Mental Health and Parenting Style of Parents of Children with Autism

This thesis paper is submitted to the Department of Psychology, University of Dhaka in partial fulfilment of the requirements for the M. Phil Degree in Psychology.

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Declaration

I, Mst. Ambia Khatun, am the student of M. Phil in the Department of Psychology, University of Dhaka; hereby declare that this research entitled "Mental Health and Parenting style of Parents of Children with Autism" is totally mine. I did not copy any other research, though I took some helps other various published and unpublished works. To the best of my knowledge the study is an authentic one and if there is any error, I am responsible for that.

The Author

Approval Sheet

This is to certify that I have read the thesis entitled "Mental Health and Parenting style of Parents of Children with Autism" submitted by Mst. Ambia Khatun in fulfillment of the requirements for the Degree of Master of Philosophy (M. Phil) and that this a record of bona fide research carried out by her under my supervision and guidance.

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Dedication

This work is completely dedicated to my beloved mother late Mst. Hasna Azad

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Abstract

The objectives of the present study were to compare the mental health state of parents of children with autism and those of having normal children and to explore parenting style of parents. To conduct the study, a total of 140 parents (mothers=70 and fathers=70) were selected purposely and conveniently as respondents. Among of them 70 parents (father= 35 and mother= 35) who were children with autism and rest of them (father= 35 and mother= 35) were the parents of normal children. Data were collected from respondents by using translated versions of the Symptoms Checklist (SCL-90) and Parenting Styles and Dimensions (PSD) questionnaires. The obtained data were analyzed by using Pearson product-moment correlation coefficients, the two-way analysis of variance (ANOVA). The results indicated that mental health of parents having children with autism was worse than that of parents having normal children. Compared to parents of children without autism, parents of autistic children had higher level of anxiety, depression, and interpersonal sensitivity. In comparison to those who have children without autism, they also experience greater somatic complaints, obsessive-compulsive symptoms, anger problems, phobic anxiety, paranoid thoughts, and psychotic symptoms. The findings also indicated that mothers' mental health was more fragile than fathers' mental health, whether they had children with autism or not. The three parenting styles of authoritative, authoritarian, and permissive parenting were assessed using the PSDQ. The authoritative parenting style was shown to have the highest mean score and usage rate among the three parenting styles, suggesting that parents of children with autism favour it more than parents of children without autism. In a similar vein, mothers' mean scores are higher in authoritative parenting than fathers' average scores regardless of whether their children have autism or not.

Key words: Mental health, Parenting style, Autism

CHAPTER ONE

Introduction

MENTAL HEALTH AND PARENTING STYLE OF PARENTS OF CHILDREN WITH AUTISM

Parenting a child with autism can present a unique set of challenges and stressors for parents (Clauser et al., 2021). Prevalence of Autism Spectrum Disorder (ASD) in Bangladesh was 3% of total population (Ministry of Social Welfare of Bangladesh, 2016).

Autism: Autistic disorder is one kind of pervasive developmental disorder, the symptoms of which are as follows: delay and deviance in the development of social, communicative and other skills, various motor mannerisms, resistance to change, and idiosyncratic interests and preoccupations (Volkmar and et al.2009). Children are affected by autism, or the more general term autistic spectrum disorder (ASD), in a number of different ways. Autism is a complicated neurodevelopmental illness that lasts a lifetime and is characterized by severe abnormalities in social, linguistic, and cognitive skills. The issue is the outcome of a neurological condition that interferes with normal brain function and affects how well a person communicates and interacts with others. People who are suffering from autism have some problems in specific areas such as- non-verbal communication, social interactions, and other activities that may include problem to continue the play and/or funniment. Autism symptoms in children can evolve dramatically over time, both within as well as between individuals.

Despite considerable similarities, particularly in social deficiencies, there is no one behavior that is always indicative of autism and no conduct that would automatically disqualify a particular kid from a diagnosis of autism. To put it simply, Children on the autistic spectrum have a highly atypical mix of deficits as well as skills. Autism spectrum disorder, also known as pervasive developmental disorder, is a diagnosis that can be given to children who exhibit autistic traits (PDD). “Pervasive developmental disorder includes several differentiated disorders, including autistic disorder, but all are characterized by "severe and pervasive impairment in several areas of development: reciprocal social interaction skills, communication skills, or the presence of stereotyped behavior, interests, and activities" (American Psychiatric Association, 1994, p. 65). Deficits in social reciprocity, communication, and repetitive behaviors or interests have all been used to identify autism, and they can occur to

varying degrees of severity. Early social responsiveness and communication deficiencies have a significant unfavorable impact on the development of important behaviors later in life. A youngster who is not socially active and does not develop excellent communication skills is undoubtedly at a disadvantage when it comes to developing more sophisticated and delicate social and communicative abilities.

Both autism and autism spectrum disorder (ASD) are umbrella terminology for a collection of complicated brain development abnormalities. Social contact, verbal and nonverbal communication and repetitive habits are all characterized by these disorders to varied degrees. Intellectual disability, challenges with motor coordination and concentration, and physical health issues including as sleep and gastrointestinal troubles have all been linked to ASD. Some persons with ASD may have thrived in areas such as visual skills, music, math, and painting/art.

There have been reports of prevalence rates of up to 60 per 10,000 for autism and much higher numbers for the entire autistic spectrum (Wing & Potter, 2002).The ratio of male to female with autism is 3:1 or 4:1(Volkmar & Cohen, 1997). Given that it occurs more frequently than Down syndrome, cystic fibrosis, and other childhood cancers, this condition is no longer regarded as being unusual (Schreibman, 2000). Though the degree of disability connected to autism varies widely, around 75% of autistic people also meet the criteria for mental retardation (American Psychiatric Association [APA], 1994). The precise origin of autism is unknown, despite recent advances in study into suspected causes. Despite the fact that many autistic persons have been demonstrated to benefit from particular behavioral, educational, and pharmacological therapies, there is presently no recognized cure for autism.

One trait of kids with autism is that their speech and language skills are either poor or delayed (Charlop & Haymes, 1994). Some people with autism speak no words at all. The majority can speak and utilize language, but they cannot effectively use their language skills to interpersonal communication or emotional connection. Only a tiny percentage of children with autism are fully nonverbal, but over half of them do not develop functional speech. The most disabling of all the symptoms of the condition may be the inability to communicate effectively (Schreibman, 2000). An impairment in language and communication skills has been identified as the most apparent behavioral aberration in children with autism. Due to the importance of communication skills for

social and play skills, poor communication skills may be the most detrimental behavioral flaw in autistic children. Therefore, it is crucial to improve verbal proficiency and other communication abilities. It has been discovered that one of the most significant predictors of better outcomes for autistic children is their level of communicative ability (McEachin et al.1993).

Mental health: Mental health is a level of psychological well, or an absence of mental illness. It is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment" (Mental Health, 2017). Mental health is defined by the World Health Organization (WHO). It comprises "subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential, among others" (WHO, 2001). The WHO also states that person's psychological well-being is encompassed by realizing person's abilities, coping strategies with normal stresses of their lives, creative or efficient work and contribution to their community (WHO, 2014). According to the own view of positive psychology, mental health is the ability of a person to enjoy life and to compose a symmetry between life activities and endeavors for achieving psychological elasticity (Snyder and et al. 2011). Some things are involved with our mental health. These are described in below:

Somatization: Somatization is the process through which psychological anguish or emotional agony takes the form of physical symptoms or pain in the body. People who are somatized may have a wide range of generalized physical symptoms and complaints that they have not been able to get relief from (Quill, 1985).Somatization also known as “Somatization disorder” or “somatoform disorder” (SSD). There may or may not be a physical explanation for the symptoms of somatoform disorder, such as a general medical ailment, another mental disorder, or drug usage. However, they nonetheless create disproportionately high levels of suffering. The symptoms may have an impact on one or more physiological systems and organs, like as- pain related neurological issues, gastrointestinal issues, and sexual signs. Numerous SSD-related disorders have lately been described in the field of psychiatry. These include illness anxiety disorder, conversion and additional particular somatic symptoms and related disorders. People with illness anxiety disorder are concerned with the worry that they have a serious illness. They can think that seemingly insignificant concerns are

indicators of extremely serious health issues such as- typical headaches may be a sign of a brain tumor. People with neurological symptoms that cannot be attributed to a medical issue are diagnosed with conversion disorder. Patients may experience some symptoms like- paralysis or weakness, unusual motions (such as tremor, unsteady gait, or seizures), blindness, loss of hearing and sensational loss or numbness etc.

Obsessive-compulsive disorder: People with obsessive-compulsive disorder (OCD) experience recurrent, unwelcome thoughts, ideas, or feelings (obsessions). They feel forced to engage in an activity frequently to banish the thoughts (compulsions). A person's everyday tasks and social interactions can be seriously hampered by repetitive habits like hand washing/cleaning, checking on things, and mental acts like (counting) or other activities.

Obsessions frequently have themes such as-Obsessions with contamination include worries or revulsion about bodily waste or secretions, overzealous worry about environmental pollutants, everyday objects, and animals, etc. Examples of destructive or aggressive obsessions include the fear of harming oneself or others, the anxiety of saying or doing something offensive aloud, the fear of looking foolish, and the fear of acting on irrational urges like stealing items. Examples of sexual obsessions include homosexuality, incest, and other inappropriate or deviant sexual thoughts, visions, or desires. Religious obsessions can include excessive care about right and wrong, morality, and other issues, as well as concern over blasphemy and sacrilege. Obsession with the need for symmetry or accuracy mixed with magical thinking, such as the fear that something will go wrong unless everything is in its proper position. People with somatic obsessions excessively concern about a bodily component or feature of appearance, preoccupation with illness or disease and others. Miscellaneous obsessions include the need to know or remember the dread of saying the wrong thing or speaking the wrong thing at the wrong time, the fear of losing things, intrusive images, illogical phrases, or music, lucky or unlucky numbers, particular colors, and superstitious concerns.

Compulsion frequently have themes such as- Compulsions to clean or wash include ritualized or excessive hand washing, bathing, brushing one's teeth, using the toilet, and cleaning inanimate objects like furniture or other objects around the house. Checking compulsions include repeatedly checking locks, stove, and ensuring that one

did not damage oneself or another, verifying that nothing bad occurred or will occur, no errors or somatic obsessions were made. Repetition of rituals such as rereading or rewriting, repetition of daily tasks (jog in or outside, and up or down from a chair), counting, ordering, or arranging compulsions. Mental rituals (such as checking or counting), excessive list-making, the desire to inform, inquire, or confess, touching, tapping, or rubbing, rituals involving blinking or staring, ritualized eating practices, and superstitious actions are examples of other compulsions.

Interpersonal sensitivity: The capacity to accurately determine another person's skills, emotions, and characteristics based on nonverbal clues is known as interpersonal sensitivity (emotional and social). Interpersonal sensitivity would be correlated with correct assessments of interpersonal sensitivity among friends. People who are highly sensitive to interpersonal interactions and self-deficiencies are more perceptive than others. A low sense of self-worth and insecurity might result from excessive interpersonal sensitivity.

Depression: A mental illness called depression results in enduring feelings of melancholy, emptiness, and loss of joy. When depressed, a person frequently exhibits several of the following signs and symptoms: sadness, hopelessness, or pessimism; diminished self-worth and increased self-depreciation; a decrease or loss of enjoyment in routine activities; diminished energy and vitality; slowness of thought or action; loss of appetite; and disturbed or unrestful sleep. Individual differences may exist in the intensity, acuteness, and chronicity of the disorder's course. Depression can linger for up to four months if left untreated. Women are twice as likely as males to experience depression. Although it can happen at any age, the average age of onset is in the 20s.It is distinct from the mood swings that people typically encounter on a daily basis.

Depression can be triggered by major life circumstances like a bereavement or the loss of a career etc. Depression, however, differs from the uncomfortable emotions a person would experience after a challenging life event. The brain's inability to properly regulate the release of one or more naturally occurring neurotransmitters, particularly norepinephrine and serotonin, appears to be the main biological cause. However, it appears that both psychosocial and physiological factors have a substantial role. It is believed that some depressive patients have lower concentrations or less

activity of these chemicals in the brain, which may be the cause of their depressed state of mind.

Depression can be expressed in different ways. These are given below:

Perinatal depression: Sometimes it referred to as major depressive disorder with peripartum onset, occurs when it appears during pregnancy or within four weeks of giving birth. It is also known as postpartum depression. Mood swings can be brought on by changes in the brain brought on by hormonal changes during pregnancy and childbirth. The physical discomfort and sleep deprivation that commonly come with pregnancy and having a newborn also are not helpful.

Seasonal depression: Depression that is correlated with particular seasons is known as seasonal depression or seasonal affective disorder. Winter time is when seasonal depression often strikes for the majority of sufferers.

Persistent depression: Depression lasting two years or more is referred to as persistent depressive disorder. This may also be referred to as persistent depression or dysthymia. Although persistent depression may not feel as severe as major depression, it can nevertheless interfere with daily activities and cause relationship problems.

Manic depression or bipolar disorder: Mania or hypomania, which is an episode of extreme happiness, is a part of manic depression. These times are interspersed with depressive spells. An obsolete label for bipolar disorder is manic depression. A milder form of mania is called hypomania.

Depressive psychosis: Those who suffer from major depression can go through psychotic phases. Hallucinations and delusions may be a part of this. Physical symptoms, such as difficulty staying still or slower physical motions, can also be brought on by psychotic depression.

Premenstrual Dysphoric Disorder (PMDD): A very severe form of premenstrual syndrome (PMS) is premenstrual dysphoric disorder (PMDD). Although PMS symptoms can occasionally be physical, PMDD symptoms are more frequently psychological. Compared to PMS symptoms, these psychological ones are more severe. For instance, some people may experience increased mood in the days before their

period. A person with PMDD may experience a level of melancholy and depression that interferes with daily activities.

Situational depression: It also known as adjustment disorder with depressed mood, shares many characteristics with severe depression. However, certain events or situations, such as the loss of a loved one, a catastrophic illness, or any situation where one's life is in risk, can cause situational depression. The symptoms of situational depression typically appear three months after the initial occurrence.

Atypical depression: It is characterized by depression that momentarily lifts in reaction to happy occasions. Atypical depression is neither uncommon nor odd, despite its name. Furthermore, it makes no claim as to whether this form of depression is more or less severe than others. Being diagnosed with atypical depression may be difficult because you might not always "appear" depressed to others (or to yourself).It may also occur if depression persists or during a significant depressive episode.

Anxiety: It is a slight to severe feeling of unease that includes worry or fear. However, strong, excessive, and persistent worry and panic regarding commonplace events are typically present in those with anxiety disorders. Everybody experiences anxiety symptoms from time to time. Typically, those with anxiety disorders experience recurrent intrusive thoughts or worries. They could stay away from specific circumstances out of fear. Physical side effects such as shaking, sweating, nausea, or an increased heartbeat, rapid breathing is also possible. Fear and anxiety are often used interchangeably even though they are not the same thing. Anxiety is a persistent, generally focused, future-oriented response to a diffuse threat, whereas fear is a proper, in-the-moment reaction to a clearly recognized and exact threat. There are various varieties of anxiety disorders such as-

Agoraphobia: It is a form of anxiety disorder in which a person fears and frequently avoids locations or circumstances that could make them feel confined, helpless, or ashamed.

Anxiety disorders brought on by physical ailments: Intense anxiety or panic episodes that can be directly connected to a medical condition are examples of it.

Generalized anxiety disorder: Chronic and excessive worry about things that are commonplace or routine, as well as anxiety about activities or events, are symptoms

of generalized anxiety disorder. The worry is excessive compared to the situation, difficult to manage, and physically draining. Depression and anxiety disorders frequently co-occur.

Comorbid of intense anxiety and panic attack: Repeated episodes of abrupt, acute anxiety, fear, or terror that peak in intensity in a matter of minutes are symptoms of panic disorder. Breathlessness, chest pain, or a fast, fluttering, or hammering heartbeat are all potential signs of oncoming calamity (heart palpitations).These panic episodes may cause concern that they'll happen again or a desire to stay away from circumstances where they've happened.

Separation anxiety disorder: Excessive worry for the child's developmental stage and anxiety related to separation from parents or other people who perform parental obligations are characteristics of a childhood disorder known as separation anxiety disorder.

Social anxiety disorder: High degrees of anxiety, fear, and avoidance of social situations are symptoms of social anxiety disorder (social phobia), which are brought on by emotions of humiliation, self-consciousness, and worry about being judged or perceived adversely by others.

Specific phobias: These are characterized by a strong desire to avoid the situation or object that is the main source of anxiety. Some people experience panic episodes due to phobias.

Addiction related anxiety disorder: The hallmarks of substance-induced anxiety disorder are severe anxiety or panic symptoms that are a direct result of drug addiction, prescription drug usage, toxic substance exposure, or drug withdrawal.

Hostility: An unfavorable attitude toward other people is a sign of hostility, a personality or cognitive feature. Although it is a typical characteristic of everyday conduct, hostility can also play a significant role in mental and emotional disruption. It’s unclear how to tell the difference between anger and hostility, but in the psychology sciences, hostility is often used to represent the violent rage or poisonous resentment that comes from persistent frustrations or deprived. The traits of hostile people include being obstinate, irritable, impetuous, or having "attitude. “They

frequently engage in altercations or may claim that they feel like beating someone or something. A person becomes socially isolated when they are hostile.

Anger: A natural and largely spontaneous reaction to any kind of pain is anger (physical or emotional). When someone is ill, feels rejected, feels threatened, or has suffered a loss, they may become angry. It does not matter what kind of pain is felt; what matters is that it is unpleasant. When someone gets angry, their system releases hormones like adrenaline into the bloodstream. Then their breathing becomes more rapid, their blood pressure increases, and their heartbeat becomes faster. Many individuals erroneously think that feeling and expressing anger are always bad things. But anger can sometimes be constructive. For instance, it may provide you with a means of expressing unfavorable emotions or inspire you to seek for answers to issues. However, uncontrolled anger might lead to issues.

Phobia: An excessive and unreasonable fear of a particular thing, activity, or circumstance is the hallmark of phobias, a form of anxiety disorder. People with the condition experience unreasonable and uncontrollable fear, which makes them avoid social events and scenarios where they might meet the thing or activity.

Paranoid ideation: When one's thoughts are predominated by paranoid, persecutory, or grandiose ideas like being watched, pursued, covertly tested, or the target of a conspiracy, or believing their spouse is having an affair, this is known as paranoid ideation. Paranoid ideation can be a sign of various mental illnesses, including schizophrenia, PTSD, and borderline personality disorder (BPD). It involves momentary paranoia brought on by stress. One characteristic of paranoia is the sensation of being threatened, singled out, or the object of a conspiracy.

Psychoticism: In psychology, the term "psychoticism" refers to a mental condition in which a person is suffering psychosis and has severe cognitive impairment.

Parenting**:** Parenting or child rearing is the process of promoting and supporting the physical, emotional, social, and intellectual development of a child from infancy to adulthood (Goldstein &Brooks, 2013). The quality of parenting is more important and essential thing than the quantity of time spent with the child. Parenting style refers to the representation of how parents respond to or interact with and make demands on their children. Parenting practices can be defined as specific behaviors that

parents use to socialize their children, while parenting style represents broader patterns of parenting practices and is “the emotional climate in which parents raise their children" (Spera, Christopher, 2005).

One important variable is parenting styles. Now I am discussing about it. This is given below:

Parenting styles: Researchers have identified four types of parenting styles based on responsiveness and demandingness. These are authoritative, authoritarian, indulgent (also known as permissive parenting) and neglectful (also known as uninvolved parenting). Each style takes a different approach to raising children and can be identified by a number of different characteristics (Maccoby & Martin, 1983; Baumrind, 1991).

Authoritative parenting: In authoritative parenting, parents provide not only support and warmth, but also clearly defined rules and consistent discipline. It is characterized as high in responsiveness and demandingness (Baumrind, 1991). It can be defined as child centered approach that holds high expectations of maturity. Authoritative parents can discern the feeling of their children and also be aware to teach their children about some ways those will help to regulate children's feelings. Although authoritative parents have high expectations about the maturity of their children but sometimes, they are typically forgiving of any potential flaws. (Berger, 2011). At every turn, authoritative parents give advice their children for selecting appropriate ways to solve problems. Parents that are authoritative promote independence in their kids while yet setting boundaries for their behavior (Santrock, 2007).

Basically, authoritative parenting style arises from high parental responsiveness and high parental demands. Parents that are authoritative will set clear expectations for their kids, keep an eye on the boundaries they impose, and let them grow into independent adults. Children are also expected to behave maturely, independently, and according to their age. Providing punishments for the children's misbehavior are measured and consistent, not despotically or violent. The natural repercussions of a child's activities are often investigated and discussed instead of punishing the behavior, allowing the youngster to recognize that it is wrong and not to be repeated rather than just not repeating it to avoid the negative consequences (Santrock, 2007). Some limitations and demand maturities are ascertained by authoritative parents. They punish

their child due to violating the estimated standard and also like to expound the reason of punishment (Arnett, Jeffrey, 2013). The likelihood that a child would succeed, be loved by others, be kind, and be able to make their own decisions is higher in children of authoritative parents (Berger, 2011; Power, 2013).

Authoritarian parenting: The main characteristic of authoritarian parenting style is low in responsiveness but high in demandingness. The parent shows demanding attitude but not reactive attitude. Authoritarian parenting is a parenting style that includes strict restrictions and heavy punishments in which children are compelled to follow their parent's directions. In this parenting style, parents give little to no interpretation or feedback and focus on the child's and family's perception and status (Santrock, 2007). The preferred methods of discipline for authoritarian parents are typically shouting and corporal punishment, such as spanking. The objective of this parenting style is to teach the child to behave, survive and flourish as an adult in a rigorous and implacable society by emphasizing to the child the negative consequences of bad behavior, such as wrath and aggressiveness. Moreover, upholders of this parenting style often believe that the child will be less shocked when they face aggression from someone who is from the outside world because they are used to tolerate both types of stress, such as- acute and chronic, those are imposed by parents. Authoritarian parents focus more on controlling the child rather than try to communicate with the child. There have some strict disciplinary rules of this parenting style. If the child fails to follow those rules, then they will get harsh punishment. Children who grow up under authoritarian parenting styles are obedient and proficient but their happiness, social competence, and self-esteem are low (Power, 2013).

Indulgent parenting: In indulgent parenting, the parent is responsive but not demanding. Indulgent parenting is also known as permissive, non-directive, lenient or libertarian. This parenting style is characterized by having few behavioral expectations for the child. "Indulgent parenting is a style of parenting in which parents are immensely involved with their children but put in few demands or controls on them" (Santrock, 2007). Parents are supportive and receiving. They are aware about child's needs and wishes and also responsive to them. Indulgent parents do not have expectations from the children that they rein themselves or behave appropriately. As adults, children who are grown up under indulgent parenting style are not aware about their behaviors which cause to make aggression in others.

Permissive parenting: Permissive parents try to be "friends" with their child, except try to play parental role (Santrock, 2007). In permissive parenting style, the child's expectations are very low and there is little discipline. Permissive parents inspire and allow children to make their own decisions and also provide them advice as a friend would. This parenting style includes very few punishments and rules. It is very lax parenting style. Permissive parents also have tendency to give anything their children and they want and expect that their children will admire for following such accommodating parenting style. Other permissive parents who missed some things when they were a child, now they try to compensate those were lacked in their childhood by providing their children such as- freedom and materials (Rosenthal, Maryann, 2014). Children of permissive parents cannot control their own behavior because they never learn and always anticipate getting their way (Santrock, 2007). But some things happen in some better cases like- they are emotionally invulnerable, independent and are intending to learn and accept defeat. They gain maturity quickly and are capable to live life without getting any help from someone else. Permissive parenting style often decreases the level of happiness and self-regulation among children. These children have more chance to face problems with authority and tend to perform poorly in school (Power, 2013).

Uninvolved parenting: An uninvolved parenting style refers to few demands, low responsiveness, and very little communication (Power, 2013). Although these parents fulfill the child's basic needs but they are generally detached from their child's life and are not emotionally attached with their child also. In this parenting style, although parents might ensure that their children are fed and have shelter, but they are indifferent to provide guidance, structure, rules, or even support to their child, even can offer little to nothing. In extreme cases, children's needs may be rejected or neglected by these parents. The rank of this style is lowest across all life domains. Due to following uninvolved parenting style, children hold some unwanted characteristics than their peers, such as- lack of self-control, low self-esteem, and less competent (Power, 2013).

Literature review

Parents' mental health, parenting style, and parental interactive behavior might be affected by their autistic child's severe and pervasive impairments in the development of social interaction which is one of the main characteristics of Autism Spectrum Disorder (ASD) (Hoppes & Harris 1990; Kasari & Sigman, 1997; Nouri,2009; Riahi & Izadi–mazidi, 2012; Rutgers et al., 2007; Sigman et al.,1986). Parents are more anxious and stressful to see severe impairments in several developmental aspects and social interactions of their autistic children (Bristol & Schopler 1983; Konstantareas & Homatidis, 1989). Several previous studies also indicated that mothers of children with autism and other disabilities reported significantly lower mental health, higher anxiety/insomnia and stress compared to mothers of children with control group (Gray, 1997, Nouri, 2009; Riahi & Izadi–Mazidi, 2012; Tarabek, 2011; Yamada et al., 2001).

Parenting children with autism spectrum disorder (ASD) can be more stressful and challenging than parenting children with typical development, especially in countries where there is a dearth of various support resources. Across the literature, parents of children with ASD frequently reported higher levels of anxiety (Stein et al., 2011; Kuusikko-Gauffin et al., 2013; Falk et al., 2014), higher levels of depression (e.g., Stein et al., 2011; Hayes and Watson, 2013; Zablotsky et al., 2013; Falk et al., 2014; Weitlauf et al., 2014), and more health-related problems (Stein et al., 2011; Dykens & Lambert, 2013). Group comparison research further found parents of children with ASD to have higher levels of stress and lower level of well-being than parents typically developing children (Dabrowska & Pisula, 2010; Estes et al., 2013; Hayes & Watson, 2013) and/or parents of children with other developmental disabilities, such as Down syndrome (Dabrowska & Pisula, 2010; Wang et al., 2011; Dykens & Lambert, 2013; Estes et al., 2013). A number of studies has shown that parents of children with autism are more likely than parents of children without autism to exhibit various psychosocial difficulties including anxiety, emotional discomfort, low levels of emotional well-being and quality of family life, as well as adjustment problems and strained marital relationships (Dabrowska & Pisula, 2010; Hayes & Watson, 2013). It has found that mothers' mental health is more deteriorating than that of fathers of children with autism (Sharpley et al. 1997).

Previous research finding shows that parents have high chances of being affected by OCD problems regarding the severity level of autism of the children and multiplex autism families (Hollander et al., 2003).Across the literature, core characteristics of ASD are related to provoke parents' mental distress like- depression, anxiety, somatization, and anger-hostility (Stewart et al.,2016). Previous research shows that parents of children with ASD reported considerably higher rates of interpersonal sensitivity, paranoid ideation, obsessive-compulsive behaviors, and depression (Hodge et al., 2010) and another research shows that mothers who have children with autism show more frequently psychopathological problems (like-somatization obsessive-compulsive, interpersonal sensitivity, depression, anxiety, anger-hostility, phobic anxiety, paranoid thought, psychotism) than those who have mentally retarded children (First et al., 2002).

Parents' perception or feeling of less control in tackling/parenting their autistic children might be resulted in high level of stress among them (Horowitz, 2004). Parents of autistic children also reported their children as less securely attached with them and described lower level of authoritative parenting than parents with normal children (Rutgers et.al, 2007). Some factors may have mediating effect on the relationship between autism and parenting style, like child's lack of adaptability (e.g., the child's inability to adjust to changes in the social environment), acceptability (e.g., the parent's perception of the child as less intelligent) (Noh et al. 1989).Another research findings show that compared to children without ASD, those with ASD reported lower ratings for authoritative parenting style and higher scores for permissive parenting style and additionally, lesser authoritative, higher authoritarian, and greater permissive parenting styles were modestly connected with increased parental stress (Likhitweerawong et al., 2020). According to the findings, mothers frequently use a more permissive parenting approach than do fathers even the parenting style of parents of children with severe types of autism spectrum disorder was authoritarian (Tripathi, 2016). Another research findings shows, of the three parenting philosophies, it was found that the authoritative parenting style had the highest mean score and highest usage rate, possibly reflecting the desire of the majority of parents of ASD kids. Asian cultures are primarily associated with authoritarian parenting approaches, despite the fact that authoritative parenting has been linked to the best outcomes for children in Western nations. (Rahman & Jermadi, 2021).

Rationale of the Study

Empirical literature review suggested that autism might have relationship with the state of parents' mental health/psychological functioning, and their parenting style. Moreover, knowledge, in detail, about the adaptation process and development of psychopathologies in parents is essential to design more effective strategies and programs to help them in a given cultural context (First et al. 2002). Parents having autistic child may be distressed and may not understand how to deal with such special child. Professionals like- psychologist, clinical psychologist have responsibility to make awareness about it in our society. The findings of the study will help teachers, professionals like- psychologist, clinical psychologist to develop new strategies such as- psychological interventions which include stress management, anger management, psychotherapy, CBT, parents counselling, family therapy, couple counselling etc. for well-being of parents' mental health and parenting styles. However, few studies have been accomplished in Bangladesh. This study is new for our country. Before did not conduct any study about it so the findings of this study will increase the new knowledge in the field of psychology. Considering this fact, the purpose of the current study is to investigate mental health state and parenting style of parents of children with autism.

Research Questions

This study was designed to address the following research questions.

- Is there any relation between parents' mental health and parenting styles?
- Is there any mental health state difference between parents of children with autism and those of having normal children?
- Is there any difference in parenting style between parents of children with autism and those of having normal children?

Objectives of the study

The specific objectives of this study are:

i. To compare the mental health state of parents of children with autism and those of having normal children.
ii. To explore parenting style of parents having autistic children.
iii. To know the correlation between parents' mental health and parenting styles.

CHAPTER TWO

Methodology

Methodology

Participants

The present study had included 140 parents. All respondents were selected from different areas of Dhaka city. Among of them 70 parents (father= 35 and mother= 35) who were children with autism and rest of them (father= 35 and mother= 35) who were normal children. Age and gender of parents, number of children and their ages, number of special children, occupation, monthly income, and educational qualification of parents both who were children with autism and normal children were recorded as demographic variables. Age range of the parents was from 22 to 65 years. Educational qualification of the parents was from class two to PhD degree. The range of family income was 5000 to 300000 Tk. Total number of children was from 1 to 5, among of them the number of autistic children was from 0 to 2. The respondents of the present study were selected from "Teachers' Training Center" (TTC) and three branches of "Society for the Welfare of the Intellectually Disabled, Bangladesh (SWID Bangladesh), Dhaka.

Sampling

Purposive and convenient techniques were used to select the sample.

Ethical Issues and Confidentiality

Ethical approval was taken from the ethics committee of the Department of Psychology, University of Dhaka. As, the study participants were adult, their consent had been taken before collecting data. They were assured that their answers be remained strictly confidential, and their anonymity be protected.

Instruments

Two questionnaires were used in the present study such as- *the Symptoms Checklist (SCL-90)* (Lipman & Covi, 1973) and *Parenting Styles and Dimensions (PSD)* (Robinson et al.1995) along with demographic (or personal information) questions on age, gender, educational qualification and occupation of parents, number of children, number of special children, disability status (autistic or normal) of child, age of child, family income (please see attachment 1-3). The scales are described below.

The SCL-90 (Lipman & Covi, 1973)

This checklist was developed by Lipman and Covi in 1973. The SCL-90 is a multi-dimensional symptom self- report inventory which was designed as a measure of somatic complaints, obsessive and compulsive symptoms, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism. It consists of 90 items that are rated on a 5-point rating scale. For measuring of somatic complaints, here were included 12 items (item numbers are 42, 52, 58, 56, 12, 49, 27, 48, 4, 53, 1, and 40). Similarly, 10 items (item numbers are 45, 38, 51, 9, 46, 55, 10, 28, 65, and 3) were to measure obsessive-compulsive symptoms, 9 items (item numbers are 6, 21, 34, 36, 37, 41, 61, 69, and 73) were for measuring interpersonal sensitivity, 13 items (item numbers are 5, 14, 15, 20, 22, 26, 29, 30, 31, 32, 54, 71, and 79) were included to assess depressive symptoms, 10 items (item numbers are 2, 17, 23, 33, 39, 57, 72, 78, 80, and 86) were for assessing anxiety based symptoms, 6 items (item numbers are 11, 24, 63, 67, 74, and 81) were included to assess anger-hostility, 7 items (item numbers are 13, 25,47, 70, 75, 82 and 50) were included for measuring phobic anxiety, for measuring paranoid ideation, 6 items (item numbers are 8, 18, 43, 68, 76, and 83) were included, 10 items (item numbers are 7, 16, 35, 62, 77, 84,85,87, 88, and 90) were included to assess psychoticism, and 7 items (item numbers are19, 60,44, 64, 66, 59, and 89) were included as a part of additional scales. The total scores on the SCL-90 are used as indicative of the degree to which one suffers from various psychological problems and complaints.

Reliability:

The reliability of the English version of *The Symptoms Checklist (SCL-90)* was high. The value of Cronbach's alpha was 0.98. This scale had been translated in Bangla version by the researcher, to use in this current study. Back to back translation was used to translate the scale. Five experts judged the translation and suggested correction if necessary. Finally, the supervisor of the researcher allowed using the translated version of the scale. The dimensions of mental health state have satisfactory test-retest reliability value at the level of significance, .001, with the interval of 14 days. Test-retest correlation coefficient values were .94 for somatization, .91 for obsessive-compulsive, .88 for interpersonal sensitivity, .96 for anxiety, .87 for depression, .94 for

anger hostility, .94 for phobic anxiety, .93 for paranoid ideation, and .95 for psychoticism.

Validity:

A variety of types of validity exist, each designed to ensure that specific aspects of measurement tools are accurately measuring what they are intended to measure and that the results can be applied to real-world settings. Judges suggested that this questionnaire had the content validity. So, it can be said that this questionnaire is able to measure the mental health state of parents. This scale had face validity.

Scoring:

The Symptoms Checklist (SCL-90) is a 5 points likert type scale and all items are negative. Each question has five options such- 'not at all', 'a little bit', 'moderately', 'quite a bit', and 'extremely'. The scoring system of each item is 0 to 4 respectively 'not at all' to 'extremely'. The possible range of score for this questionnaire is 0 to 360 where low score indicates good mental health conditions and high score indicates worst mental health conditions.

Parenting Styles and Dimensions (PSD)

The PSD was originally developed by Robinson et al. in 1995. It is a 62-items parent-report measure of parenting practices extracted from the Parenting Practices Questionnaire (Robinson et al., 1995). Parents rate each item on a scale of 1 (never) to 5 (always). Items were taken from the Child-Rearing Practices Report (Block, 1965) or were face-valid constructions based on Baumrind's authoritarian, authoritative, and permissive parenting style constructs. The PSD has three factors that correspond to these three parenting styles. The PSD has been standardized for parents of preschool-age children and has satisfactory psychometric properties (Robinson et al., 1996). In the sample of African American parents, the authoritarian, authoritative, and permissive factors showed adequate internal consistency (Cronbach's Alpha of .67, .83, and .74, respectively) (Queridoet al. 2002). Items of this scale were measured three parenting styles such as- authoritative, authoritarian and permissive. Each parenting style were included some factors. Authoritative parenting style was measured four factors like-factor 1: warmth and involvement which included 11 items, factor 2: reasoning/induction that included 7 items, factor 3: democratic participation and factor

4: good natured/easy going those were included 5 items and 4 items, respectively. Authoritarian parenting style was included four factors such as- factor 1: verbal hostility that included 4 items, factor 2: corporal punishment, factor 3: nonreasoning, punitive strategies, each of them was included 6 items and factor 4: directiveness that was included 4 items. Four factors were included in permissive parenting style such as- factor 1: lack of follow through, factor 2: ignoring misbehavior, and factor 3: self-confidence those were included 6 items, 4 items and 5 items, respectively.

Reliability:

The English version of *Parenting Styles and Dimensions (PSD)* was highly reliable. The value of Cronbach's α for each dimension was .91 for authoritative, .86 for authoritarian, and .75 for permissive. This scale had also been translated in Bangla version by the researcher, to use in this current study through following systematic procedures for making translated form. The dimensions of parenting styles have satisfactory test-retest reliability value at the level of significance .001, with the interval of 14 days. Test-retest correlation coefficient values were .92 for authoritative, .85 for authoritarian, and .85 for permissive.

Validity:

Judges suggested that this questionnaire had the content validity. So, it can be said that this questionnaire is able to measure the parenting styles of parents. This scale had face validity.

Scoring:

Similarly, the Parenting Styles and Dimensions (PSD) are 5 points rating scale. For each question, participant provides marks both of themselves (me and spouse). Each question has five options such- 'Never', 'Once in a while', 'About half of the time', 'Very often', and 'Always'. This questionnaire has a possible score range of 62 to 310, with a low score indicating poor practicing certain types of parenting styles. A high score gradually suggests more practicing certain types of parenting styles.

Somatic complains

Under the somatic complains there were 12 items. The internal consistency of the translated versions of the somatic dimensions was calculated by determining the

corrected item-total correlation. From the value of the item-total correlation, each item had positive correlation score. Range of corrected item-total correlation was from .251 to .721 and the value of Cronbach's Alpha was .882. Each item had 5 options. Lowest and highest scores of this dimension were 0 and 48 respectively. Low score indicates good mental health condition, and highest score indicates worst mental health condition. Finally, it included 12 items such as- item numbers are 42, 52, 58, 56, 12, 49, 27, 48, 4, 53, 1, and 40.

Obsessive and Compulsive symptoms

In obsessive and compulsive symptoms, 10 items were included. The internal consistency of the translated version of this dimension was calculated by determining the corrected item-total correlation. From the value of the item-total correlation, each item had positive correlation score. Range of corrected item-total correlation was from .368 to .646 and the value of Cronbach's Alpha was .838. Each item had 5 options. Lowest and highest scores of this dimension were 0 and 40 respectively. Low score indicates good mental health condition, and highest score indicates worst mental health condition. Finally, it included 10 items such as- item numbers are 45, 38, 51, 9, 46, 55, 10, 28, 65, and 3

Interpersonal sensitivity

There were 9 items in the interpersonal sensitivity dimension. The internal consistency of the translated version of this dimension was calculated by determining the corrected item-total correlation. The item-total correlation showed that each item had positive correlation score. Range of corrected item-total correlation was from .249 to .591. Cronbach's Alpha of this dimension was .771. Each item was consisted of 5 options. All items were negative. Lowest and highest scores of this dimension were 0 and 36 respectively. Low score indicates good mental health condition, and highest score indicates worst mental health condition. Finally, it included 9 items such as- item numbers are 6, 21, 34, 36, 37, 41, 61, 69, and 73

Depressive Symptoms

This dimension comprised 13 items. The internal consistency of the translated version of this dimension was calculated by determining the corrected item-total correlation. The item-total correlation showed that each item had positive correlation

score. Range of corrected item-total correlation was from .275 to .742. Cronbach's Alpha of Depressive Symptoms dimension was .869. Each item was consisted of 5 options. All items were negative. Lowest and highest scores of this dimension were 0 and 52 respectively. Low score indicates good mental health condition, and highest score indicates worst mental health condition. Finally, it included 13 items such as-item numbers are 5, 14, 15, 20, 22, 26, 29, 30, 31, 32, 54, 71, and 79

Anxiety Symptoms

This dimension comprised 10 items. The internal consistency of the translated version of this dimension was calculated by determining the corrected item-total correlation. The item-total correlation showed that each item had positive correlation score. Range of corrected item-total correlation was from .375 to .674. Cronbach's Alpha of Anxiety Symptoms dimension was .823. Each item was consisted of 5 options. All items were negative. Lowest and highest scores of this dimension were 0 and 40 respectively. Low score indicates good mental health condition, and highest score indicates worst mental health condition. Finally, it included 10 items such as-item numbers are 2, 17, 23, 33, 39, 57, 72, 78, 80, and 86.

Anger-Hostility symptoms

There were 6 items in the anger-hostility dimension. The internal consistency of the translated version of this dimension was calculated by determining the corrected item-total correlation. The item-total correlation showed that each item had positive correlation score. Range of corrected item-total correlation was from .499 to .694. Cronbach's Alpha of this dimension was .796. Each item was consisted of 5 options. All items were negative. Lowest and highest scores of this dimension were 0 and 24 respectively. Low score indicates good mental health condition, and highest score indicates worst mental health condition. Finally, it included 6 items such as-item numbers are 11, 24, 63, 67, 74, and 81.

Phobic Anxiety symptoms

This dimension comprised 7 items. The internal consistency of the translated version of this dimension was calculated by determining the corrected item-total correlation. The item-total correlation showed that each item had positive correlation score. Range of corrected item-total correlation was from .220 to .499. Cronbach's

Alpha of Depressive Symptoms dimension was .656. Each item was consisted of 5 options. All items were negative. Lowest and highest scores of this dimension were 0 and 28 respectively. Low score indicates good mental health condition, and highest score indicates worst mental health condition. Finally, it included 7 items such as-item numbers are 13, 25, 47, 70, 75, 82 and 50.

Paranoid Ideation symptoms

There were 6 items in the paranoid ideation dimension. The internal consistency of the translated version of this dimension was calculated by determining the corrected item-total correlation. The item-total correlation showed that each item had positive correlation score. Range of corrected item-total correlation was from .400 to .551. Cronbach's Alpha of this dimension was .715. Each item was consisted of 5 options. All items were negative. Lowest and highest scores of this dimension were 0 and 24 respectively. Low score indicates good mental health condition, and highest score indicates worst mental health condition. Finally, it included 6 items such as-item numbers are 8, 18, 43, 68, 76, and 83.

Psychoticism symptoms

There were 10 items in this realm. The adjusted item-total correlation was used to calculate the internal consistency of the translated version of this dimension. According to the item-total correlation each item had a positive correlation score. The range of the item total correlation was from.233 to.675. Cronbach's Alpha was .81. Each item had five different alternatives. The range of scores was from 0 and 40. The lowest number denotes the best mental health, while the highest value denotes the worst. Finally, it included 10 items such as-item numbers are 7, 16, 35, 62, 77, 84, 85, 87, 88, and 90.

Authoritative

The authoritative style was composed of 27 elements. The internal consistency of the translated version of this dimension was calculated using the corrected item-total correlation. From the values of the item-total correlation, one item (Item- 16) was detected to have low ($r < .2$) correlation score. Correlation value of 16 number item was .186. Hence this was dropped. Rest of the 27 items were found to have corrected item-total correlation above .2 showing good internal consistency. After excluding item

number 16, authoritative dimension Cronbach's Alpha was .909. The range of the corrected item-total correlation was .266 to .702. There were five different options for each item. The lowest and highest scores for this dimension were, respectively, 26 and 130. The lowest number denotes those parents did not practice authoritative parenting style, while the highest value denotes, they practiced this parenting style. After eliminating item number-16 finally, it included 26 items such as- 1, 3, 5, 7, 9, 12, 14, 18, 21, 22, 25, 27, 29, 31, 33, 35, 39, 42, 46, 48, 51, 53, 55, 58, 60 and 62

Authoritarian

The authoritarian style had 20 components. The corrected item-total correlation was used to determine the internal consistency of the translated version of this dimension. Correlation score based on the item-total correlation values, 4 items, among of them 2 items (Item- 47, 59) were detected to have negative correlation and rest of them (Item- 40, 44) were identified to have positive correlation but below .2. Including all items, Cronbach's Alpha value was .820. Hence, these items were dropped. Rest of the 20 items were found to have corrected item-total correlation above .2 showing good internal consistency. New Cronbach's Alpha value was .865. The corrected item-total correlation's range ranged from .289 to .665. For each item, there were five possible choices. The parents whose scores were the lowest did not use an authoritarian parenting style, whereas those whose scores were the highest did. After eliminating item numbers- 40, 44, 47, 59 finally, it included 16 items. These are 2, 6, 10, 13, 17, 19, 23, 26, 28, 32, 37, 43, 50, 54, 56, and 61.

Permissive

There were 15 elements to the permissive style. The internal consistency of the translated version of this dimension was assessed using the corrected item-total correlation. Based on item-total correlation values for 7 items, 6 of them (Item- 20, 36, 38, 41, 45, 49) were found to have low correlation scores ($r < .2$), while the remaining one (Item- 24) was found to has negative correlation score. Including all items, Cronbach's Alpha value was .486. Hence, these items were put aside. The remaining 8 items were discovered to have corrected item-total correlation above .2 demonstrating strong internal consistency. New Cronbach's Alpha value was .592. The range of the corrected item-total correlation was 224–382. There were five options available for each item. The parents with the lowest ratings did not have permissive parenting style,

while the parents with the highest scores did. After truncating item numbers- 20, 24, 36, 38, 41, 45, 49 finally, it included 8 items. These are 4, 8, 11, 15, 30, 34, 52 and 57.

Study Design

Cross sectional research design was followed. Quantitative approach had been used in the study.

Procedure

Data of the present study were collected by personal interview technique. Respondents were informed of the purpose of the present study and necessary rapport was established before administering the questionnaires. Participants' information sheets and consent forms were also provided to them (attachment 4 & 5). Remarkable, ethical approval was taken from the Ethical Review Committee, Department of Psychology, University of Dhaka (attachment 6). While administering the scales, each subject was given the general instruction. They were assured that their answer will be completely anonymous and confidential and will be used only for research purpose. The respondents were instructed to read the items of the questionnaire attentively and to respond rapidly.

They were also requested not to omit any item in the questionnaire and try to answer all questions as honestly as possible. Beside this general instruction, each subject was allowed to ask questions freely if they had regarding any item of the questionnaire. There was no time limit of filling up the questionnaires. Responded took about 30-40 minutes to fill up the questionnaires. The respondents did not show any resentment. Upon completion of the questionnaires the respondents were thanked for co-operation.

CHAPTER THREE

Results

Results

Purposes of the present study were to know the correlation between parents' mental health and parenting styles, to explore parenting style of parents having autistic children and to compare the mental health state of parents of children with autism and those of having normal children. The obtained data were analyzed by using Pearson product-moment correlation coefficients, the two-way analysis of variance (ANOVA). The findings of the analysis are shown in the following Tables:

Table 1 shows that nine dimensions of mental health have significant positive correlation with each other: somatic complaints and obsessive compulsive symptoms (r =.764, p<.001), somatic complaints and interpersonal sensitivity (r =.629, p<.001), anxiety (r =.750, p<.001), depressive symptoms (r =.738, p<.001), anger-hostility (r =.533, p<.001), phobic anxiety (r =.656, p<.001), paranoid ideation (r =.561, p<.001), psychoticism (r =.685, p<.001). Correlations of obsessive-compulsive symptoms with other seven dimensions of mental health are interpersonal sensitivity (r =.766, p<.001), anxiety (r =.759, p<.001), depressive symptoms (r =.813, p<.001), anger-hostility (r =.605, p<.001), phobic anxiety (r =.719, p<.001), paranoid ideation (r =.687, p<.001), psychoticism (r =.787, p<.001). Interpersonal sensitivity has positive correlation with other mental health dimensions such as- anxiety (r =.675, p<.001), depressive symptoms (r =.817, p<.001), anger-hostility (r =.522, p<.001), phobic anxiety (r =.742, p<.001), paranoid ideation (r =.751, p<.001), psychoticism (r =.747, p<.001). Correlation values of anxiety with other mental health dimensions are depressive symptoms (r =.752, p<.001), anger-hostility (r =.621, p<.001), phobic anxiety (r =.789, p<.001), paranoid ideation (r =.602, p<.001), psychoticism (r =.745, p<.001). Depressive symptoms have positive correlation with other dimensions such as- anger-hostility (r =.586, p<.001), phobic anxiety (r =.696, p<.001), paranoid ideation (r =.717, p<.001), psychoticism (r =.761, p<.001). Correlation values of anger-hostility with other dimensions are phobic anxiety (r =.563, p<.001), paranoid ideation (r =.671, p<.001), psychoticism (r =.584, p<.001). Correlation values of phobic anxiety with other dimensions are paranoid ideation (r =.585, p<.001), psychoticism (r =.705, p<.001). Paranoid ideation and psychoticism are positively correlated (r =.723, p<.001).

Table 1

Pearson product-moment correlation coefficients among somatic, OCD, interpersonal sensitivity, anxiety, depressive symptoms, anger-hostility, phobic anxiety, paranoid ideation and psychoticism, authoritative, authoritarian and permissive Parenting (N=140)

Variables	1	2	3	4	5	6	7	8	9	10	11	12
1. Somatic complaints	1											
2. Obsessive and Compulsive Symptoms	.764**	1										
3. Interpersonal sensitivity	.629**	.766**	1									
4. Anxiety	.750**	.759**	.675**	1								
5. Depressive Symptoms	.738**	.813**	.817**	.752**	1							
6. Anger-Hostility	.533**	.605**	.522**	.621**	.586**	1						
7. Phobic Anxiety	.656**	.719**	.742**	.789**	.696**	.563**	1					
8. Paranoid Ideation	.561**	.687**	.751**	.602**	.717**	.671**	.585**	1				
9. Psychoticism	.685**	.787**	.747**	.745**	.761**	.584**	.705**	.723**	1			
10. Authoritative Parenting	-.149	-.246**	-.279**	-.265**	-.309**	-.411**	-.287**	-.334**	-.255**	1		
11. Authoritarian Parenting	.285**	.228**	.238**	.246**	.240**	.420**	.241**	.285**	.260**	-.254**	1	
12. Permissive Parenting	.353**	.335**	.320**	.277**	.297**	.418**	.303**	.407**	.409**	-.156	.668**	1

**. Correlation is significant at the 0.01 level (2-tailed).

Authoritative parenting style is negatively correlated with nine dimensions of mental health such as- somatic complaints (r = -.149, p<.001), obsessive compulsive symptoms (r = -.246, p<.001), interpersonal sensitivity (r = -.279, p<.001), anxiety (r = -.265, p<.001), depressive symptoms (r = -.309, p<.001), anger-hostility (r = -.411, p<.001), phobic anxiety (r = -.287, p<.001), paranoid ideation (r = -.334, p<.001), psychoticism (r = -.255, p<.001). Authoritative parenting style is also negatively correlated with authoritarian (r = -.254, p<.001) and permissive (r = -.156, p<.001) patenting styles. Authoritarian and permissive parenting styles are positively correlated (r = .668, p<.001). Authoritarian parenting style is positively correlated with nine dimensions of mental health such as- somatic complaints (r = .285, p<.001), obsessive compulsive symptoms (r = .228, p<.001), interpersonal sensitivity (r = .238, p<.001), anxiety (r = .246, p<.001), depressive symptoms (r = .240, p<.001), anger-hostility (r = .420, p<.001), phobic anxiety (r = .241, p<.001), paranoid ideation (r = .285, p<.001), psychoticism (r = .260, p<.001). Similarly, permissive parenting style is positively correlated with mental health related nine dimensions such as- somatic complaints (r = .353, p<.001), obsessive compulsive symptoms (r = .335, p<.001), interpersonal sensitivity (r = .320, p<.001), anxiety (r = .277, p<.001), depressive symptoms (r = .297, p<.001), anger-hostility (r = .418, p<.001), phobic anxiety (r = .303, p<.001), paranoid ideation (r = .407, p<.001), psychoticism (r = .409, p<.001).

Table 2

Descriptive statistics of dimensions of mental health and parenting styles score across parents' gender and status of the parents (having children with autism and without autism) (N =140)

SL	Variables	Group			
		Parents having autistic children?		Parents' gender	
		Yes Mean (*SD*)	No Mean (*SD*)	Father Mean (*SD*)	Mother Mean (*SD*)
1.	Somatic complaints	13.31 (8.98)	10.20 (7.64)	9.37 (6.41)	14.14 (9.56)
2.	Obsessive and compulsive symptoms	14.24 (7.53)	9.74 (6.55)	10.81 (6.80)	13.17 (7.79)
3.	Interpersonal sensitivity	11.44 (6.68)	8.00 (5.25)	8.96 (6.28)	10.49 (6.13)
4.	Anxiety	10.86 (7.54)	7.03 (7.04)	7.69 (6.91)	10.20 (7.93)
5.	Depressive symptoms	18.51 (9.85)	12.50 (8.17)	13.76 (8.64)	17.26 (10.05)
6.	Anger-hostility	5.27 (4.41)	4.57 (4.48)	5.16 (4.57)	4.66 (4.32)
7.	Phobic anxiety	5.80 (3.96)	3.24 (3.44)	3.86 (3.77)	5.19 (3.97)
8.	Paranoid ideation	7.01 (4.14)	5.13 (4.00)	6.01 (4.09)	6.13 (4.26)
9.	Psychoticism	9.23 (6.66)	5.87 (5.62)	6.90 (6.06)	8.20 (6.63)
10.	Authoritative parenting	99.54 (15.98)	97.93 (18.77)	95.12 (18.54)	102.31(15.46)
11.	Authoritarian parenting	31.53(10.37)	36.27 (11.79)	31.43(10.74)	36.37 (11.42)
12.	Permissive parenting	17.44 (4.83)	17.69 (5.46)	17 (4.91)	18.13 (5.32)
	n	*70*	*70*	*70*	*70*

Table 3

Summary of the two-way analysis of variance (ANOVA) for somatic complaints score across parents' gender and status of the parents

Source of variance	*SS*	*df*	*MS*	*F*	*p*
Parents' gender	796.83	1	796.83	12.33	.001
Parents' status	339.46	1	339.46	5.25	.023
Parents' gender x parents' status	2.31	1	2.31	.04	.850
Error	8789.14	136	64.63		
Total	29280.00	140			
Corrected Total	9927.74	139			

Table 3 shows that there is a significant difference (F= 12.330, p<.01) in somatic complaints score between father and mother, indicating that mothers (M=14.14, SD=9.55) have higher mean score of somatic complaints than father (M=9.37, SD=6.41) regardless having children with autism or without autism.

Result also indicates a significant difference (F= 5.253, p<.05) (Table 3) in somatic complaints score between parents having children with autism and without autism, indicating that parents having children with autism (M=13.31, SD=8.98) have higher mean score on somatic complaints than parents having children without autism (M=10.20, SD = 7.64).

No significant interaction effect between parents' gender and parents' status was found.

Table 4

Summary of the two-way analysis of variance (ANOVA) for Obsessive and compulsive symptoms score across parents' gender and status of the parents

Source of variance	*SS*	*df*	*MS*	*F*	*p*
Parents' gender	194.46	1	194.46	3.97	.048
Parents' status	708.75	1	708.75	14.46	.000
Parents' gender x parents' status	.01	1	.01	.00	.990
Error	6667.77	14	49.03		
Total	27707.00	140			
Corrected Total	7570.99	139			

Table 4 shows that there is a significant difference (F=3.966, p<.05) in obsessive and compulsive symptoms score between father and mother. Results reveals that mothers (M=13.17, SD=7.79) have greater obsessive and compulsive symptoms than father (M=10.81, SD=6.80).

There is also a significant difference (F= 14.46, p<.01) (Table 4) in obsessive and compulsive symptoms score between parents having children with autism and without autism. Parents having children with autism (M=14.24, SD=7.52) have higher obsessive and compulsive symptoms than parents having children without autism (M=9.74, SD = 6.55).

No significant interaction effect was found between parents' gender and parents' status on obsessive and compulsive symptoms.

Table 5

Summary of the two-way analysis of variance (ANOVA) for interpersonal sensitivity score across parents' gender and status of the parents

Source of variance	*SS*	*df*	*MS*	*F*	*p*
Parents' gender	81.78	1	81.78	2.27	.134
Parents' status	414.86	1	414.86	11.54	.001
Parents' gender x parents' status	3.15	1	3.15	.09	.768
Error	4890.34	136	35.96		
Total	18621.00	140			
Corrected Total	5390.14	139			

No significant difference was observed in interpersonal sensitivity scores between fathers and mothers (F=2.27, p>.05) (Table 5). That means interpersonal sensitivity symptoms do not vary according to gender.

When comparing parents of children with autism to parents of children without autism, a significant difference was observed in interpersonal sensitivity symptoms (F=11.54, p.01) (Table 5), indicating that parents of children with autism have higher mean scores on interpersonal sensitivity symptoms (M=11.44, SD=6.68) than parents of children without autism (M=8, SD =5.25).

The findings also show no statistically significant interaction impact between parents' gender and parents' status on symptoms of interpersonal sensitivity.

Table 6

Summary of the two-way analysis of variance (ANOVA) for anxiety score across parents' gender and status of the parents (having children with autism and without autism) (N =140)

Source of variance	*SS*	*df*	*MS*	*F*	*p*
Parents' gender	221.26	1	221.26	4.26	.041
Parents' status	513.03	1	513.03	9.87	.002
Parents' gender x parents' status	50.40	1	50.40	.97	.327
Error	7070.86	136	51.99		
Total	19052	140			
Corrected Total	7855.54	139			

In case of anxiety score a significant difference was found between fathers and mothers (F=4.26, p<.05) (Table 6), demonstrating that mothers (M=10.20, SD=7.93) has higher anxiety symptoms than fathers (M=7.69, SD=6.91), regardless of whether they have children with autism or not.

Anxiety also varied significantly according to the parents' status (F=9.87, p<.01) (Table 6), indicating that parents having children with autism (M=10.86, SD=7.54) have higher anxiety symptoms than parents having children without autism (M=7.03, SD =7.04).

The findings also show that anxiety symptoms are not significantly influenced by the gender and status of the parents.

Table 7

Summary of the two-way analysis of variance (ANOVA) for Depressive symptoms score across parents' gender and status of the parents

Source of variance	*SS*	*df*	*MS*	*F*	*p*
Parents' gender	428.75	1	428.75	5.38	.022
Parents' status	1266.01	1	1266.01	15.89	.000
Parents' gender x parents' status	26.58	1	26.58	.33	.565
Error	10835.66	136	79.67		
Total	46223.00	140			
Corrected Total	12556.99	139			

According to Table 7, there is a significant difference (F=5.38, p<.05) between father and mother's mean scores for depressive symptoms, with mothers (M=17.26, SD=10.05) scoring higher than fathers (M=13.76, SD=8.642) regardless having children with autism or without autism.

There is also a significant difference (F=15.89, p<.01) (Table 7) in depressive symptoms score between parents having children with autism and without autism, indicating that parents having children with autism (M=18.51, SD=9.85) have higher depressive symptoms than parents having children without autism (M=12.50, SD =8.17). Results also indicate, there is no significant interaction effect between parents' gender and parents' status.

Table 8

Summary of the two-way analysis of variance (ANOVA) for anger-hostility score across parents' gender and status of the parents

Source of variance	*SS*	*df*	*MS*	*F*	*p*
Parents' gender	8.75	1	8.75	.45	.505
Parents' status	15.78	1	15.78	.81	.371
Parents' gender x parents' status	54.06	1	54.06	2.76	.099
Error	2661.20	136	19.57		
Total	6111.00	140			
Corrected Total	2739.79	139			

Table 8 reveals that anger-hostility scores do not vary according to the gender and status of the parents. Interaction effect between parents' gender and status was also not found to be statistically significant in anger-hostility scores.

Table 9

Summary of the two-way analysis of variance (ANOVA) for phobic anxiety *score across parents' gender and status of the parents*

Source of variance	*SS*	*df*	*MS*	*F*	*P*
Parents' gender	61.78	1	61.78	4.63	.033
Parents' status	228.86	1	228.86	17.15	.000
Parents' gender x parents' status	23.21	1	23.21	1.74	.190
Error	1815.09	136	13.35		
Total	4991.00	140			
Corrected Total	2128.94	139			

For the phobic anxiety score between father and mother, a significant difference was observed (F=4.63, p<.05) (Table 9), showing that mothers (M=5.19, SD=3.97) have higher phobic anxiety symptoms than fathers (M=3.86, SD=3.77).

When comparing parents of children with autism to parents of children without autism, a significant difference was also found (F=17.15, p<.01) (Table 9), indicating that parents of children with autism have higher phobic anxiety symptoms (M=5.80, SD=3.96)) than parents of children without autism (M=3.24, SD =3.44). Results also indicate that there is no significant interaction effect between parents' gender and parents' status on phobic anxiety symptoms.

Table 10

Summary of the two-way analysis of variance (ANOVA) for paranoid ideation score across parents' gender and status of the parents

Source of variance	*SS*	*df*	*MS*	*F*	*P*
Parents' gender	.457	1	.457	.03	.868
Parents' status	124.46	1	124.46	7.58	.007
Parents' gender x parents' status	48.03	1	48.03	2.93	.089
Error	2232.34	136	16.41		
Total	7566.00	140			
Corrected Total	2405.29	139			

The paranoid ideation score between father and mother does not significantly differ (F=.028, p>.05) (Table 10), indicating that mothers' (M=6.13, SD=4.26) and fathers' (M=6.01, SD=4.08) mean scores of paranoid ideation symptoms are nearly similar.

Between parents of children with autism and parents of children without autism, a significant difference (F=7.58, p.01) in the mean score for paranoid ideation symptoms was found with parents of children with autism having a higher mean score (M=7.01, SD=4.14) than parents of children without autism (M=5.13, SD =3.99). Results also indicate, there is no significant interaction effect between parents' gender and parents' status on paranoid ideation symptoms.

Table 11

Summary of the two-way analysis of variance (ANOVA) for psychoticism score across parents' gender and status of the parents

Source of variance	*SS*	*df*	*MS*	*F*	*p*
Parents' gender	59.15	1	59.15	1.56	.215
Parents' status	394.46	1	394.46	10.37	.002
Parents' gender x parents' status	.35	1	.35	.01	.924
Error	5174.69	136	38.05		
Total	13609.00	140			
Corrected Total	5628.65	139			

Table 11 shows that there is no significant difference in the psychoticism score between father and mother (F=1.56, p>.05), indicating that the mean psychoticism score for mothers (M=8.20, SD=6.63) and fathers (M=6.90, SD=6.06) is nearly the same regardless having children with autism or without autism.

There is a significant difference (F=10.37, p<.05) (Table 11) in psychoticism symptoms score between parents having children with autism and without autism, indicating that parents having children with autism (M=9.23, SD=6.66) have higher mean score on psychoticism symptoms than parents having children without autism (M=5.87, SD =5.62). Results also revealed that there is no significant interaction effect between parents' gender and parents' status on psychoticism symptoms

Table 12

Summary of the two-way analysis of variance (ANOVA) for authoritative practice score across parents' gender and status of the parents

Source of variance	*SS*	*df*	*MS*	*F*	*p*
Parents' gender	1801.58	1	1801.58	6.13	.015
Parents' status	95.51	1	95.51	.33	.570
Parents' gender x parents' status	59.94	1	59.94	.20	.652
Error	39709.60	135	294.15		
Total	1396887.00	139			
Corrected Total	41666.68	138			

According to Table 12, there is a significant difference (F=6.13, p<.05) in the mean score of authoritative behaviors between mothers and fathers, with mothers having a higher mean score (M=102.31, SD=15.46) than fathers (M=95.12, SD=18.54) regardless of whether they have children with autism or not.

No significant difference was observed (F=.33, p>.05) (Table 12) in authoritative behaviors' symptoms score between parents having children with autism (M=99.54, SD=15.98) and without autism (M=97.93, SD=18.77). No significant interaction effect between parents' gender and parents' status on authoritative behaviors' symptoms was found.

Table 13

Summary of the two-way analysis of variance (ANOVA) for authoritarian practice score across parents' gender and status of the parents

Source of variance	*SS*	*df*	*MS*	*F*	*p*
Parents' gender	855.11	1	855.11	7.33	.008
Parents' status	787.31	1	787.31	6.74	.010
Parents' gender x parents' status	285.71	1	285.71	2.45	.120
Error	15876.46	136	116.74		
Total	178694.00	140			
Corrected Total	17804.60	139			

There is a significant difference (F=7.33, p<.01) (Table 13) in for authoritarian behaviors' score between father and mother has been found, indicating that mothers (M=36.37, SD=11.42) have higher mean score of authoritarian behavior symptoms than father (M=31.43, SD=10.74) regardless having children with autism or without autism.

The mean score for authoritarian behavior symptoms differs significantly (F=6.74, p<.01) between parents of children with autism and parents of children without autism, as seen in Table 13. In comparison to parents of children without autism (M=36.27, SD=11.79), parents of children with autism have a lower mean score on these symptoms (M=31.53, SD=10.37). Results also indicate, there is no significant interaction effect between parents' gender and parents' status on authoritarian behaviors' symptoms.

Table 14

Summary of the two-way analysis of variance (ANOVA) for permissive practice score across parents' gender and status of the parents

Source of variance	*SS*	*df*	*MS*	*F*	*p*
Parents' gender	44.58	1	44.58	1.69	.197
Parents' status	2.06	1	2.06	.08	.781
Parents' gender x parents' status	4.46	1	4.46	.17	.683
Error	3613.31	136	26.57		
Total	46855.00	140			
Corrected Total	3664.42	139			

There are no significant differences (shown in Table 14) regarding for permissive behaviors' score between father (*M*=17, *SD*=4.91) and mother (*M*=18.13, *SD*=5.32) and between parents having children with autism (*M*=17.44, *SD*=4.83) and without autism (*M*=17.69, *SD*=5.46). No significant interaction effect between parents' gender and parents' status on permissive behaviors' symptoms was observed.

CHAPTER FOUR

Discussion

Discussion

The present study attempted to compare the mental health state of parents of children with autism and those of having normal children and to explore parenting style of parents having autistic children. To meet these objectives data were collected from 140 parents (among of them 70 parents were having children with autism and rest of them were having children without autism) and the collected data were analyzed by using Pearson product-moment correlation coefficients, the two-way analysis of variance (ANOVA), means and standard deviation (*SD*).

Finding of the Table 1 demonstrated that there are significant positive correlations between nine different aspects of mental health, including somatic complaints and obsessive-compulsive symptoms, somatic complaints and interpersonal sensitivity, anxiety, depressive symptoms, anger-hostility, phobic anxiety, paranoid ideation, and psychoticism. Positive correlation refers to when one thing of mentioned dimensions of mental health related is increased then the chances of other mental health issues will be increased.

Results also showed that nine aspects of mental health, including somatic complaints, obsessive compulsive symptoms, interpersonal sensitivity, anxiety, depressive symptoms, anger-hostility, phobic anxiety, paranoid ideation, and psychoticism, are negatively correlated with authoritative parenting style. If parents' mental health is deteriorating, then they do less practice authoritative behaviors. When they feel mentally blissful, they exhibit authoritative behaviors.

Nine aspects of mental health, including somatic complaints, obsessive compulsive symptoms, interpersonal sensitivity, anxiety, depressive symptoms, anger-hostility, phobic anxiety, paranoid ideation, and psychoticism, are positively correlated with authoritarian and permissive parenting styles. Parents are more likely to act in an authoritarian and permissive manner if their mental health is worsening. They suppress authoritarian and tolerant tendencies (permissive) while they are experiencing mental happiness.

Authoritarian and permissive parenting styles have a negative correlation with authoritative parenting. Parents who were practiced authoritative behaviors they did not

practice authoritarian and permissive behaviors. In a same spirit, authoritative parents did not employ authoritarian or permissive methods of parenting.

Positive correlations exist between authoritarian and permissive parenting styles. It indicted that parents could practice both parenting styles like- authoritarian and permissive.

Table 2 indicated that mean scores of nine mental health related dimensions are higher of parents having children with autism than parents having normal children. Parents who have children with autism are more anxious, depressed and interpersonally sensitive than parents who have normal children. These results are consistent with several earlier findings(Stein et al., 2011; Kuusikko-Gauffin et al., 2013; Falk et al., 2014, Stein et al., 2011; Hayes and Watson, 2013; Zablotsky et al., 2013; Falk et al., 2014; Weitlauf et al., 2014, Hoppes & Harris 1990; Kasari & Sigman, 1997; Nouri, 2009; Riahi & Izadi–mazidi, 2012; Rutgers et al. 2007; Sigman et al. 1986)in which it has been found that parents of autistic children experience higher levels of anxiety, depression and interpersonally sensitive than parents of having normal children. They have also more somatic complaints, obsessive compulsive symptoms, anger issue, phobic anxiety, paranoid ideation and psychoticism symptoms to compare with them who have children without autism. Results also show that mothers' mental health is always vulnerable than fathers' mental health regardless who have children with or without autism. These results are consistent with several earlier findings (Gray, 1997; Nouri, 2009; Riahi & Izadi–Mazidi, 2012; Tarabek, 2011; Yamada et al. 2001)in which it has been found that compared to mothers of children in the control group, mothers of children with autism and other difficulties reported considerably worse mental health, more anxiety/insomnia, and stress.

The parenting practices of parents of children with autism were also detected by this study. The PSDQ evaluated the three parenting styles of authoritative, authoritarian, and permissive parenting. The authoritative parenting style was identified to have the highest mean score and highest usage rate among the three parenting styles, indicating a potential preference of the majority of parents of children with autism than the parents of children without autism. Similarly, mothers' mean score is high than that of fathers' means score regardless children having with or without autism. These findings are contradictory and also similar with some previous studies. Some prior

studies' findings (Likhitweerawong et al. 2020) show that parents of children with autism prefer an authoritarian parenting style to authoritative and permissive parenting methods and some studies show mean score of authoritative parenting style is high.

Data were collected from various schools and training centers where many trainings or awareness programs had been arranged in several times. Those programs were related to how to deal children with autism and how to improve or manage their problems. In addition, most of the time, mothers were participated in those programs/trainings. For those reasons parenting styles could be influenced of parents having children with autism.

Table 3 indicated that comparatively mothers were showed more somatic symptoms than those of fathers regardless having children with autism or without autism. Similarly, parents having children with autism were indicated comparatively high somatic complaints than parents who have normal children. These results are consistent with several earlier findings (Stein et al., 2011; Dykens and Lambert, 2013) in which it has been found that parents of children with ASD frequently reported higher levels of health related problems (somatic complaints).

Table 4 demonstrated that, whether they had children with autism or not, mothers, on average, displayed higher obsessive and compulsive symptoms than fathers. Similarly, obsessive and compulsive symptoms among parents of autistic children were shown to be higher than those of parents having normal children. That was highly significant. These results are consistent with earlier findings (Hollander et al., 2003, Hodge et al., 2010). In those studies, obsessive and compulsive symptoms levels among parents of children with autism were usually greater and mothers also showed higher obsessive and compulsive symptoms than fathers.

Table 5 showed that mothers, on average, had more interpersonal sensitive traits than fathers, whether or not they had children with autism. The prevalence of interpersonal sensitive symptoms was also shown to be higher in parents of autistic children than in parents of children without autism. That was very important. Similar results have found in some previous studies (Dabrowska & Pisula, 2010; Hayes & Watson, 2013; Hodge et al., 2010). According to those researches, parents of autistic children are more likely than parents of typically developing children to have a range of

psychosocial challenges, such as anxiety, emotional discomfort, poor emotional well-being and family life, adjustment issues, and troubled marriages.

Whether or not they had children with autism, Table 6 demonstrated that mothers had more anxiety symptoms on average than fathers. These results are consistent with several earlier findings (Gray, 1997; Nouri, 2009; Riahi & Izadi–Mazidi, 2012; Tarabek, 2011; Yamada et al., 2001). Several previous studies also indicated that mothers of children with autism had high level of anxiety. It has also been demonstrated that parents of children with autism are more likely than parents of children without autism to experience anxiety symptoms. That was extremely crucial. Similar results have found in some previous studies (Stein et al., 2011; Kuusikko-Gauffinet al. 2013; Falk et al. 2014, Dabrowska & Pisula, 2010; Hayes and Watson, 2013). In those studies, Anxiety levels among parents of children with autism were usually greater.

Table 7 showed that mothers were more depressed than fathers, whether or not they had children with autism. Depressive symptoms are more common in parents of children with autism than in parents of children without autism. In other earlier investigations, similar outcomes were discovered (Steinet al., 2011; Hayes &Watson, 2013; Zablotsky et al. 2013; Falk and et al. 2014; Weitlauf et al. 2014). In those studies, parents of autistic children typically reported higher levels of depression.

Table 8 indicated that whether or not they had children with autism, there was no significant difference between fathers and mothers in anger-hostility issues. Similarly, it has also been shown there was no noticeable difference among parents having children with autism or not. This result is not consistent with previous findings (Stewart et al., 2016, First et al., 2002). Those research findings shows that ASD are related to provoke parents' anger-hostility symptoms and mothers also show greater these symptoms than those who have mentally retarded children. Why this inconsistency needs further exploration.

Table 9 revealed that whether or not they had children with autism, mothers experienced more phobic anxiety symptoms on average than fathers. This result is not consistent with previous finding (First et al., 2002). Because previous finding shows that, mothers who have children with autism show more frequently phobic anxiety symptoms than those who have mentally retarded children. Also, it has been discovered

that parents of children with autism are more likely to have phobic anxiety symptoms than parents having normal children. Maybe, due to cultural differences this inconsistency has been found.

Table 10 revealed that there was no significant difference between fathers and mothers in terms of paranoid ideation, regardless of whether they had children with autism or not. This result is not consistent with previous finding (First et al., 2002).Although previous findings show that, mothers of children with autism show more frequently paranoid ideation symptoms than those who have mentally retarded children. But it has also been found that parents of autistic children are more likely than parents of children without autism to experience signs of paranoid ideation. This result is consistent with previous finding (Hodge et al., 2010). This previous finding shows that parents of children with ASD have higher level of paranoid ideation.

Table 11 demonstrated that there was no significant difference between fathers and mothers in terms of psychoticism, regardless of whether they had children with autism or not. This result is not consistent with previous finding (First et al., 2002). Because previous finding indicates that, mothers of children with autism show more frequently psychoticism symptoms than those who have mentally retarded children. Yet, it has been discovered that parents of autistic children have a higher risk of exhibiting psychotic symptoms than parents of children without autism.

Table 12 revealed that both types of parents who have children with autism or without autism were practiced authoritative parenting styles. But there were significant difference between fathers and mothers in terms of practicing authoritative parenting styles. That means they provide support and warmth, define rules and consistent discipline etc. This result is contradictory with previous research results (Rutgers et.al, 2007, Likhitweerawong et al. 2020). In those research findings showed that parents who had children with autism were less practiced authoritative parenting styles. But the result of this present study is similar with another research finding (Rahman & Jermadi, 2021). Their research finding showed that the majority of parents of ASD kids have highest scores in authoritative parenting and using rate of that parenting style.

Table 13 indicated that mothers were more authoritarian than fathers regardless having children with autism or without autism. It has also been showed that parents having children with autism practiced low authoritarian parenting styles than those of

parents having children without autism. These findings run counter to that of earlier study (Likhitweerawong et al. 2020). According to the previous research, parents of autistic children tended to use authoritarian parenting techniques more frequently.

Table 14 expressed that there were no significant differences in the permissive behavior scores between father and mother, whether they had children with autism or not, or between parents who had children with autism and those who did not. These results are not similar with those of past research (Likhitweerawong et al. 2020; Tripathi, 2016). Previous studies have shown that parents of autistic children tend to practice more frequently permissive parenting strategies, higher authoritarian and lesser authoritative. Both authoritarian and permissive parenting styles are connected with increased parental stress.

Limitations

The present study has some drawbacks. Firstly, the sample size of the study was relatively small. Secondly, the sample for the study was not selected randomly and we only collected data from Dhaka city. Hence, research with more representative samples involving large area could reveal better understanding or validation of the findings of the presents study. Thirdly, we collected data from various training centers and schools not from various hospitals or diagnostic centers. Fourthly, questionnaires were too large, sometimes that made participants bore.

Implications of the study

The findings of the study would help to understand the mental health and parenting style of parents of children with autism. However, the study would have some applied values and give new knowledge about mental health state and parenting style of parents of children with autism in the Bangladeshi context. The findings of the study can be helpful for mental health professionals (like- psychologist, clinical and counseling psychologist) to understand which part of mental health states and parenting styles are more deteriorating of patents having children autism and regarding these knowledge they can provide counseling service to improve over all conditions of parents who have children with autism. This study will also be contributed to conduct new research.

Recommendations

Although the body of the research on mental health and parenting style of parents of children with autism and its various components (nine dimensions of mental health and three parenting styles) is explored but several areas still remain unexplored which needs deeper investigation. Results of the present study reveal that parents of children with autism have higher mean scores on nine mental health-related dimensions than parents of having normal children. But there may have some other factors (like- parents' personality, socio-economic status, family environment, parent's education qualification, severity of children with autism) those can be directly and indirectly influenced on parents' mental health which are not explored. So, it can be explored on how do these factors manifest and influence on parents' mental health or the impact of mental health services (counseling) for reducing mental health problems. Various studies provide contradictory findings about more practicing parenting style of parents having children with autism. Regarding study findings, parents of children with autism practices more or less authoritative parenting style. Although authoritative parenting has been related with the best outcomes for children in Western countries, Asian cultures are primarily associated with authoritarian parenting approaches.

From the present study findings, we can see that parents who have children with autism or without autism are more practiced authoritative parenting styles than other parenting styles. As the data of the present study were collected from various training centers and autism specialized schools where might be parents already knew that how to deal children with autism. Those training centers and schools did not provide mental health supports (such as- counseling services). May be for this reason parents' mental health are deteriorating. From this kind of assumption, we can recommend mental health support is unavoidable thing for parents having children with autism. As data were collected through interview method, many mothers who had children with autism said that they need any kind of job. They were so much depressed because they did not have earning source. They were totally dependent on their husbands and had to endure their husbands' mental torture. From this point of view, we will recommend that if it is possible to arrange proper vocational training for those mothers and to provide SME loan or any kind of job those make them independent.

Conclusion

The main objectives of the present study were to compare the mental health state of parents of children with autism and those of having normal children and also to explore parenting style of parents having autistic children. Data were collected from both types of parents who have children with autism and without autism. The findings have been presented in results section in details. Based on the results it can be summarized that Parents having children with autism are more anxious, depressed and interpersonally sensitive than parents having children without autism. In comparison to those who have children without autism, they also experience greater somatic complaints, obsessive-compulsive symptoms, anger problems, phobic anxiety, paranoid thoughts, and psychotic symptoms. Also, the findings indicate that mothers' mental health is always more fragile than fathers' mental health, whether they have autistic children or not. This study also identified the parenting styles of parents of autistic children. The authoritative parenting style was shown to have the highest mean score and usage rate among the three parenting approaches, suggesting that it may be preferred by most parents of autistic children compared to parents of children without autism. Similar to this, mothers' mean scores are higher than fathers' mean scores, whether or not the children have autism. Nine dimensions of mental health (somatic complaints, obsessive compulsive symptoms, interpersonal sensitivity, anxiety, depressive symptoms, anger-hostility, phobic anxiety, paranoid ideation, and psychoticism) are positively connected with authoritarian and permissive parenting styles on the other hand those are negatively connected with authoritative parenting style. Also, Parenting styles that are authoritarian and permissive have a negative correlation with authoritative parenting.

CHAPTER FIVE

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CHAPTER SIX

Appendices

Appendices

1. Demographic information
2. a. English version of The Symptoms Checklist (SCL-90)
   b. Bangla version of The Symptoms Checklist (SCL-90)
3. a. English version of Parenting Styles and Dimensions (PSD)
   b. Bangla version of Parenting Styles and Dimensions (PSD)
4. Participants' information sheets
5. Participants' consent forms
6. Ethical Approval

Attachment 1

Mental Health and Parenting Style of Parents

আস্‌সালামু আলাইকুম,

আপনাকে "Mental Health and Parenting Style of Parents of Children with Autism" শিরোনামে গবেষণায় অংশগ্রহণের জন্য অনুরোধ করছি। প্রশ্নমালাটি পূরণ করতে কয়েক মিনিট সময় লাগবে। আপনার দেয়া সকল তথ্যাবলী সম্পূর্ণ গোপন থাকবে এবং শুধু গবেষনার কাজে ব্যবহার করা হবে। আপনাকে চিহ্নিত করা যায় এমন কোন তথ্য আপনার কাছ থেকে গ্রহন করা হবে না। এই গবেষণায় অংশগ্রহন করার জন্য আপনাকে ধন্যবাদ। এই গবেষণা সক্রান্ত যেকোন বিষয়ে যোগাযোগ: ambiak90@gmail.com

ব্যক্তিগত তথ্যাবলী

উত্তরদাতার লিঙ্গ	:	☐ মহিলা ☐ পুরুষ
সন্তানের সংখ্যা	:	
বিশেষ সন্তানের সংখ্যা	:	
নমুনা হিসেবে নির্বাচিত সন্তানের বয়স	:	
পিতার বয়স	:	
পিতার শিক্ষাগত যোগ্যতা	:	
পিতার পেশা	:	
মাতার বয়স	:	
মাতার শিক্ষাগত যোগ্যতা	:	
মাতার পেশা	:	
পরিবারের মাসিক আয়	:	

Attachment – 2 (a)

Instructions for The Symptoms Checklist (SCL-90)

Below is a list of problems and complaints that people sometimes have. Please read each one carefully. After you have done so, please fill in one of the numbered spaces to the right that best describes HOW MUCH THAT PROBLEM HAS BOTHERED OR DISTRESSED YOU DURING THE PAST , INCLUDING TODAY. Mark only one numbered space for each problem and do not skip any items. Please read the example below before beginning.

Example	Not at all	A little bit	Moderately	Quite a bit	extremely
How much were you bothered by					

	How much were you bothered by	**Not at all**	**A little bit**	**Moderately**	**Quite a bit**	**extremely**
01.	Headaches					
02.	Nervousness or shakiness inside					
03.	Unwanted thoughts words or ideas that won't leave your mind					
04.	Faintness or dizziness					
05.	Loss of scinual interest or pleasure					
06.	Feeling critical of others					
07.	The idea that someone else can control your thoughts					
08.	Feeling others are to blame for most of your troubles					
09.	Trouble remembering things					
10.	Worried about sloppiness or carelessness					

11.	Feeling easily annoyed or irritated					
12.	Pains in heart or chest					
13.	Feeling afraid in open spaces or on the streets					
14.	Feeling low in energy or slowed down					
15.	Thoughts of ending your life					
16.	Hearing voices that other people do not hear					
17.	Trembling					
18.	Feeling that most people cannot be trusted					
19.	Poor appetite					
20.	Crying easily					
21.	Feeling shy or uneasy with the opposite sex					
22.	Feeling of being trapped or caught					
23.	Suddenly scared for no reason					
24.	Temper outbursts that you could not control					
25.	Feeling afraid to go out of your house alone					
26.	Blaming yourself for things					
27.	Pains in lower back					
28.	Feeling blacked in getting things done					
29.	Feeling lonely					

30.	Feeling blue					
31.	Worrying too much about highs					
32.	Feeling no interest in things					
33.	Feeling fearful					
34.	Your feelings being easily hurt					
35.	Other people being aware of your private thoughts					
36.	Feeling others do not understand you or are unsympathetic					
37.	Feeling that people are unfriendly or dislike you					
38.	Having to do things very slowly to injure correctness					
39.	Heart pounding or racing					
40.	Nausea or upset stomach					
41.	Feeling inferior to others					
42.	Soreness of your muscles					
43.	Feeling that you are watched or talked about by others					
44.	Trouble falling asleep					
45.	Having to check and double check what you do					
46.	Difficulty making decisions					
47.	Feeling afraid to travel an buses, subways or trains					
48.	Trouble getting your breath					
49.	Hot or cold spells					

50.	Having to avoid certain things, places or activities because they frighten you					
51.	Your mind going blank					
52.	Numbness or tingling in parts of your body					
53.	A lump in your throat					
54.	Feeling hopeless about the future					
55.	Trouble concentrating					
56.	Feeling weak in parts of your body					
57.	Feeling tense or keyed up					
58.	Heavy feelings in your arms or degs					
59.	Thoughts of death or dying					
60.	Overeating					
61.	Feeling uneasy when people are watching or talking about you					
62.	Having thoughts that are not your own					
63.	Having urges to beat, injure, or harm someone					
64.	Awakening in the early morning					
65.	Having to repeat the same actions such as touching, counting, washing					
66.	Sleep that is restless or					

	disturbed					
67.	Having urges to break or smash things					
68.	Having ideas or beliefs that others do not share					
69.	Feeling very self-conscious with others					
70.	Feeling uneasy in crowds, such as shopping or at a movie					
71.	Feeling everything is an effort					
72.	Spells of terror or panic					
73.	Feeling uncomfortable about eating or drinking in public					
74.	Getting into frequent arguments					
75.	Feeling nervous when you are left alone					
76.	Others not giving you proper credit for your achievements					
77.	Feeling lonely even when you are with people					
78.	Feeling so restless you couldn't sit still					
79.	Feelings of worthlessness					
80.	Feeling that familiar things are strange or unreal					
81.	Shouting or throwing things					
82.	Feeling afraid you will faint					

	in public					
83.	Feeling that people will take advantage of you if you let them					
84.	Having thoughts about sere that bother you a lot					
85.	Thy idea that you should be punished for your sins					
86.	Feeling pushed to get things done					
87.	The idea that something serious is wrong with your body					
88.	Never feeling close to another person					
89.	Feelings of guilt					
90.	The idea that something is wrong with your mind.					

Attachment 2 (b)

নির্দেশাবলী

সন্মানিত অভিভাবক,

প্রথমে আপনাকে জানাই আন্তরিক শুভেচ্ছা। নিম্নে কতগুলি সমস্যা এবং অভিযোগের একটি তালিকা রয়েছে যা কখনো কখনো মানুষের মাঝে দেখা যায়। দয়া করে প্রত্যেকটি যত্নসহকারে পড়ুন। পড়া শেষে অনুগ্রহ করে ডানদিকে একটি সংখ্যাযুক্ত স্থানে টীক (√) চিহ্ন দিন যা সবচেয়ে ভালভাবে বর্ননা করে যে, সমস্যাগুলি আপনাকে অতীতের সময় কতটা বিরক্ত করেছে এবং বর্তমানেও করছে। প্রতিটি সমস্যার জন্য শুধু একটি সংখ্যাযুক্ত স্থনে টীক (√)চিহ্ন দিন এবং কোনো উপাদানই এড়িয়ে যাবেন না। শুরু করার পূর্বে দয়া করে নিম্নোক্ত উদাহরণটি পড়ুন।

উদাহরণ

	আপনি কতটা বিরক্ত	**একদমই না**	**সামান্য**	**মাঝামাঝি**	**একটু বেশি**	**অত্যন্ত বেশি**
01	পিঠের ব্যথা	০	১	২	৩	৪

	আপনি কতটা বিরক্ত	**একদমই না**	**সামান্য**	**মাঝামাঝি**	**একটু বেশি**	**অত্যন্ত বেশি**
01	মাথা ব্যথা					
02	স্নায়বিক দূর্বলতা বা ভিতরে কাঁপছে					
03	অযাচিত চিন্তা, শব্দ বা ধারণাসমূহ যা আপনার মন থেকে দূর হয় না।					
04	অজ্ঞান হয়ে পড়া বা মাথা ঘোরা					
05	যৌন আগ্রহ বা আনন্দ হারিয়ে যাওয়া					
06	অন্যদেরকে জটিল মনে করা					
07	এমন ধারণা যে অন্য কেউ আপনার চিন্তা নিয়ন্ত্রণ করতে পারে					
08	আপনার অধিকাংশ সমস্যার জন্য অন্যদের দোষারোপ করা					

09	কোন কিছু স্মরণ করতে সমস্যা হওয়া					
10	নিজের অসতর্কতা সম্পর্কে উদ্বিগ্ন/চিন্তিত					
11	সহজেই বিরক্ত অনুভব করা।					
12	হৃদপিন্ড বা বুকে ব্যথা					
13	খোলা জায়গায় বা রাস্তায় ভয় পাওয়া					
14	প্রাণশক্তি কমে যাওয়া বা ধীর হয়ে যাওয়ার অনুভূতি					
15	আপনার জীবন সমাপ্তির (মৃত্যু) চিন্তা আসা					
16	কণ্ঠস্বর শুনতে পারা যা অন্য মানুষ শুনে না					
17	কাঁপাকাপি করা (হা/পা/শরীর কাঁপা)					
18	অধিকাংশ মানুষকে বিশ্বাস করা যায় না এমন অনুভূতি হওয়া					
19	ক্ষুধা কমে যাওয়া					
20	একটুতেই কান্না পায়					
21	বিপরীত লিঙ্গের কারো সামনে লজ্জা বা অস্বস্তি অনুভব করা					
22	ফাঁদে আটকানো অথবা ধরা পড়ার অনুভূতি হওয়া					
23	কোন কারন ছাড়াই হঠাৎ ভয় পাওয়া					
24	মেজাজের তীব্র বহিঃপ্রকাশ যা আপনি নিয়ন্ত্রণ করতে পারেন না					
25	একাকী বাড়ির বাইরে যেতে ভয় অনুভব করা					

26	যেকোনো বিষয়ে নিজেকে দোষ দেয়া					
27	শরীরের পশ্চাদভাগের নিম্নাংশে ব্যথা অনুভব করা					
28	কোন কিছু করতে গিয়ে আটকে যাওয়া অনুভব করা					
29	একাকীত্ব অনুভব করা					
30	দুঃখ অনুভব করা					
31	কোন বিষয়ে অতিরিক্ত দুশ্চিন্তা করা					
32	কোন বিষয়ে আগ্রহ অনুভব না করা					
33	ভয়ের অনুভূতি হওয়া					
34	অনুভূতিতে সহজেই আঘাত পাওয়া					
35	আপনার গোপন চিন্তা সম্পর্কে অন্যেরা অবহিত এমন মনে হওয়া					
36	অন্যরা আপনাকে বুঝে না বা আপনার প্রতি সহানুভূতিহীন এমন অনুভব করা					
37	লোকেরা আপনার প্রতি বন্ধুভাবাপন্ন নয় অথবা আপনাকে অপছন্দ করে এমন অনুভব করা					
38	কোন কাজ নির্ভুলভাবে সম্পন্ন করার বিষয়টি নিশ্চত করতেই কাজটি খুব ধীর গতিতে করি					
39	হৃদপিন্ড ধকধক করা					
40	বমি বমি ভাব বা পেট খারাপ হওয়া					
41	অন্যের তুলনায় নিকৃষ্ট মনে করা					

42	আপনার পেশীতে ব্যথা অনুভব করা					
43	অন্যরা আপনাকে দেখছে বা আপনার সম্পর্কে কথা বলছে এমন অনুভব করা।					
44	ঘুমিয়ে পড়তে সমস্যা হওয়া					
45	আপনি যা করেন তা যাচাই এবং পুনরায় যাচাই করতে হয়।					
46	সিদ্ধান্ত গ্রহণে সমস্যা হওয়া					
47	বাস, পাতাল রেল বা ট্রেনে ভ্রমন করতে ভয় পাওয়া					
48	আপনার শ্বাস নিতে সমস্যা হওয়া					
49	হঠাৎ গরম বা ঠান্ডা বোধ করা					
50	কিছু জিনিস, স্থান বা ক্রিয়াকলাপ পরিহার করতে হয় কারন সেগুলো আপনাকে আতঙ্কিত করে।					
51	আপনার মনে শূন্যতা বা ফাঁকা অনুভব করা					
52	আপনার শরীরের বিভিন্ন অঙ্গে অসাড়তা বোধ করা					
53	আপনার গলায় পিন্ড বা দলা আটকে আছে এমন বোধ হওয়া					
54	ভবিষ্যৎ সম্পর্কে নিরাশ বোধ করা					
55	মনোযোগ দিতে সমস্যা হওয়া					
56	আপনার শরীরের কোন অংশে দূর্বলতা অনুভব করা					
57	উত্তেজনা বা অস্থিরতা অনুভব করা					

58	আপনার বাহু বা পায়ে ভার অনুভব করা					
59	মৃত্যু বা মারা যাওয়ার চিন্তাভাবনা করা					
60	অত্যাধিক খাওয়া					
61	লোকেরা যখন আপনাকে দেখে বা আপনার সম্পর্কে কথা বলে তখন অস্বস্থি বোধ করেন					
62	যে চিন্তাগুলি আছে তা আপনার নিজের না					
63	কাউকে মারধর, আহত করা বা ক্ষতি করার ইচ্ছা পোষণ করেন					
64	খুব ভোরে জেগে যান					
65	একই কাজগুলির পুনরাবৃত্তি করা যেমন- স্পর্শ, গণনা, ধোয়া					
66	বিরক্তিকর এবং অস্বস্তিপূর্ণ ঘুম হওয়া					
67	জিনিসপত্র ভাঙ্গার বা গুড়িয়ে ফেলার ইচ্ছা পোষণ করেন					
68	এমন ধারণা বা বিশ্বাস আছে যা অন্যদের নেই					
69	অন্যদের সামনে খুব আত্মসচেতন বোধ করা					
70	অনেক লোকের ভীড়ে, যেমন- দোকানে বা সিনেমায় অস্বস্তি বোধ করা					

71	সবকিছু অনুভব করা একটি প্রচেষ্টার ব্যাপার					
72	অত্যধিক ভয় পাওয়া					
73	জনসম্মুখে খেতে বা পান করতে অস্বস্তিবোধ করা					
74	বারবার যুক্তি তর্কে জড়িয়ে পড়া					
75	একাকী অবস্থায় আপনি স্নায়ুচাপ অনুভব করেন					
76	অন্যরা আপনাকে আপনার সাফল্যের জন্য যথাযথ কৃতিত্ব প্রদান করেনা					
77	আপনি মানুষের সথে থাকলেও নিঃসঙ্গ অনুভব করেন					
78	অস্থিরতার কারনে আপনি চুপচাপ বসে থাকতে পারেন না					
79	নিজেকে মূল্যহীন মনে হওয়া					
80	পরিচিত বিষয়গুলোকে অদ্ভুত বা অবাস্তব মনে হয়					
81	চিৎকার করা বা জিনিসপত্র ছুড়ে ফেলা					
82	আপনি জনসম্মুখে অজ্ঞান হয়ে যাবেন এটা ভেবে ভয় অনুভব করেন।					
83	আপনি অনুভব করেন যে আপনি লোকদের কে সুযোগ দিলে তারা আপনার কাছ থেকে সুবিধা নিবে					
84	যৌনতা সম্পর্কে চিন্তাভাবনা যা আপনাকে অনেক বিরক্ত করে।					

85	আপনার পাপের জন্য আপনার শাস্তি পাওয়া উচিৎএমন ধারণা					
86	জোর করেকাজ করতে হচ্ছে, এমন অনুভব করা					
87	শরীরে মারাত্মক কোন জটিলতা আছে এমন ধারণা হওয়া					
88	কখনোই অন্য ব্যক্তির প্রতি ঘনিষ্ঠতা অনুভব না করা					
89	অপরাধ বোধ করা					
90	আপনার মনে কিছু ভুল বিষয় আছে এমন ধারণা করা					

Attachment – 3 (a)

Instructions for Parenting Styles and Dimensions (PSD)

Make two ratings for each item; (1) rate *how often your spouse* exhibits this behavior with your child and (2*) how often you* exhibit this behavior with your child.

Spouse Exhibits Behavior:
1= Never
2= Once in Awhile
3= About Half of the Time
4= Very Often
5= Always

I Exhibit This Behavior:
1= Never
2= Once in Awhile
3= About Half of the Time
4= Very Often
5= Always

No	He	I	
3p			Knows the names of child's friends
33p			Aware of problems or concerns about child in school
5a			Gives praise when child is good
12c			Gives comfort and understanding when child is upset
35c			Expresses affection by hugging, kissing, and holding child
9e			Show sympathy when child is hurt or frustrated
27o			Tells child we appreciate what child tries or accomplishes
21f			Responsive to child's feelings or needs
1d			Encourages child to talk about the child's troubles
46c			Has warm and intimate times together with child
39h			Apologizes to child when making a mistake in parenting
58h			Explains the consequences of the child's behavior
25h			Gives child reasons why rules should be obeyed
62h			Emphasizes the reasons for rules
29h			Helps child to understand the impact of behavior by encouraging child to talk about the consequences of (his) (her) own actions.

53h			Explains how we feel about his/her good and bad behavior
42a			Talks it over and reasons with child when the child misbehaves
55b			Takes into account child's preferences in making family plans.
22h			Allows child to give input into family rules
31f			Takes child's desires into account before asking the child to do something
48h			Encourages child to freely express (himself) (herself) even when disagreeing with parents
60h			Channels child's misbehavior into a more acceptable activity
14c			Is easy going and relaxed with child
18d			Shows patience with child
7c			Jokes and plays with child
51b			Shows respect for child's opinions by encouraging child to express them
32e			Explodes in anger towards child
13k			Yells or shouts when child misbehaves
23c			Argues with child
37i			Uses physical punishment as a way of disciplining our child
6k			Spanks when our child is disobedient
43k			Slaps child when the child misbehaves
19k			Grabs child when being disobedient
2k			Guides child by punishment more than by reason

61k			Shoves child when the child is disobedient
10j			Punished by taking privileges away from child with little if any explanation
28j			Perished by putting child off somewhere along with little if any explanation.
54k			Uses threats as punishment with little or no justification
26o			Appears to be more concerned with own feelings than with child's feelings
56k			When child asks why (he) (she) has to conform, states: because I said so, or I am your parent and I want you to
17i			Scolds and criticizes to make child improve
50k			Scolds or criticizes when child's behavior doesn't meet our expectations
34i			Threatens child with punishment more often than giving it
11m			Soils child
15n			Allows child to annoy someone else
8n			Withholds scolding and / or criticism even when child acts contrary to our wishes.
57g			Appears unsure on how to solve child's misbehavior
4m			Finds it difficult to discipline child
52i			Sets strict well-established rules for child
30g			Is afraid that disciplining child for misbehavior will cause the child to not like his/her parents.

Attachment 3 (b)

নির্দেশাবলী

প্রতিটি উপাদানের জন্য দুইটি নম্বর প্রদান করুণ, (১) আপনার স্বামী/স্ত্রী কতবার আপনার সন্তানের সাথে এই আচরণ প্রদর্শন করেন এবং (২) আপনি আপনার সন্তানের সাথে এই আচরণ কতবার প্রদর্শন করেন তা নিম্নের বর্ণনার পরিপ্রেক্ষিতে নম্বর প্রদান করুন।

স্বামী/স্ত্রী আচরণ প্রদর্শন করেনআমি এই আচরণ প্রদর্শন করি

১= কখনো না

২= কোন এক সময় একবার

৩= প্রায় অর্ধেক সময়

৪= প্রায়ই

৫= সবসময়

১= কখনো না

২= কোন এক সময় একবার

৩= প্রায় অর্ধেক সময়

৪= প্রায়ই

৫= সবসময়

সে	আমি		
		1	শিশুর সমস্যাগুলি প্রকাশ করার জন্য শিশুকে অনুপ্রাণিত করে।
		2	যুক্তি দিয়ে না বুঝিয়ে বরং শাস্তি প্রদানের মাধ্যমে শিশুকে পথ প্রদর্শন করে।
		3	শিশুর বন্ধুদের নাম জানে।
		4	শিশুকে শৃঙ্খলার মধ্যে আনা কঠিন মনে করে।
		5	শিশু যখন ভালো কিছু করে তখন তার প্রশংসা করে।
		6	সন্তান যখন অবাধ্য হয় তখন তার নিতম্বে মার দেয়।
		7	সন্তানের সাথে খেলে এবং মজা করে।
		8	এমনকি বাবা-মায়ের ইচ্ছার বিপরীতে সন্তান কাজ করলেও তাকে বকাঝকা ও সমালোচনা করে না।
		9	শিশু যখন কষ্ট পায় বা হতাশ হয় তখন তার প্রতি সহানুভূতি দেখায়।
		10	শাস্তির কারন বিস্তারিত না জানিয়েই শিশুর কাছ থেকে সুযোগ সুবিধা কেড়ে নিয়ে শাস্তি দেয়।

		11	সন্তানকে বিগড়ে দেয়।
		12	শিশু যখন মন খারাপ করে তখন তাকে বুঝায় এবং সান্ত্বনা দেয়।
		13	সন্তান যখন অসদাচরন করে তখন চিৎকার করে বকা দেয়।
		14	সন্তানের সাথে সহজ এবং স্বাচ্ছন্দ্যময়।
		15	সন্তানকে অন্য কাউকে বিরক্ত করতে প্রশ্রয় দেয়।
		17	বাচ্চাকে সংশোধন করতে বকাঝকা ও সমালোচনা করে।
		18	সন্তানের প্রতি ধৈর্য দেখায়।
		19	অবাধ্য হলে শিশুকে পাকড়াও করে।
		21	শিশুর অনুভূতি বা চাহিদার প্রতি সচেতন।
		22	শিশুকে পারিবারিক নিয়মে মতামত প্রদানে সুযোগ দেয়।
		23	সন্তানের সাথে তর্ক করে।
		25	কেন নিয়মগুলি মানা উচিত সে সম্পর্কে সন্তানকে যুক্তি দিয়ে বুঝায়।
		26	সন্তানের অনুভূতির চেয়ে নিজের অনুভূতি নিয়ে বেশি উদ্বিগ্ন বলে মনে হয়।
		27	শিশুকে বলে যে সে যা করার চেষ্টা করছে বা যেসব কাজ সুসম্পন্ন করেছে আমরা তার জন্য তার প্রশংসা করি।
		28	শাস্তির কারন বিস্তারিত না জানিয়েই শিশুকে কোন স্থানে একা রেখে শাস্তি দেয়।
		29	সন্তানকে তার নিজ ক্রিয়াকর্মের ফলাফল সম্পকে বলার জন্য উত্সাহিত করা যাতে সে তার আচরণের প্রভাব বুঝতে পারে।
		30	সন্তানের অসদাচরণের জন্য বিধিনিষেধ আরোপ করলে সন্তান বাবা-মা কে অপছন্দ করবে এমন আশংঙ্কা করে।
		31	সন্তানকে কিছু করতে বলার আগে তার ইচ্ছাকে গুরুত্ব দেওয়া হয়।
		32	সন্তানের প্রতি রাগে ফেটে পড়ে।
		33	শিশুর স্কুল বিষয়ক সমস্যা বা উদ্বেগ সম্পর্কে সচেতন।
		34	সন্তানকে কার্যত শাস্তি প্রদানের চেয়ে শাস্তি দিবে এই হুমকি বেশি দেয়।
		35	শিশুকে আলিঙ্গন করে, চুমু দিয়ে এবং ধরে রেখে স্নেহ মমতা প্রকাশ করে।

		37	সন্তানকে শৃঙ্খলায় ফিরিয়ে আনার উপায় হিসাবে শারীরিক শাস্তি ব্যবহার করে।
		39	পিতামাতার ভূমিকা পালনে কোন ত্রুটি হলে তার জন্য সন্তানের কাছে দুঃখ প্রকাশ করে।
		42	যখন সন্তান অসদাচরন করে তখন তার এ আচরণ এবং এর কারণগুলি নিয়ে কথা বলে।
		43	শিশু যখন অসদাচরন করে তখন তাকে চড় মারে।
		46	সন্তানের সাথে একত্রে উষ্ণ এবং অন্তরঙ্গ সময় কাটায়।
		48	পিতামাতার সাথে একমত না হলেও শিশুকে নির্দ্বিধায় (নিজেকে) প্রকাশ করতে উত্সাহিত করে।
		50	সন্তান প্রত্যাশা অনুযায়ী আচরণ না করলে বকাঝকা ও সমালোচনা করে।
		51	সন্তানকে মত প্রকাশে উত্সাহ প্রদানের মাধ্যমে সন্তানের মতামতের প্রতি শ্রদ্ধা দেখায়।
		52	সন্তানের জন্য কঠোরভাবে প্রতিষ্ঠিত নিয়মগুলি চালু করে।
		53	সন্তানের ভালো এবং খারাপ আচরণে বাবা-মা কেমন অনুভব করে তার ব্যাখ্যা প্রদান করা।
		54	কোন যৌক্তিকতা ছাড়াই শাস্তি হিসাবে হুমকি প্রদান করে।
		55	পরিবারিক পরিকল্পনা করার ক্ষেত্রে সন্তানের পছন্দকে বিবেচনা করে।
		56	শিশু যখন জিজ্ঞাসা করে যে তাকে কেন বাবা মায়ের কথা মেনে নিতে হবে, তখন তারা বলে যে, "কারণ আমি বলেছি তাই" বা "আমি তোমার পিতা/মাতা এবং আমি চাই তুমি এটা করো"।
		57	কীভাবে সন্তানের অসদাচরণ দূর করা যায় তা নিয়ে দ্বিধান্বিত দেখা যায়।
		58	সন্তানের আচরণের ফলাফল সম্পর্কে ব্যাখ্যা প্রদান করে।
		60	শিশুর খারাপ আচরনকে কিভাবে আরও গ্রহণযোগ্য আচরনে প্রকাশ করা যায় সে বিষয়ে ভূমিকা রাখেন।
		61	সন্তান যখন অবাধ্য হয় তখন তাকে ধাক্কা দেয়।
		62	নিয়ম কানুন মেনে চলার কারণগুলির প্রতি জোর দেয়।

Attachment-4

Participant's Information Sheet

১. গবেষণার শিরোনাম: "Mental Health and Parenting Style of Parents of Children with Autism"

আপনাকে এই গবেষণায় অংশ নিতে আমন্ত্রিত করা হচ্ছে। দয়া করে এই ব্যাখ্যামূলক বিবৃতিটি পুরোপুরি পড়ুন এবং সিদ্ধান্ত নিন আপনি এই গবেষণায় অংশগ্রহণ করবেন কিনা। পরবর্তীতে এই তথ্য শীটটি আপনার কাছে সংরক্ষণ করবেন।

আমি মোছা: আম্বিয়া খাতুন, আমার এম. ফিল. ডিগ্রীর অংশ হিসাবে ঢাকা বিশ্ববিদ্যালয়ের মনোবিজ্ঞান বিভাগে, অধ্যাপক ড: মাহফুজা খানম এর তত্ত্বাবধানে একটি গবেষণা করছি।

২. গবেষণার লক্ষ্য

বর্তমান গবেষণাটির লক্ষ্য হলো যেসব বাবা মায়ের সন্তানের অটিজম সম্পর্কিত সমস্যা আছে তাদের মানসিক স্বাস্থ্য ও প্যারেন্টিং স্টাইল এবং যেসব বাবা মায়ের স্বাভাবিক সন্তান আছে তাদের মানসিক স্বাস্থ্য ও প্যারেন্টিং স্টাইল এর মধ্যে তুলনা করে দেখা।

৩. গবেষণায় যা করা হবে

আপনাকে এই গবেষণা বিষয়ক কিছু প্রশ্নমালা দেওয়া হবে। যেখানে কতগুলি সমস্যার তালিকা থাকবে যা আপনার নিকট অতীতে কতটা বিরক্তিকর মনে হয়েছে ও বর্তমানে কতটা বিরক্তিকর মনে হচ্ছে সে অনুযায়ী টিক্ (✓) চিহ্ন দিন। এছাড়াও এখানে কতগুলি আচরণের কথা উল্লেখ করা থাকবে যা আপনি ও আপনার স্বামী/স্ত্রী সন্তানের সাথে কতবার প্রদর্শন করেন সে অনুযায়ী নম্বর প্রদান করবেন। এখানে আপনার নাম ও আপনার দেয়া তথ্য সম্পূর্ণ গোপন থাকবে।

৪. গবেষণায় অংশগ্রহণ করলে যে পরিমান সময় দিতে হবে

প্রশ্নমালাটি পূরণ করতে আপনার আনুমানিক ৩০ মিনিট সময় লাগতে পারে। আপনার একান্ত সহযোগিতা কামনা করছি।

৫. সম্ভাব্য সুবিধা অসুবিধা

এই গবেষণায় গ্রহণের ফলে আপনি আর্থিক ভাবে লাভবান হবেন না। তবে আপনার দেয়া তথ্য থেকে বুঝা যাবে যে যেসব পিতা-মাতার অটিজম সমস্যা যুক্ত সন্তান রয়েছে তারা কি ধরণের শারীরিক ও মানসিক সমস্যার মধ্যে দিয়ে যাচ্ছে এবং তারা তাদের সন্তানদের সাথে কেমন আচরণ করেন। এ থেকে বুঝা যাবে তাদের মানসিক স্বাস্থ ও

সন্তানের সাথে আচরণের কোন দিকটি নিয়ে কাজ করতে হবে। যা পরবর্তী গবেষক ও থেরাপিস্টদের নতুন কাজের ক্ষেত্র তৈরী করবে। এই গবেষণায় অংশগ্রহণের জন্য আপনার কোনো ক্ষতি হবে না।

৬. গবেষণায় অংশগ্রহণ প্রত্যাহার

এই গবেষণায় অংশগ্রহণ সম্পূর্ণ আপনার স্বেচ্ছাধীন। অংশগ্রহণ করতে হবে এমন কোনো দায়বদ্ধতা নেই। আপনি যেকোনো সময় গবেষণা থেকে অংশগ্রহণ প্রত্যাহার করতে পারেন।

৭. গোপনীয়তা

আপনার গোপনীয়তা রক্ষা করবো এবং এ বিষয়টি সর্বোচ্চ বিবেচনায় রাখা হবে। আপনার প্রদত্ত তথ্য পরবর্তীতে নামবিহীনভাবে গবেষণায় বা রিপোর্টে প্রকাশ করা হবে এবং তা থেকে আপনাকে চিহ্নিত করা যাবে না।

৮. সংগৃহীত তথ্যের সংরক্ষণ

সংগৃহিত তথ্যগুলো ঢাকা বিশ্ববিদ্যালয়ের নিয়মাবলী অনুযায়ী সংরক্ষিত থাকবে। এই গবেষণায় প্রাপ্ত তথ্য থেকে একটি থিসিস লেখা হবে, গবেষণাটির রিপোর্ট প্রকাশনার জন্য দেয়া হতে পারে এবং এক বা একাধিক মৌখিক উপস্থাপনা করা হতে পারে কিন্তু কোনো ক্ষেত্রেই অংশগ্রহণকারী ব্যাক্তিদের চিহ্নিত করা হবে না বা যাবে না।

৯. গবেষণার ফলাফল

এই গবেষণাটির সম্পর্কে আপনার কোনো মন্তব্য, উদ্বেগ বা ফলাফল জানতে আগ্রহী হলে যোগাযোগ করুন আমার সাথে (মোছা: আম্বিয়া খাতুন), ইমেইল : ambiak90@gmail.com বা ফোন: ০১৫৩৭৬৬৫২১৩ অথবা অধ্যাপক মাহফুজা খানম, মনোবিজ্ঞান বিভাগ, ঢাকা বিশ্ববিদ্যালয়, ই-মেইল : mahfuzakhanam007@yahoo.com

আপনার সহযোগীতার জন্য ধন্যবাদ।

.....

মোছা: আম্বিয়া খাতুন
এম. ফিল. গবেষক,
মনোবিজ্ঞান বিভাগ, ঢাকা বিশ্ববিদ্যালয়

Attachment-5

Consent Form

গবেষণার শিরোনাম: "Mental Health and Parenting Style of Parents of Children with Autism"

আমি, ……., ১৮ বছরের বেশি বয়সী, তাই গবেষকের অনুরোধ অনুযায়ী "Mental Health and Parenting Style" উপর গবেষণায় অংশগ্রহণ করতে সম্মতি দিচ্ছি ।

অংশগ্রহণকারীর

স্বাক্ষর……তারিখ……।

অংশগ্রহণকারীর নাম (ঐচ্ছিক):

……।

আমি এই মর্মে প্রত্যয়ন করছি যে, আমি অংশগ্রহণকারীর নিকট সুস্পষ্টভাবে ব্যাখ্যা করেছি, গবেষণায় অংশগ্রহণ সম্পূর্ণ তার ইচ্ছাধীন। আমি মনে করি যে তিনি সবকিছু ভালভাবে বুঝতে পেরেছেন এবং গবেষণায় অংশগ্রহণে সম্মত হয়েছেন।

গবেষকের

স্বাক্ষর……তারিখ……।

গবেষকের নাম:

Attachment-6

চেয়ারম্যান
মনোবিজ্ঞান বিভাগ
ঢাকা বিশ্ববিদ্যালয়
ঢাকা ১০০০, বাংলাদেশ।
ফোন: +৮৮০৯৬৬৬৯১১৪৬৩/৭৬৯০

Chairman
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E-mail : office_psy@du.ac.bd
Website : https://du.ac.bd/body/PSY

09 November, 2022

Mst. Ambia Khatun
Mhil Student
Department of Psychology
University of Dhaka.

Re:Mental Health and Parenting Style of Parents of Children with Autism, PSY 22/11/010

Dear Mst. Ambia Khatun
We are glad to inform you that your above-referenced study has had a favorable ethical evaluation and, as a result, has been approved. This approval is valid for twenty-four months from the date indicated above. We expect you to strictly abide by the design and procedure specified in your ethics application form. If your study requires any modification or poses any potential risk or harm to any participant, you must immediately consult your supervisor and ethics committee.

We wish you success in this research.

Sincerely,

Dr. Md. Kamal Uddin
Professor and Chairman
Department of Psychology
University of Dhaka
&
Convenor, Ethical Review Committee