person appraisal, environmental context, resources for resilience and multidimensional mental health indicators. This integrated theoretical framework forms the basis for the analysis approach taken throughout the remainder of this review.

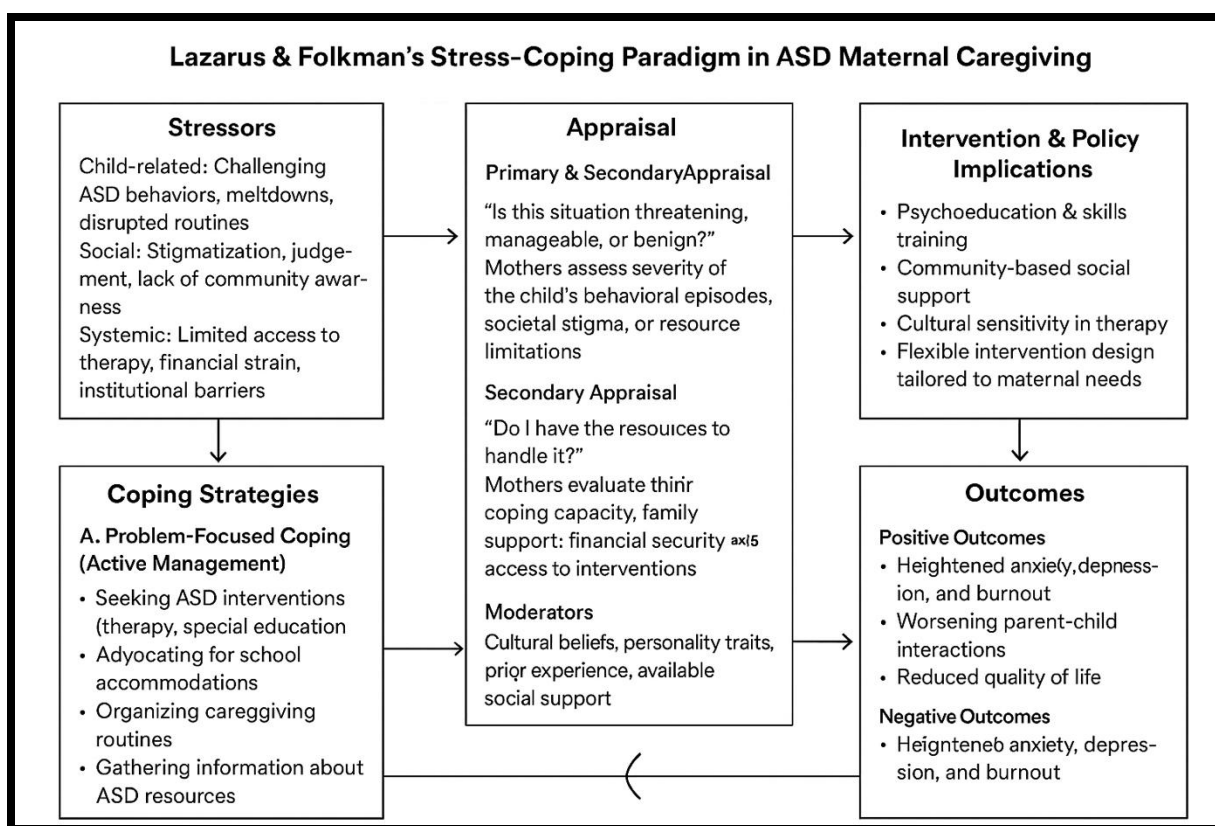


Figure 1: Lazarus & Folkman's Stress-Coping Paradigm in ASD Maternal Caregiving

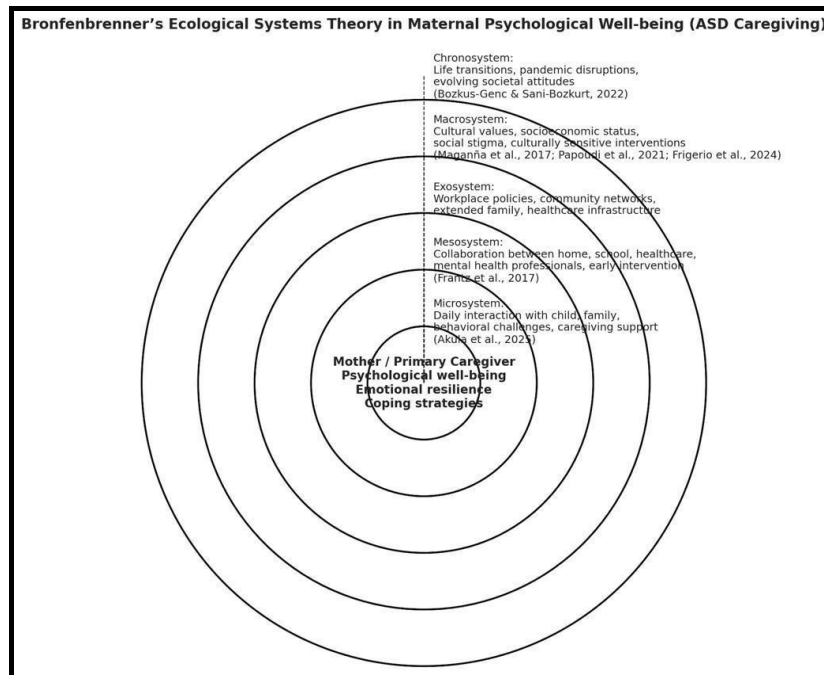


Figure 2:Bronfenbrenner's Ecological Systems Theory in Maternal Psychological Well-Being(ASD Caregiving)

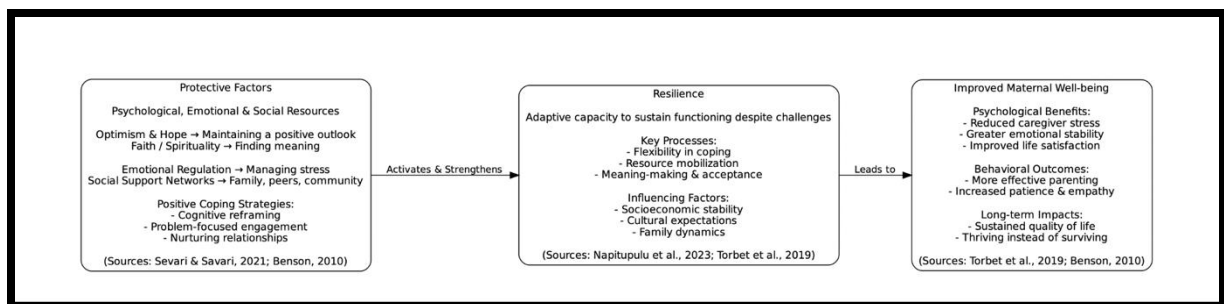


Figure 3: Resilience Theory and Strength-Based Perspectives

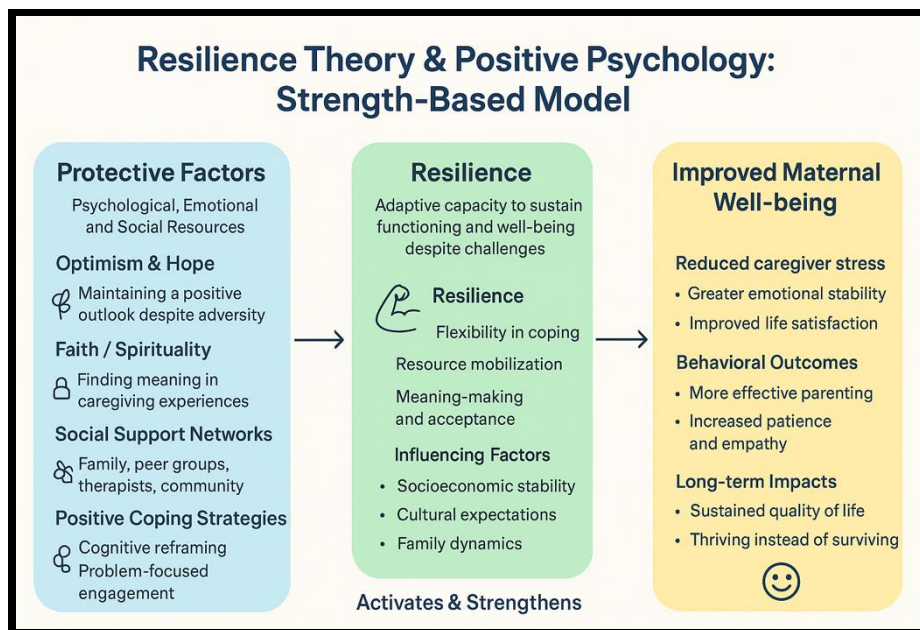


Figure 4:Resilience Theory and Positive Psychology Strength-Based Model

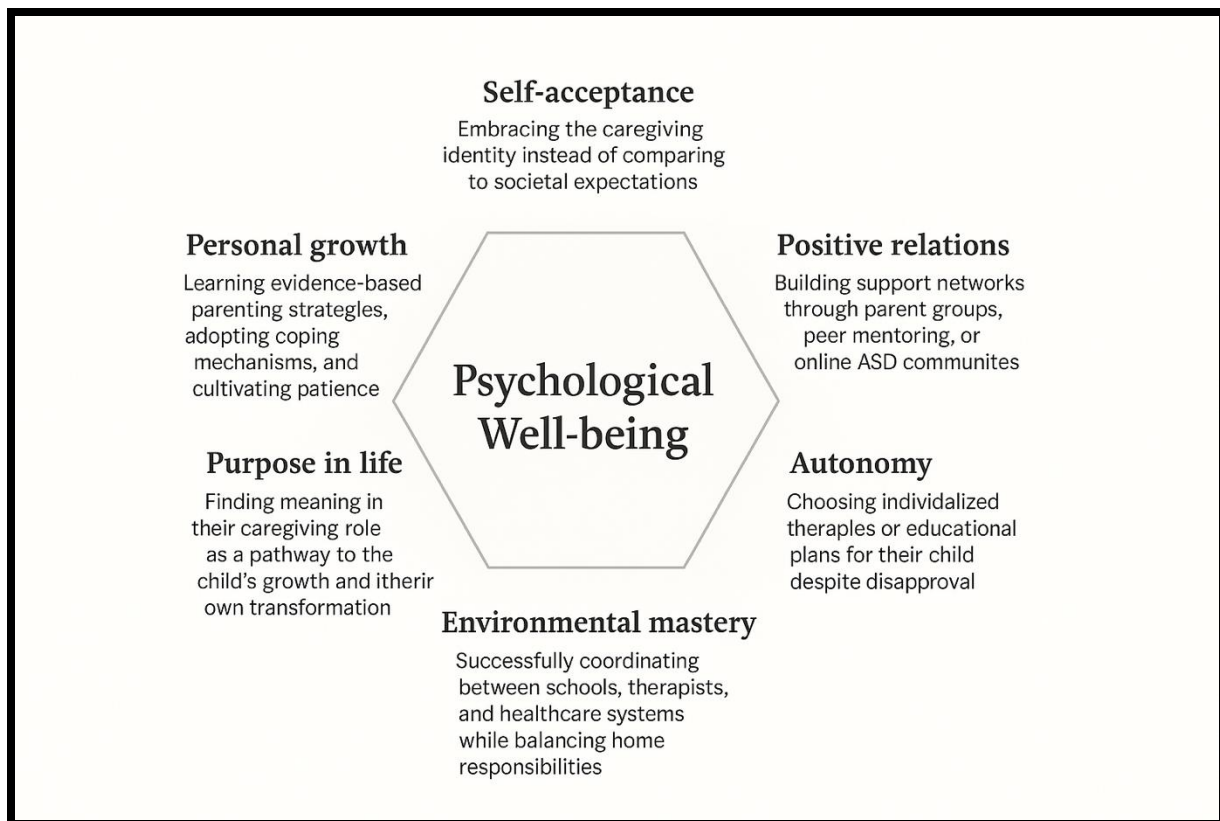


Figure 5 : Ryff's Six Dimensions of Psychological Well-being: A Framework for Mothers Caring for Children with ASD

5. Layers of Maternal Stress and Well-Being

5.1 Intersection of Personal Vulnerability and Systemic Neglect

At the crossroads of individual vulnerability and systems inefficiencies, mothers taking care of children with Autism Spectrum Disorder (ASD) face a psychological well-being dilemma. While child development has been an area of significant, clear research activity devoid of emotion, a virtual object cultivated with data from maternal interviews and slight anxieties whilst doing the groceries, those psychological burdens primarily circa the true extent that mothers are assumed to be as a primary carer remain largely unexamined, unexplored; almost forgotten. The understanding, diagnosis and regulation of autism are sociocultural phenomena.

Family belief systems, which can be based on and informed by religious, cultural and social worldviews, play a role in determining whether autism is understood as illness or impairment or, in certain contexts, an ethical or spiritual matter (Church 2019; Fannin 2017). All of these

interpretations are impacting help-seeking, disclosure, and early diagnosis/intervention.

Socio-economic limitations, histories of migration and experiences with co-existing conditions exert structural restraints on families' engagement with and facilitation within health educational systems (Tincani et al., 2009). Parents are assigned basic expectations of their caring behaviour based on a gendered division of labour, leading mothers to bear greater responsibility than fathers for care, constraining personal autonomy and reproducing normative ideals around maternal self-sacrifice (Papoudi et al. 2021; DePape & Lindsay 2015). This gap in research on fathers and other extended family members reinforces the perception that caregiving is a more feminine responsibility (Fithriyah & Carrasco, 2021).

In this context, child-centred stressors, structural inequities and barnacles of stigma coalesce to form a psychologically convoluted caregiving ecosystem defined by chronic stress, susceptibility to acute crises and gradual eroding of self-efficacy among

carers (Naheed et al., 2019; Santamaria et al., 2012). This part takes an intersectional view of how these multiple factors influencing maternal adaptation shape pregnancy and childbirth outcomes in structurally inequitable systems.

5.2 Child-Centered Stressors

The most immediate and chronic source of maternal distress comes from stressors that relate to the child. Behavioural and emotional challenges: In the absence of this child, behaviours are expected to be high; aggression, severe tantrums, self-injurious behaviour and major dysregulation affect mothers as well by exerting persistent psychological efforts on them and resulting in life-long fatigue (Frantz et al., 2017; Kulasinghe et al., 2023; Benson, 2010). These barriers disrupt family routines and restrict opportunities for social engagement, thus increasing the risk of maternal depression and burnout.

Mothers have both the role of interpreter (i.e., translational mediation [e.g., delayed speech, echolalia, limited functional communication and peer interactions]) (Prata et al. 2018; Flippin & Crais 2011) and advocate in the educational and therapeutical environment, increasing their emotional/maternal burden related to cognitive exhaustion via this duality of experienced parental stressors.

Co-occurring medical or developmental conditions – attention deficit disorder, epilepsy and/or mental retardation as well as comorbid mental disorders only exacerbate levels of complexity in caregiving. These demands necessitate broad coordination across various service providers (Akula et al., 2025; Nicholas et al., 2020; Kring et al., 2010), rendering mothers without a break and vulnerable to psychosocial stressors. It is the intersection of behavioural, communicative and medical stressors that creates the core of care provision burdens.

5.3 Systemic and Contextual Stressors

While families carry the burden of caregiving at home, systemic stressors are uniquely associated with increased maternal psychological distress. They endure the burdensome processes of multiple providers, convoluted eligibility criteria and assessments – a gauntlet of emotionally and

logistically overwhelming master processes mothers must navigate (DePape & Lindsay, 2015; Fong, Lee et al. The lack of cultural competence, combined with limited service availability and long waiting lists, simply adds additional disadvantages into the mix that already characterise families from linguistically diverse backgrounds or minority populations which face specific problems when seeing mental health professionals.

As ominous statements, these social barriers predominate. High costs of interventions, demand for transportation and insufficient insurance coverage limit access to these important services (Wallace-Watkin, 2022; Viljoen et al., 2019). Even more alarming, the announcement of diagnostic delays and inequitable resource distribution heightens anxieties and impede intervention (Siklos & Kerns, 2007; Cooke et al., 2020).

These systems seem to be affected by the educational level of carers with regards to navigation. More educated mothers will manage to meaningfully advocate, or mothers with not full educational proficiencies might listen to the advice of dismantling community knowledge sources, making them more vulnerable to being hit by both threats at once: stress and misinformation (Silverman, 2012). Open full-size image. Geographic disparities further compound these inequities, with lower use and satisfaction of specialised services and culturally competent care reported by rural and minority mothers (Pearson et al., 2024). Altogether, these systemic and contextual stressors contribute to an additional layer of maternal burden that has consistently proven useful for identifying the child-centric and cultural-specific sources of stress indicated above.

5.4 Cultural and Socioeconomic Determinants

Individual socio-economic status (SES) is an important risk factor for maternal stress due to its effects on information access, resource availability, and the financial burden of long-term caregiving. There is a lack of knowledge regarding autism and evidence-based interventions among many mothers, which can heighten ambiguity trends (Zaki & Ahmed, 2016; Nikmat, 2008) that raise stress levels. He explained the devastating economic toll

families in low-resourced situations can face when considering the summative historical financial output of therapies, healthcare, transport, and daily logistics surrounding caregiving.

Coping patterns and help-seeking behaviours are influenced by cultural belief systems as well. Supernatural or collectivist explanations, heightened Mahabhata and expectations of community are prevalent themes in many parts of Asia that potentially predispose families to utilise serendipitous or disproven treatment at the expense of evidence-based care (Shorey et al., 2019; Kaba et al., 2022). Expectations that relate to family honour, social conformity, and reputation management (CHIN et al., 2023; DePape & Lindsay, 2015; Zobile et al., 2015; Ho et al., 2018) are prone to be imposed by individuals belonging to collectivist cultures. By contrast, individualistic Western environments create dual pressures on mothers to both cultivate autonomy in children and build resilience within their own lives.

Motherhood is weighed down by gendered standards of care. They reduce their working hours or quit employment altogether; financial dependence and social isolation are frequent along with elevated anxiety and depressive symptoms (Iadarola et al., 2020; Alghamdi et al., 2022; Santamaria et al., 2012). Public stigma can often be transferred to affiliate stigma, whereby mothers internalise societal perceptions and blame themselves or their child (Lockington & Gullon-Scott, 2025), although the self-blame may actually just rehearse public attitudes (Hayes & Watson, 2012). This leads to hypervigilance and avoidance of similar, everyday experiences, and it destroys support systems (Shepherd et al., 2018; Solomon & Chung, 2012).

5.5 Psychological and Identity Impact

The chosen profession of motherhood in an ASD child fundamentally changes the mother. Chronic stress can also trigger trauma-specific profiles, including the dynamics of intrusive thoughts and avoidance for discussion of autism, as well as hyperalikesness (Frigerio et al., 2024).

These responses may at times of transition be exacerbated – such as during changes to education or service provision, and there is an increased propensity to susceptibility to adjustment issues.

Mothers can find themselves continually negotiating their own identities as they work to balance the competing demands of caregiving and the desire for personal autonomy, agency and hope (Akula et al., 2025). This public scrutiny (especially when associating the behaviours of a child as generating uninvited curiosity) further divides a mother, whose private identity is that of a carer to her children and a public-facing "*in-role*" identity marker (Hagan, Sensing & Schiralli, 2020). This double existence may lead to a disconnection from his/her former care-free self and significantly lower the sense of personal agency.

An insufficient number of service providers, combined with having long waiting lists and a lack of cultural competence, negatively impacts families who do not speak the dominant language and are not from the same ethnic origin as those working in these services. The impact of our cultural perspective on maternal influences "tends to create an ever-present theme of maternal guilt in the mind of a mother, necessitating even greater feelings of guilt and emotional stress in her." As this psychopathology response is pervasive in various Asian cultures, family reputational or maternal obligations have exacerbated this negative psychological burden (Shorey et al., 2019). A cycle of self-critique and emotional exhaustion ensues as mothers are pulled between the need for personal self-care, whatever personal or collective advocacy they espouse, and what family expectations there may be in a given moment depending on the context (work vs home) and familial norms & cultural standards.

5.6 Relational and Family System Dynamics

Maternal stress has transmission effects across larger family systems, including spousal relationships. Family cohesion is pressured, and high levels of psychological reconciliation are required from both partners (Fong, Gardiner et al., 2021; Kulasinghe et al., 2023): in addition to the innate lack of reciprocity with the child in caregiving, it also comes with emotional expectations. Mothers undertake multiple roles, including behaviour management, advocacy, day-to-day caregiving and household management. Such layered roles of duty likely lead to fatigue and almost certainly marital conflict since typically instrumental support from a partner is not enough (Lin et al., 2023; Potter, 2017).

Efforts to decrease stress by pulling away from social contact may provide less access to those peer support networks, leading to more extreme social isolation and psychological pain. In other words, maternal stress in ASD caregiving is thus caused by and results in family functioning and relationship well-being.

5.7 Life Satisfaction and Self-Compassion as Buffers

Mothers of children with ASD experience high care demands and chronic stress in their quality of life. Those mothers of children in this group consistently exhibit high levels of depressive and anxious symptoms compared to mothers of neurotypical children, according to empirical research up until October 2023. One of the important protective factors, then, has become self-compassion. Which means that as a trade-off one can take advantage to have big self-compassion since "it buffers the effects of affiliate stigma and in turn enhances subjective well-being, whereas low self-compassion increases susceptibility to psychological distress" (Torbet et al., 2019). A central function of internal stuff is that it buffers the impact of external stressors upon maternal mental health.

5.8 Coping Mechanisms and Protective Factors

A complex of coping strategies and protective factors at the individual, social, and community

levels influence maternal well-being. These multilayered kinds of supports affect the way mothers navigate chronic caregiving demands, resources that are available to support mothers, and psychological resilience.

5.8.1 Social and Professional Support Systems

Informal Support Networks Informal support networks are made up of family and close friends who provide emotional validation as well as hands-on help. All depend on the experience of subjective understanding and being helped by the mother (Bittman et al., 2009). Hence In such high-stigma cultural contexts, the family's involvement may increase mothers' stress who are already feeling themselves guilty, criticised or assigned unrealistic expectations.

Peer support offers advantages; peer networks have the benefit of providing experiential knowledge, advocacy strategies and a sense of collective empowerment (DePape & Lindsay, 2015), whether in formal or informal settings. They normalise caregiving challenges, reduce isolation and offer simple solutions to parenting problems that mothers can relate to.

Professional and community-based support systems are equally important in this regard. Chronic stressors such as positive and cooperative relationships with service providers increase resilience, while cultural insensitivity or dismissiveness may exacerbate maternal stress (Mackintosh & Goin-Kochel, 2012). Community navigation models, which pair families with navigators that match them based on ethnicity, promote access to services and help support outcomes when navigating the system (Fong, Lee et al., 2021). Developing "expert parents", i.e., carers with lived experience who could act as mentors/approachable confidantes for families in need of a support system.

5.8.2 Digital Resources

Digital platforms, such as online communities, telehealth services, and mobile health applications, have been contributing more than before to reducing barriers in access to health information and support. Such tools have eliminated/remedied

geographical hurdles, enabling remote intervention and providing an environment to build communities for sharing experiences and guidance (Napitupulu, 2023). However, their effectiveness relies on sufficient good digital literacy, culturally respectful content, and adequate technological infrastructure.

5.8.3 Individual Coping Strategies and Internal Resilience

Mothers also build resilience through internal coping mechanisms. Mindfulness-based interventions encourage an awareness of the present and a nonjudgemental view, which has been shown to significantly assist in reducing parenting stress (Curley et al., 2023).

Cognitive reframing – to process the hurdles, thereby increasing the mother's adaptability (Sevari & Savari, 2021) Meaning-making and role acceptance-recognition of being significant and instrumental in the growth of a child can result in facilitation from feelings of unfulfilment to a sense of purposefulness (Papoudi et al., 2021).

The sort of time management that comes with structured self-care helps modulate your emotions and lets you feel better in general. Integrational Strategies: These strategies are dependent on how cultural narratives about motherhood dictate the desire for and use of social support. For example, an overall model of 'sacrificial motherhood' has been identified in Italian research in which women often interrupt work to work full-time for women and children (Frigerio et al., 2024), which indicates the relevance of designing interventions aimed at the non-working models of coping that are sensitive and context-specific.

6. Cross-Cultural Dimensions and Research Niche

6.1 Western Epistemological Hegemony and the Invisibility of Global Contexts

There are a lot of conceptual and empirical studies on the psychosocial effects of caregiving to people with an ASD, yet most research on maternal stress and psychological well-being is still under-determined by Western epistemologies, resulting in a monoculture of approaches (and conceptualisation) that masks diversity from a

global perspective. Most of the assessment tools and theoretical frameworks that have been developed in high-income settings are embedded with cultural-specific assumptions about emotional expression patterns, family functioning, and help-seeking. Because such tools usually have moderate validity only in non-Western contexts, they reveal structural limitations regarding their local meanings (Fong, Gardiner et al., 2021).

In some regions and countries which have few established or explicit linguistic or conceptual frameworks of autism (Papoudi et al. 2021), such as Nicaragua, Ethiopia and Somalia, the absence of knowledge about what it is to be a person with autism places diagnostic difficulties for people with autism there, forcing families to rely on informal or traditional aid systems. Specifically, conceptual invisibility generates parental stress patterns, barriers to services and social exclusion that ground an apparent cultural disconnect between various realities of care and Western epistemologies, manifest in the DSM-5 and current discourses around ASD.

6.2 Cultural Specificity in Stigma and Social Support Systems

Autism stigma exists everywhere but is also culturally patterned. As such, families and their "*honour*" and social "*reputation*" are a common rationale for concealment that inhibits help-seeking behaviours with significant ramifications for stigma (Shorey et al. 2019). Collective norms may offer literal assistance in the way of extended networks, but they simultaneously impose pressure on saving face and privacy. In the meantime, families within an individualistic Western context have relatively greater access to formalised external resources (e.g., therapists and specialised clinics and structured parenting groups). These distinctions provide strong evidence suggesting that evidence-based interventions also need to be culturally responsive. Understanding local values and social and explanatory models, together with knowledge of stigma patterns, is critical to providing effective context-driven support structures.

6.3 Methodological Constraints: Sampling Bias and Temporal Limitations

Another exact reason to cover cultural blindness is methodological limitations. A dominance of cross-sectional designs that take time-wave snapshots that cannot disentangle temporally-limited stressors and/or chronic, cumulative burdens; Longitudinal evidence is restricted, although tentative bidirectional links are made between maternal expressed emotion and child behaviour (Cetinbakis et al., 2018), acknowledging the need for temporal studies (Greenberg et al., 2006).

Sampling bias persists, with the majority of research based on well-established support networks in resource-rich, urban, predominantly educated families that have neglected rural carers; low literacy groups; socioeconomically marginalised families; and those suspicious of formal institutions. Singular demographic groupings (e.g., estimating national samples as if they are monolithic) mask critical within-group variance structure that transmits effects on stress and coping. This is rooted in a Western patriarchal tradition that embeds structural assumptions of parenting roles, such as excluding fathers and other non-maternal carers (Nicholas et al., 2020; Fong et al., 2021). Cumulatively, these methodological limitations impose restrictions on the representativeness, ecological validity and socio-cultural relevance of the existing evidence base.

6.4 Future Directions for Culturally Competent Research

A thorough response to these lacunae requires more than minor adjustments, such as a causal methodological shift towards cultural authenticity, epistemic diversity and ecological validity. Key priorities include:

1. **Culturally specific development of measurement**—Research instruments must be co-constructed with communities through participatory processes so that constructs, language and understanding of definitions reflect local and meaningful memory experiences, as well as local, culturally situated knowledge about disability in those communities.
2. **Model of participation research:** involving families/carers/community stakeholders in the design work, data collection and analysis to enable involvement of those parties in partaking in care. This type of collaboration foregrounds Indigenous knowledge and aligns the research agenda with parent-carer issues and moods while amplifying contextual relevance (Fong et al., 2021; Gardiner et al., 2022).
3. **Longitudinal studies and mixed-methods designs:** Invest in longitudinal, research-orientated processes which illustrate the dynamic nature of maternal stress, coping and resilience across developmental processes and life transitions and reconcile adaptation with changing sociocultural conditions. Mixed-methods approaches may expose mechanisms that would otherwise be difficult to understand in either quantitative or qualitative designs alone.
4. **Wider, more inclusive sampling methods:** Cast the net for low-literate and resource-constrained families and individuals who are suspicious of rational institutions beyond organised support networks which bring only rural carers together. Systematically collect data on migration history, acculturation and socioeconomic status as well as language to meaningfully capture variation within groups.
5. **Diverse carers** should include fathers, grandparents and siblings and reduce the representation of children from extended care arrangements, particularly in societies where traditional family systems are culturally important. Individually and together, this kind of methodological shift—to tools that are culturally grounded, to methods that use participatory approaches, to temporally rich designs, and to sampling frames that are inclusive—is imperative not just for improving the

scientific validity of research but also for ensuring that interventions used in future practice are equitable (Viljoen et al., 2019; Papoudi et al., 2021).

7. Policy, Practice, and Future Directions for ASD Caregiving

7.1 The Policy–Practice–Caregiving Nexus

The work, at some level, of harmonising policy directions and specific clinical practices (and the lived experiences of mothers whose children are taking care of ASD) is to build a complex setting in which institutional frameworks, cultural expectations and individual narratives mimic in a sort of confluence. There are big gaps in systems of support, and global research reinforces the case for linked, culturally appropriate policy frameworks that are closely engaged with mothers' lived experience. Summary of the four key policy priorities with regards to improved well-being for the carer and long-term developmental outcomes for children.

7.2 Recommendation 1: Culturally Responsive and Integrated Service Architecture

Maternal stress is host to the social, cultural-linguistic and economic viability of care – variables neglected by most current service models developed in economically permitted Western economies. Thus, culturally appropriate mental health and development-related services tailored to local explanatory models of disability and help-seeking services are important (Fong, Lee et al., 2021). Overwhelmingly the evaluations are controlled trials of immediate enriched outcomes without values of long-term follow-up, although evidence from LatinX populations suggests that if parent-training programmes are culturally adapted for Spanish-speaking communities, they should increase ASD knowledge and improve parental advocacy (Magana et al., 2017).

Early prenatal diagnostic tools and preventative medical experience are paramount, with predicted course effects for both maternal stress/trajectories and self-efficacy way attitudes, but utilisation is inconsistent. The late diagnosis intensifies the maternal anxiety, empowers a sense of guilt and

limits early access to interventions (Nowell et al., 2015). While multidisciplinary assessment frameworks appear theoretically all-encompassing, heterogeneous structural biases inherent in ideology that lead to linguistic misalignment and prescriptive utopian assumptions within every diagnostic model systemically disadvantage families from racially diverse and immigrant backgrounds at the highest rates (Frigerio et al., 2024). Thus, augmenting multicultural competence among practitioners is not only a clinical imperative but also an important policy goal.

7.3 Recommendation 2: Integrated Institutional and Healthcare Systems

Educational institutions are foundational pillars of the caregiving ecosystem and primary portals for information, assessment, and ongoing support. This is well supported by fractured systems which greatly exacerbate confusion and emotional burden, in addition to barriers in accessing services (Nicholas et al., 2020), with schools – integrated, family-directed service networks – playing an incredibly well-established role in ameliorating maternal stress. Maternal beliefs about satisfaction with assessments at school have proven to be a strong predictor of psychological well-being (Luther, 2003), but children from low-income and minority families often do not have access to equal supports—if any—to begin with.

Vastly underused, school personnel—particularly nurses—function well in both early detection of parent stress and follow-up coordination of interventions (Luther, 2003). Formal systems partner with community centres or other grassroots organisations to provide culturally and socially acceptable assistance, peer connections and outreach to the most impoverished families who live beyond the reach of formal systems. The peer-to-peer support models have been very successful in delineating resources to families that are often isolated from formal networks (Lee et al. 2023; Matsuda et al. 2024).

Comparisons with what is happening internationally support the potential for expansion of access through primary care and tiered systems of integrated service models. Collaborative and

interprofessional task-sharing is an exciting goal because it opens up access to specialised services without a sacrifice of quality (Sultan, 2024). However, existing healthcare systems continue to struggle with resource drain, poor professional-family communication and inconsistent application of evidence-based guidelines (O'Donovan et al., 2018). They are barriers that influence the architecture, making multi-sectoral reforms in institutional and service areas obligatory.

7.4 Recommendation 3: Financial Support and Accessible Resource Provision

Equitable access to financial support and respite care as policy mechanisms to address carer burdens currently remains inconsistent, poorly resourced and inequitable. Respite services are varied in format and quality, but their utility is less about availability of respite than it is that they be timely, flexible and affordable (Cooke et al., 2020). Geographic inequities further amplify such deficiencies, with long waitlists and high costs to the family out of pocket in these regions that are especially disadvantaged.

Direct payment schemes, subsidies and grant-based marital financial assistance are desirable prospects, but greater vigilance on this front will be required to ensure that marginalised populations are not excluded and equity is achieved. These elements, while integral to family support (Turnbull, Turnbull, & Kyzar, 2010), have, however, received little attention as potential long-term consequences of respite and financial support across differing cultural or socioeconomic backgrounds. Such research is urgently needed to develop timely interventions that effectively address the challenges arising from structural inequities in maternal health and wellbeing.

7.5 Recommendation 4: Information Access, Parent Education, and Legal Framework Enhancement

In particular, parent education is crucial to the adaptive coping and empowerment of mothers and caregiving effectiveness. Previous research has indicated that parental training interventions lead to small to medium improvements in child outcomes

and reductions in maternal anxiety (Deb et al., 2020). But knowledge gaps are still large, with more than two-thirds of mothers stating that they want to know more about ASD – mainly due to inadequate public health outreach and limited access to reliable information (Zaki & Ahmed, 2016).

Time needs of evidence-based programmes such as the WHO Carer Skills Training model address children's and carer's needs. Attrition rates are a sign of systems barriers that penalise low-resource families, such as barriers to transportation and the cost of therapies and childcare (Curley et al., 2023).

The legal frameworks that address disability rights and special education are important safeguards; however, they fail unless families can meaningfully access the services those frameworks guarantee. Parents' respective understanding of rights and obligations is crucial to their participation in processes such as Individualised Education Programme (IEP) meetings (Trainor, 2010). Important information is communicated via peer-led initiatives and community-based agencies to achieve parental advocacy.

Carer access is also affected by continuous structural barriers that exist relating to very long waitlists for the first diagnostic appointment, inconsistency in service availability and bottlenecks at procedures (Church 2019). This brings us to the importance of implementing comprehensive legal reforms that, besides establishing formal rights for families which can lead to greater delays and limited access to real services, ensure timely and equitable care by alleviating systemic barriers.

8. Conclusion

Maternal Psychological Well-Being in Autism Spectrum Disorders (ASD) Caregiving relies far more on ecological and structural variables such as stigma, financial burden, and functional deficits of service systems as opposed to the level of the child's own symptoms. Cross-cultural evidence points to the following fact: experience of these stressors is not experienced in homogenised ways. Instead, they are as diverse as the cultures they come from, their family structures, migration histories and access to linguistically and culturally competent care. These

patterns speak to assumptions specific to the Western context directly in the already existing literature and suggest the need for frameworks that account for sociocultural context and do not universalise models of caregiving. This review displays continued disparities in accessibility to services, particularly of intersectionality with race, SES and language diversity. Systemic barriers such as poor translation, cultural mismatch between the family and the doctor and institutional discrimination ratchet up the psychological vulnerability and delay early intervention. These inequities result in the reproduction of cumulative disadvantage for both the psychological health of the mother and the trajectories of the developmental paths of the child. Although there are promising interventions available, including culture-specific parent training, community-embedded peer support work and integrated care models, the long-term outcome measures, the ability to adapt these interventions to scale up access across communities, and whether or not they are culturally appropriate for use in communities of colour that still remain underdeveloped. Addressing these gaps requires a continued focus on longitudinal studies and the use

of culturally sensitive measures/means which may consider bidirectional, context-sensitive caregiving processes.

Policy reform must go "*beyond siloed and crisis-driven to a whole-of-system integrated and culturalized responsiveness and support across the continuum of care.*" Effective solutions involve increased respite and financial protections and improving legal frameworks for disability rights as well as sustainable cross-sector collaboration between the health, education, and community systems. Crucially, such policies have a conscious need to consider strictly the agency of mothers whilst stripping out structural barriers which disproportionately affect the carers. Ultimately, maternal well-being is not an individual concern but a social obligation as a society. In order to advance with the wellness of carers, there need to be culturally attuned, structurally informed and community-based approaches. It is important to realise the universality of care for children with ASD but to recognise the specificity of cultural contexts within which these care ecosystems are being built and improved to reflect the lived realities of mothers caring for children with ASD.

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