

Research Article

Enhancing Parental Psychological Well-Being in Autism: The Role of Social Support and Religiosity

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ORCIDSiti Fatimah: <https://orcid.org/0000-0001-6498-4393>Sullivan Fitriati: <https://orcid.org/0009-0006-9119-1931>**Abstract.**

This study examines the influence of social support on psychological well-being of parents with ASD children, with the influence relationship being direct and through the role of religiosity as a mediator. This study uses a quantitative approach through data collection in the form of questionnaires which include three primary instruments: the Social Support Scale, the Religiosity Scale, and the Psychological Well-Being Scale. A total of 238 respondents who are parents with ASD children participated in this study. Data analysis is through Structural Equation Modeling (SEM) method. The results indicate that social support has a significant and direct effect on the psychological well-being of parents. Additionally, religiosity also mediates the relationship between social support and psychological well-being. In this case, social support fosters a sense of acceptance, reduces emotional burdens, and increases self-efficacy, while religiosity helps parents find meaning in the caregiving experience, providing emotional and mental strength. The synergistic combination of these two factors significantly enhance the psychological well-being of parents with ASD children. The findings of this study highlight the importance of interventions which target strengthening social support and religiosity to improve the psychological well-being of parents with ASD children.

Keywords: autism, parents, psychological well-being, religiosity, social support

1. INTRODUCTION

Psychological well-being is a multidimensional concept that encompasses of self-acceptance, positive interpersonal relationships, autonomy, environmental mastery, purpose in life, and personal growth (1,2). Psychological well-being is important for individuals who face significant life challenges, such as parents who are raising children with Autism Spectrum Disorder (ASD). Parents with ASD children usually experience higher level of stress compared to parents of neurotypical children due to challenges related to their child's behavior, special needs, and the social and emotional limitations faced by the child (3–6). This further elevates stress which can affect the psychological well-being of parents significantly.

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One of the most influential factors affecting psychological well-being of parents of children with ASD is social support. According to previous study, social support can be referred as individual's perception of support received from three primary sources: family, friends, and significant others (7). Social support directly impacts psychological well-being by reducing stress and enhancing resilience (8–10). For parents of ASD children, social support has been found to help manage caregiving burdens, reduce psychological stress, and improve their quality of life (11,12).

Social support includes emotional support, such as affection and care, or instrumental support, such as financial or physical assistance (9,13) in which they found that parents who receive adequate social support tend to have higher levels of psychological well-being. (11) also found that social support help in reducing psychological stress among parents of high school students, and this effect is believed to apply to parents of children with ASD as well.

Additionally, religiosity also has a significant role in influencing psychological well-being. Religiosity can be defined as the core of beliefs, practices, and experiences that shape how individuals find meaning and purpose in life (14). Religiosity refers to an individual's engagement in religious practices and spiritual beliefs that provide meaning and purpose (15–17). In highly religious cultures, religious beliefs often serve as a key source of emotional and spiritual support for parents facing life challenges (18). Religiosity helps individuals manage stress by viewing life's difficulties as part of a divine plan or spiritual test (19). (17) affirmed that religious beliefs and spiritual practices can enhance psychological well-being through support provided by religious communities, prayer, and meditation.

Religiosity can also serve as a mediator in the relationship between social support and psychological well-being. Research suggests that religious parents are better able to utilize social support effectively, as their religious beliefs allow them to view social support as a blessing or an expression of God's love (20). In this context, religiosity strengthens the positive impact of social support on psychological well-being by providing a spiritual foundation that enables individuals to appreciate and accept the help they receive (21,22).

For parents with ASD children, religiosity plays a crucial role in helping them manage caregiving stress and improve psychological well-being (23). (10) highlighted that family and spousal support, often reinforced by religious beliefs, contribute significantly to the resilience of mothers raising children with ASD. (9) also found that religious parents

tend to have higher resilience and are better able to cope with caregiving pressures compared to non-religious parents. In this context, religiosity serves as a key source of emotional and spiritual support, helping parents endure the demands of caregiving (18).

While the importance of social support and religiosity has been recognized, research examining their combined relationship on the psychological well-being of parents with ASD children remains limited. This study aims to address this gap by investigating how social support influences the psychological well-being of parents with ASD children and how religiosity mediates this relationship. The research seeks to deepen understanding of the factors affecting the psychological well-being of parents with ASD children and highlight the importance of both social support and religiosity in helping parents manage with their caregiving challenges.

Previous studies have demonstrated that social support and religiosity positively affect psychological well-being. However, few studies have integrated these two variables within a single model, especially in the context of parents with ASD children. (24) found that the burden experienced by parents with ASD children can be reduced through interventions involving social support and religiosity. However, this study do not explicitly test religiosity as a mediator. Therefore, the present study contributes by introducing religiosity as a mediating variable in the relationship between social support and psychological well-being among parents with ASD children (25). Furthermore, this study aims to test the hypothesis that social support significantly influences psychological well-being through the mediating role of religiosity in parents raising children with ASD.

Findings of this study are assumed to contribute to a better understanding of how social support and religiosity interact which further influence psychological well-being, especially for parents with ASD children. Moreover, the findings of this study may offer valuable insights for developing interventions that consider both social and spiritual dimensions, ultimately promoting better psychological well-being for parents with ASD children.

2. METHODS

2.1. Participants

This study involves 238 parents (95 male and 143 female) who are caregivers of children with Autism Spectrum Disorder (ASD) in Indonesia. The inclusion criteria for participants

are parents who had been caring for a child with an ASD diagnosis from professional for at least one year, with the child being between ages of 2 to 18 years old. Participants also need to be actively involved in their child's daily life, both physically and emotionally, to be considered as participant in this study.

The sample for this study uses purposive sampling, a technique that ensures participants meet specific criteria relevant to the research objectives. Purposive sampling is considered relevant because it allows the researcher to focus on parents with direct experience in caring for their ASD child, thereby providing richer and more relevant data. The recruitment of participants was conducted through networks of parent communities and autism therapy centers across various regions in Indonesia.

Before participating, each parent is asked to complete informed consent and a demographic questionnaire, which collects information on gender, age, educational level, and domicile. This process ensures that all participants meet the inclusion criteria and give informed consent prior to taking part in the study.

2.2. Research Instruments

This study makes use of three main instruments, which are adapted from English to Indonesian using a comprehensive adaptation procedure. This process involves several crucial steps, including translation by two independent language experts, merging the translated results into a consistent version, and back-translation to ensure that the meaning remain true to the original version. Subsequently, pilot testing is conducted to verify the validity and reliability of the instruments within the Indonesian cultural context (26).

Social support is measured through Multidimensional Scale of Perceived Social Support (MSPSS), which consists of 12 items that assess three main dimensions of social support: support from family (items 3, 4, 8, and 11), friends (items 6, 7, 9, and 12), and significant others (items 1, 2, 5, and 10) (7). This instrument uses a 7-point Likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree), allowing participants to rate the level of social support they perceive from each source. For example, an item for the family dimension is "My family really tries to help me," while an item for the friends dimension is "I can talk about my problems with my friends". The validity and reliability of the Indonesian adaptation of this instrument show a Composite Reliability (CR) value of 0.70, Average Variance Extracted (AVE) of 0.86, and a Cronbach's alpha of 0.91, indicating a high level of reliability and consistency.

Religiosity was measured using the Centrality of Religiosity Scale (CRS), which consists of five dimensions, with each dimension represented by three items. These dimensions include ideology (items 1, 6, 11), intellect (items 2, 7, 12), public practice (items 3, 8, 13), private practice (items 4, 9, 14), and religious experience (items 5, 10, 15). The CRS uses a 5-point Likert scale, where 1 represents “never” or “very rarely,” and 5 represents “very often” or “always.” This instrument allows participants to assess the frequency of their engagement with various aspects of religiosity. For instance, an item from the ideology dimension is “How often do you think about the meaning of life?” while an item from the intellect dimension is “How often do you read religious texts?” (14). For the Indonesian adaptation, this instrument has a CR value of 0.92, AVE of 0.72, and a Cronbach’s alpha of 0.83, reflecting a strong level of construct validity and reliability.

Psychological well-being was measured using the Psychological Well-Being Scale (PWB), which consists of 18 items evaluating six dimensions: self-acceptance (items 1, 7, 13), positive relations with others (items 2, 8, 14), autonomy (items 3, 9, 15), environmental mastery (items 4, 10, 16), purpose in life (items 5, 11, 17), and personal growth (items 6, 12, 18) (1). This scale uses a 7-point Likert scale, where 1 indicates “strongly disagree” and 7 indicates “strongly agree,” allowing participants to assess how much they agree with statements related to their psychological well-being. For example, an item from the self-acceptance dimension is “I am pleased with who I am,” while an item from the positive relations dimension is “I have close relationships with people around me” (1,2). The Indonesian adaptation of the PWB instrument shows a CR value of 0.87, AVE of 0.75, and a Cronbach’s alpha of 0.89, indicating sufficient internal consistency and validity.

These three instruments, which have been adapted into the Indonesian version, demonstrate adequate levels of validity and reliability based on statistical analyses. A CR value above 0.70 indicates good internal consistency, while an AVE value above 0.50 suggests sufficient convergent validity. Cronbach’s alpha values greater than 0.80 indicate high reliability, meaning that the instruments consistently measure the intended constructs. Thus, these instruments are considered valid and reliable for use in research contexts in Indonesia, particularly in measuring social support, religiosity, and psychological well-being.

2.3. Data Analysis Techniques

The data analysis in this study employed two main approaches. First, descriptive statistical analysis using SPSS was conducted to describe the characteristics of the data, such as frequency distribution, mean, and standard deviation. This step aimed to provide an initial understanding of the patterns and structure of the data. Second, Structural Equation Modeling (SEM) was applied using AMOS to analyze the relationships between latent variables. SEM was chosen due to its ability to test complex multivariate relationships, including mediation effects, by assessing the measurement model for the validity and reliability of indicators and the structural model for testing hypotheses among three latent variables. Before SEM model testing, assumption tests were conducted, including outlier detection, normality testing, and multicollinearity testing. Model fit was evaluated using goodness-of-fit indices, including Chi-square ($p \geq 0.05$), CMIN/DF (≤ 2.00), RMSEA (≤ 0.08), as well as GFI, AGFI, NNFI/TLI, and CFI with values ≥ 0.90 (Hair et al., 2018).

3. RESULTS

3.1. Descriptive Analysis

Findings of the descriptive analysis can be seen in Table 1, which indicates that in the social support variable, the majority of respondents, 54.62% (130 people), fall into the moderate category, with an average score of 48.50 and a standard deviation of 6.00. A total of 25.63% (61 people) reported low social support, with an average score of 30.50 and a standard deviation of 4.50, while 19.75% (47 people) fall into the high social support category, with an average score of 65.00 and a standard deviation of 4.20. The overall average score for social support is 50.87, with a score range from 12 to 74.

Furthermore, in the religiosity variable, the majority of respondents, 41.18% (98 people), are in the moderate category, with an average score of 45.00 and a standard deviation of 4.60. A total of 31.51% (75 people) have low religiosity, with an average score of 30.00 and a standard deviation of 6.50, while 27.31% (65 people) are in the high religiosity category, with an average score of 62.00 and a standard deviation of 5.30. The overall average religiosity score is 45.60, with a score range from 18 to 126.

Meanwhile, in psychological well-being, 37.82% (90 people) fall into the moderate category, with an average score of 72.00 and a standard deviation of 8.00. A total of 36.13% (86 people) reported low psychological well-being, with an average score

of 45.00 and a standard deviation of 6.50, while 26.05% (62 people) are in the high category, with an average score of 100 and a standard deviation of 9.50. The overall average psychological well-being score is 70.40, with a score range from 18 to 126.

TABLE 1: Descriptive Analysis.

Variable	Category	Score Range	N	Mean	SD	Min/Max	%
Social Support	Low	12 - 36	61	30.50	4.50	12/36	25.63
	Moderate	37 - 60	130	48.50	6.00	37/60	54.62
	High	61 - 84	47	65.00	4.20	61/74	19.75
	Total		238	50.87	15.11	12/74	100
Religiosity	Low	15 - 35	75	30.00	6.50	18/54	31.51
	Moderate	36 - 55	98	45.00	4.60	55/90	41.18
	High	56 - 75	65	62.00	5.30	91/126	27.31
	Total		238	45.60	16.40	18/126	100
Psychological Well-being	Low	18 - 54	86	45.00	6.50	18/54	36.13
	Moderate	55 - 90	90	72.00	8.00	55/90	37.82
	High	91 - 126	62	100	9.50	91/126	26.05
	Total		238	70.40	13.15	18/126	100

Based on the above description, there is a significant variation in the levels of social support, religiosity, and psychological well-being among parents of children with ASD. The majority of respondents fall into the moderate category across all three variables, with 54.62% in the social support variable, 41.18% in religiosity, and 37.82% in psychological well-being. This indicates that most parents receive a sufficient level of social support and religiosity and experience psychological well-being that is neither too low nor exceptionally high.

However, a significant proportion of respondents are also in the low category for these three variables, with 25.63% in social support, 31.51% in religiosity, and 36.13% in psychological well-being. These figures suggest that some parents experience inadequate social support and religiosity, which may contribute to their lower psychological well-being.

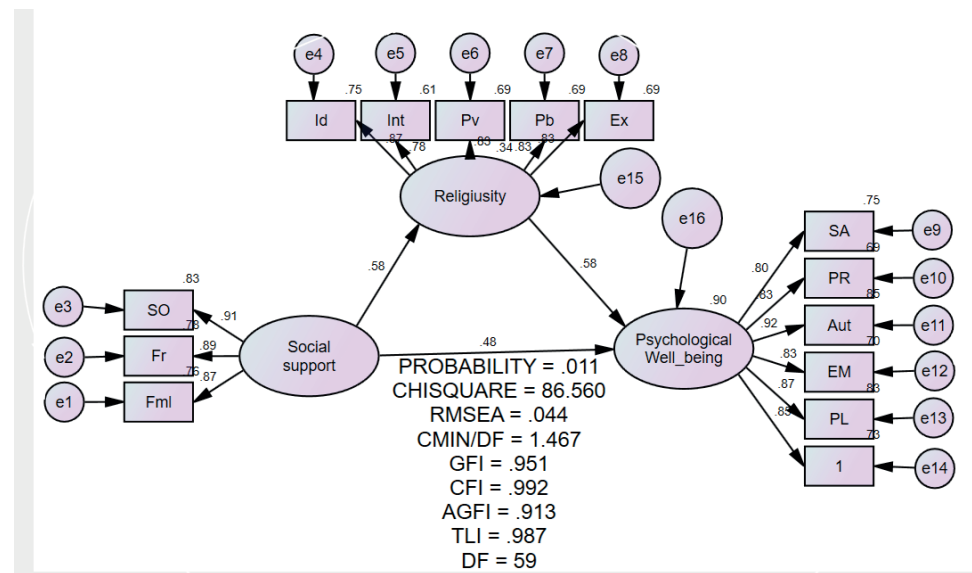


Figure 1: Results of Structural Model Analysis.

TABLE 2: Fitness Index of The Theoretical Model.

Research Model	P (X ²)	Value	CMIN/DF	RMSEA	GFI	AGFI	TLI	CFI
	0.011		1.467	0.44	0.951	0.913	0.987	0.992

3.2. Results of The Structural Equation Model Test

The Structural Equation Modeling (SEM) results from Figure 1 and Table 2 demonstrate that the theoretical model has an excellent fit with the observed data. Despite the P-value (X^2) of 0.011 being slightly below the 0.05 threshold, it remains acceptable due to strong support from other indicators. The CMIN/DF = 1.467 indicates that the model is relatively simple and aligns well with the data, while the RMSEA = 0.044 reflects minimal approximation error. Both GFI = 0.951 and AGFI = 0.913 confirms a strong fit, and the high values of TLI = 0.987 CFI = 0.992, exceeding the 0.95 standard, further reinforces the model's excellent fit. Collectively, these indices confirm that the model effectively captures the relationship between social support, psychological well-being, and religiosity as a mediator, providing a reliable explanation for the dynamics in parents raising ASD children.

TABLE 3: Path Coefficient of the Direct Effect.

Path	β	SE	Lower	Upper	P
SS R	0.583	0.048	0.485	0.676	0.001
R PWB	0.583	0.031	0.525	0.550	0.001
SS PWB	0.482	0.035	0.411	0.648	0.001

Findings from Table 3 indicates that social support (SS) has a significant and positive effect on religiosity (R), with a path coefficient (β) of 0.583 and a P-value of 0.001. This indicates that higher levels of social support lead to increased religiosity among parents of children with ASD. In this case, social support, may it be from family, friends, or the community, helps strengthen religious beliefs and practices, which act as a coping mechanism for these parents.

Religiosity (R) also has a significant and positive effect on psychological well-being (PWB), as shown by a path coefficient of 0.583 and a P-value of 0.001. This finding implies that higher religiosity enhances psychological well-being in parents of ASD children. Religiosity provides emotional and spiritual support, which helps parents manage stress and improve their mental health.

Lastly, social support (SS) directly impacts psychological well-being (PWB) with a path coefficient of 0.482 and a P-value of 0.001. This finding indicates that higher social support directly improves psychological well-being.

TABLE 4: Mediation Effect Test of SM.

Path	β	SE	Z	Lower	Upper	P
SS R PWB	0.340	0.028	12.14	0.288	0.399	0.001

Based on the mediation test results in Table 4, religiosity significantly strengthens the effect of social support on psychological well-being. The path coefficient (β) of 0.340 indicates a positive effect of religiosity in this relationship. This implies that when an individual perceives a higher social support, then their level of religiosity are high as well, which ultimately enhances their psychological well-being.

The low variation in the estimated coefficient, with a standard error (**SE**) of 0.028, shows that this estimate is quite precise. The calculated Z-value of 12.14, far above the critical threshold of 1.96 for statistical significance at the 5% level, indicates that the mediating effect of religiosity is highly significant and not due to chance. Moreover, the 95% confidence interval, which ranges from 0.288 to 0.399, further supports the evidence of a positive effect. Furthermore, the **P**-value of 0.001, which is much smaller than 0.05, confirms the significance of this relationship. Thus, religiosity acts as an effective mediator that strengthens the positive relationship between social support and psychological well-being among parents with ASD children.

4. DISCUSSION

The purpose of this study is to examine the influence of social support on the psychological well-being of parents raising ASD children, both directly and through religiosity as a mediator.

4.1. Social support and psychological well-being

The study found that social support has a significant and direct influence on the psychological well-being of parents raising children with ASD. This finding aligns with previous research, which highlights the importance of social support in enhancing psychological well-being, particularly in high-stress situations such as parenting children with special needs (6,8). Social support encompasses various aspects, including emotional, informational, and material support received by parents from family, friends, or their social community. According to (11), social support is a key factor influencing psychological well-being.

Social support helps parents of children with ASD feel accepted and supported, which in turn reduces the emotional burden they experience. (10) also emphasized the importance of family and spousal support in enhancing mother's resilience in caring for their children with ASD. This support allows parents to share experiences, receive advice, and gain practical assistance that can alleviate the burden of caregiving. This further strengthens psychological well-being by diminishing feelings of isolation and stress, which are commonly faced by parents caring for their children with autism (13).

Additionally, social support plays a crucial role in boosting parental self-efficacy, which is the belief in their ability to effectively manage the challenges of caregiving. High self-efficacy can enhance psychological well-being by making parents feel more empowered and capable of coping with the demands of caregiving (9). A study by (27) also demonstrated that parents who feel supported by their social environment are more likely to develop effective coping mechanisms, which in turn improves their mental health and psychological well-being.

4.2. Religiosity as a mediator

In addition to its direct effect, this study also found an indirect effect of social support on psychological well-being through religiosity as a mediator. Religiosity plays a significant

role in helping parents find meaning in difficult situations, such as raising a child with ASD. Religiosity can serve as a source of mental and emotional strength, helping individuals better cope with stressful situations (17). In this context, religiosity enables parents to view their experiences as part of a larger plan or a test from God, which provides them with a sense of comfort and hope.

Religiosity can also facilitate acceptance of the situation, which is a crucial factor in psychological well-being. According to (16), religiosity and spirituality are often associated with eudaimonic well-being, which is derived from feelings of meaning and purpose in life. For parents raising a child with ASD, religiosity can help them better accept their child's condition, reduce stress levels, and improve their overall psychological well-being (15,23).

Research by (22) also demonstrated that spiritual and religious aspects can mediate the relationship between social support and psychological well-being. Parents with strong religious beliefs are more likely to view raising a child with autism as a life calling or spiritual mission, which gives them the strength to remain optimistic and empowered in facing challenges. This is also supported by findings from (20), which show that religiosity can function as a protective factor in dealing with life stressors.

4.3. The interaction between social support and religiosity on psychological well-being

The combination of social support and religiosity has a highly positive impact on the psychological well-being of parents. A study by (6) found that mothers raising children with ASD who receive adequate social support and have a high level of religiosity are more likely to have better psychological well-being. Social support provides practical and emotional assistance, while religiosity helps parents find meaning and purpose in their caregiving experience.

In this context, social support and religiosity complement one another. Social support provides external resources that help parents feel supported and not alone, while religiosity provides internal resources that help them develop a positive outlook on the challenges they face (25). Thus, both contribute synergistically to the improvement of psychological well-being.

The findings of this study are also consistent with previous research showing that during the COVID-19 pandemic, social support and religiosity played a crucial role in maintaining the mental health of parents raising ASD children (25). The pandemic

increased the stress of caregiving due to limited access to support services, but parents with strong social support and high religiosity were better able in coping with the situation. They were more capable of managing stress, maintaining emotional balance, and sustaining their psychological well-being.

Another study findings by (28) also support this study results, showing that good social relationships and involvement in religious communities can strengthen parents' ability to cope with caregiving stress. Parents who are actively involved in religious communities feel more emotionally supported and are better able to find meaning in their experience of raising a child with ASD. This enhances their psychological well-being by giving them a sense of belonging and solidarity.

5. CONCLUSION

Findings from this study demonstrates that social support has a significant direct influence on the psychological well-being of parents raising ASD children. Additionally, religiosity acts as a mediator in the relationship between social support and psychological well-being. Social support helps parents feel more accepted and supported, reduce their emotional burden and enhance their self-efficacy, which further enables them to better cope with the challenges of caregiving. Meanwhile, religiosity helps parents find meaning in their caregiving experience, serving as a source of emotional and mental strength, and aids them in accepting their child's condition more fully. The synergistic combination of external support from the social environment and internal strength from religiosity is proven to significantly enhance psychological well-being. In other words, when parents feel supported both emotionally and spiritually, they are not only able to endure but also to thrive in their role as caregivers for their children with ASD. These findings highlight that psychological well-being is not solely dependent on external support, but also on how individuals find meaning and strength in the challenges they face.

6. Implications

The implications of this study is that social support and religiosity have a crucial role in enhancing the psychological well-being of parents raising ASD children. Therefore, interventions focusing on increasing social support through communities, support groups, and counseling services are essential to assist parents in coping with the

challenges of caregiving. Additionally, religiosity serves as an emotional source of strength, helping parents find meaning and peace in the caregiving process, and should be reinforced through support from religious or spiritual institutions.

The recommendations for implementing these findings include developing intervention programs that combine social support and religiosity to improve the psychological well-being of parents. Governments, social organizations, and religious institutions are encouraged to collaborate in providing services that strengthen social networks and spiritual aspects. This approach is believed to yield more effective outcomes in supporting parents caring for children with autism.

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Authors' contributions

The first author, was responsible for designing the study, conducting the data analysis, and writing the manuscript. Meanwhile, the second author, was in charge of data collection. Both authors have thoroughly reviewed and approved the final version of the manuscript.

Competing Interest

The authors confirm that there are no conflicts of interest, whether financial, professional, or personal, that could have influenced the outcome or content of this research.

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