

Quality of Life and Associated Factors Among Parents of Children with Autism Spectrum Disorder : A Comparative Study in Kathmandu Valley, Nepal

Manish Kayastha¹, Suman Bahadur Singh², Khem Raj Sharma², Dharanidhar Baral², Avaniendra Chakravartty², Jyoti Lamichhane³, Sachit Gurung⁴, Bijay Khatri⁵

¹ Ministry of Health, Bagmati province, ² School of Public Health and Community Medicine, BPKIHS, Dharan

³ PHASE Nepal, Bhaktapur, ⁴ Aarhus University, Denmark

⁵ School of Public Health, University of Alberta, Canada

Background



The prevalence of ASD has increased globally due to increased awareness and improved diagnostic criteria.(1)



Caregivers of children with ASD face unique challenges- restricted family activities, time burden, and psychosocial stress.(2,3)



Parents of children with ASD demonstrate significantly higher levels of distress, anxiety, and depression compared to parents of typically developing children.(4,5)



This study explored QoL of parents of children with ASD to help improve service systems and promote wellbeing of children and their parents.

Study Objectives

1

To evaluate the quality of life among parents of children below 12 years with ASD and compare it with parents of typically growing children.

2

To assess the quality of life and its associated factors among parents of children below 12 years with ASD in Kathmandu.

Study Design



Comparative Cross-Sectional
Study

Study Area



Kathmandu Valley, Nepal

Population



Mothers of children (≤ 12 yrs)
with ASD vs. mothers of typically
growing children of same age
group

12
34

Sample Size

N = 128 (64 ASD group + 64
Comparison group)



Sampling

Purposive Sampling Technique



Data Collection Tool

WHOQOL-BREF
(WHO Quality of Life Brief version)

Study Variables

DEPENDENT VARIABLE

Quality of Life
(WHOQOL-BREF)



INDEPENDENT VARIABLES

Socio-demographic Factors

Age

Sex

Religion

Ethnicity

Educational Status

Family Type

Family Income

Employment

Total Number of Children

Child Characteristics

Age of Child

Sex of Child

Severity of ASD

Data Collection & Analysis

Data Collection Tool	WHOQOL-BREF, self-administered, WHO standardized instrument
Data Collection Technique	Structured questionnaire — self-administered by participants
Statistical Software	IBM SPSS Version 26.0
Analytical Methods	Descriptive Analysis • Bivariate Analysis • Multiple Linear Regression
Ethical Approval	IRC of BPKIHS (Code No.: IRC/2494/023) Informed consent obtained from all participants. Approval from organizations and schools were obtained.

Socio-demographic Characteristics of parents (N = 128)

Characteristic	With ASD Group (n=64) n (%)	Non ASD Group (n=64) n (%)
Age: Below 35 years	30 (46.88%)	27 (42.19%)
Age: 35–44 years	28 (43.75%)	34 (53.13%)
Mean Age	35.3 ± 5.3	36.2 ± 4.8
Education: Secondary	16 (25%)	26 (40.63%)
Education: Bachelor	29 (45.31%)	29 (45.31%)
Education: Masters & Above	13 (20.31%)	7 (10.94%)
Employment: Employed	26 (40.62%)	48 (75%)
Family Income (monthly): > NRs 50,000	46 (71.88%)	45 (70.31%)
Family Type: Nuclear	34 (53.13%)	32 (50%)
Only One Child	43 (67.19%)	41 (64.06%)

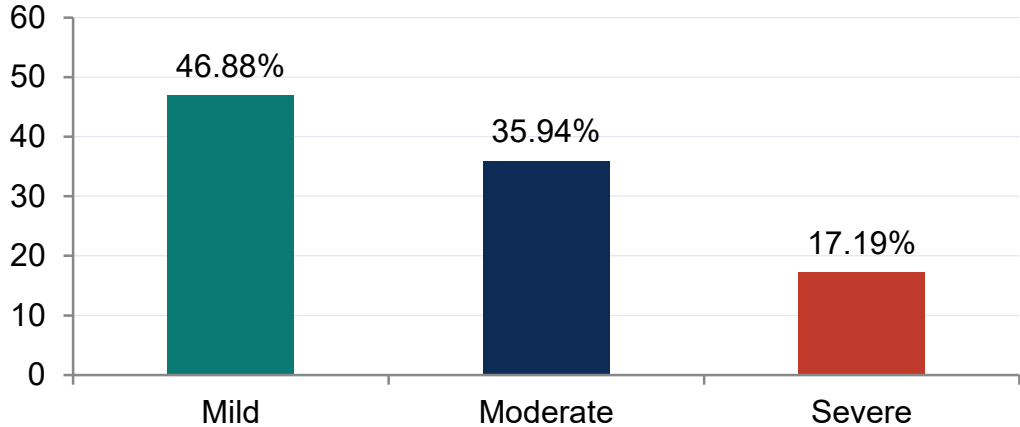
Characteristics of Children with ASD (N = 64)

Mean Age of Child
4.64 ± 1.42 yrs
73.4% below 5 years

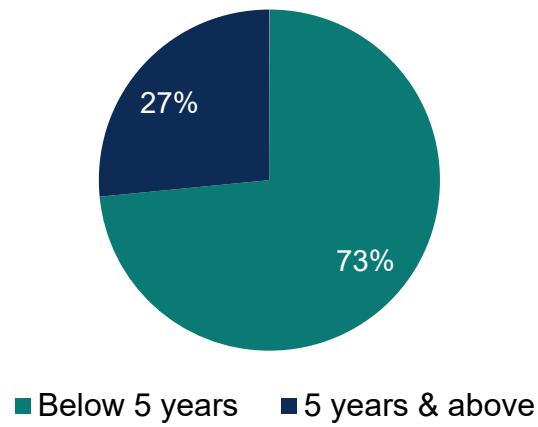
Sex (Male)
67.19%
43 out of 64 children

Severity
46.88% Mild
35.94% Moderate 17.19% Severe

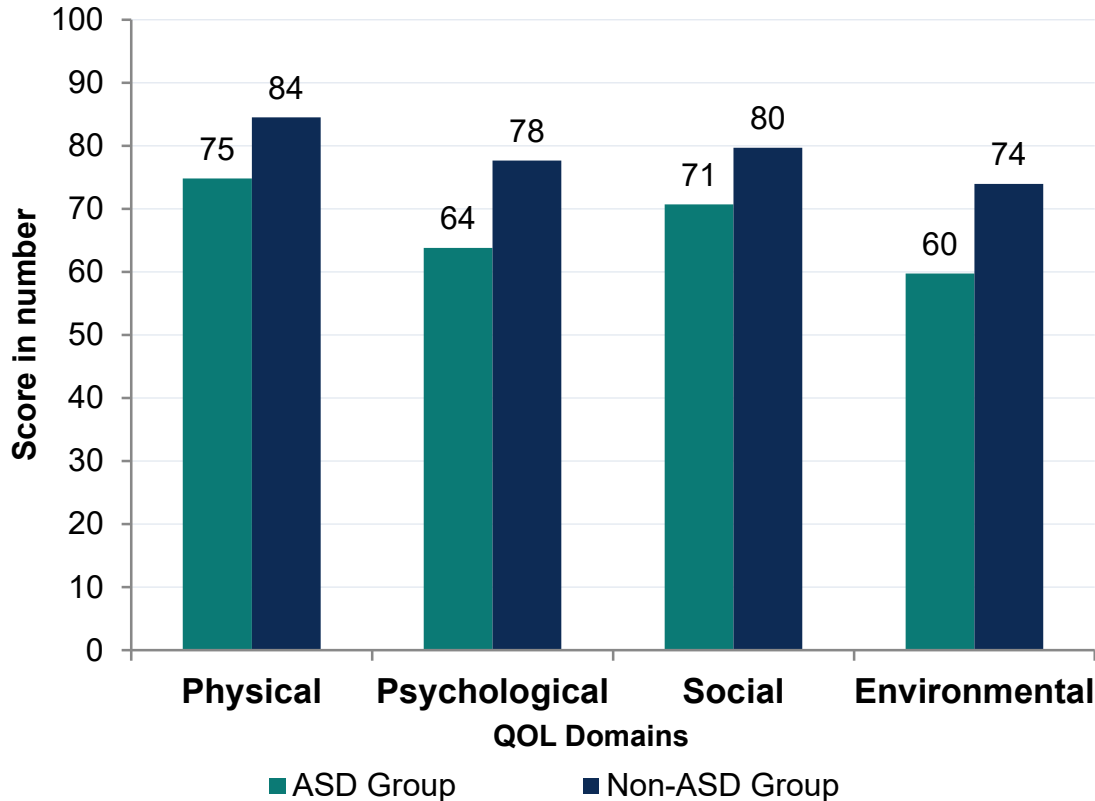
Severity Distribution of ASD (%)



Child Age Distribution



QoL Comparison: ASD vs. Non-ASD Parents (WHOQOL-BREF)



Mean Differences (ASD - Non-ASD)

Physical
-9.66 $p < 0.001$

Psychological
-13.87 $p < 0.001$

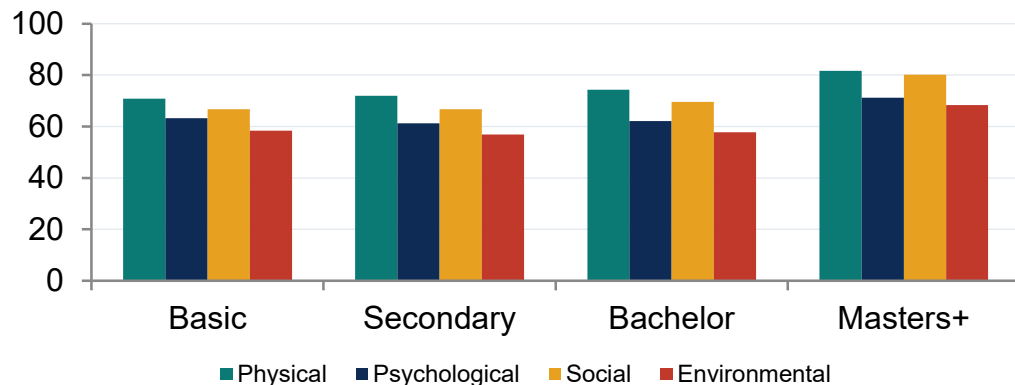
Social
-8.99 $p < 0.001$

Environmental
-14.25 $p < 0.001$

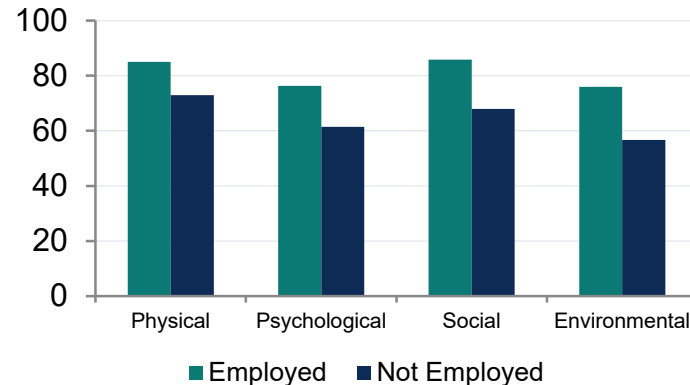
* All domains statistically significant at $p < 0.001$

QoL by Education & Employment Status

QoL by Education Level



QoL by Employment



Higher education → Better QoL
across ALL domains ($p < 0.05$)

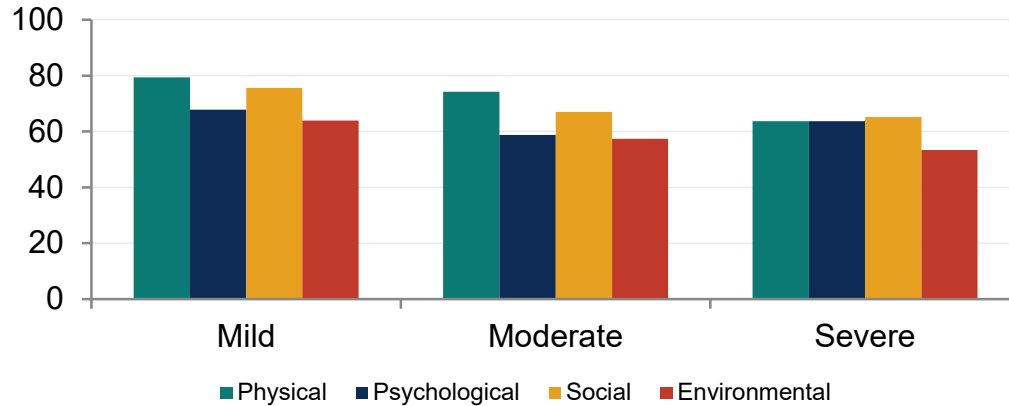


Employment status significantly
improves all four QoL domains ($p < 0.001$)

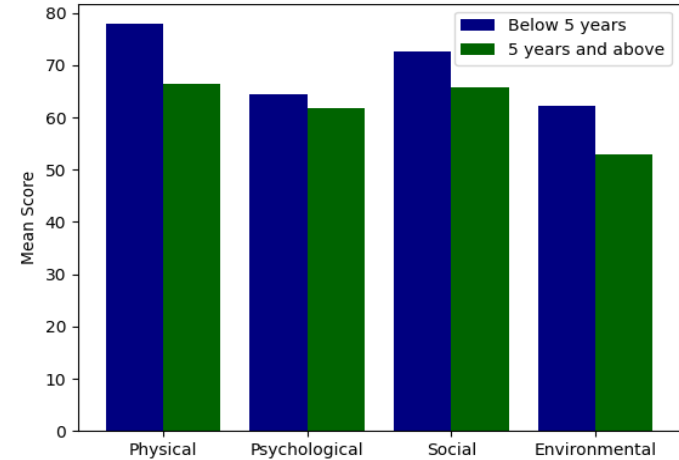


Higher income (> NRs 50K)
significantly associated with better
Physical, Social & Environmental
QoL

Mean score of QoL by ASD Severity



Mean Score of QoL Domains by Child Age Group



● Severe ASD → significantly lower Physical, Psychological, Social & Environmental QoL ($p < 0.01$)

📅 Older child age (≥ 5 yrs) negatively impacts Physical, Social & Environmental QoL ($p < 0.05$)

👤 Having more than one child associated with lower Physical, Social & Environmental QoL ($p < 0.05$)

Multiple Linear Regression : Socio-demographic Predictors

Reference categories: Postgraduate (Education) | Unemployed | Income < NRs 25,000

Variable	Physical B (p)	Psychological B (p)	Social B (p)	Environmental B (p)
Education: Basic Level	-10.76 (0.004) *	-7.959 (0.059)	-13.46 (0.001) *	-9.936 (0.048) *
Education: Secondary	-9.718 (0.001) *	-9.956 (0.002) *	-13.46 (<0.001) *	-11.43 (0.003) *
Education: Bachelor	-7.332 (0.003) *	-9.085 (0.002) *	-10.59 (<0.001) *	-10.51 (0.002) *
Education: Postgrad	Ref	Ref	Ref	Ref
Employment: Employed	1.901 (0.350)	-1.653 (0.475)	0.219 (0.928)	0.032 (0.991)
Employment: Unemployed	Ref	Ref	Ref	Ref
Monthly Income: NRs 50K+	11.085 (<0.001) *	3.100 (0.218)	6.904 (0.007) *	8.929 (0.002) *

* Statistically significant at $p < 0.05$

Multiple Linear Regression : Child related Predictors

Reference categories: More than one child | Child age \geq 5 yrs | Severe ASD

Variable	Physical B (p)	Psychological B (p)	Social B (p)	Environmental B (p)
No. of Children: Only One	9.623 (<0.001) *	1.938 (0.423)	6.008 (0.015) *	8.925 (<0.001) *
No. of Children: >1 (Ref)	Ref	Ref	Ref	Ref
Child Age: Below 5 yrs	11.501 (<0.001) *	2.774 (0.279)	6.831 (0.009) *	9.226 (0.002) *
Child Age: \geq 5 yrs (Ref)	Ref	Ref	Ref	Ref
ASD Severity: Mild	15.768 (<0.001) *	4.141 (0.153)	10.404 (0.001) *	10.445 (0.004) *
ASD Severity: Moderate	10.587 (<0.001) *	-4.941 (0.102)	1.877 (0.539)	3.928 (0.287)
ASD Severity: Severe (Ref)	Ref	Ref	Ref	Ref

* Statistically significant at $p < 0.05$

Physical QoL

- Higher education (postgraduate) → better physical health
- Higher income (>NRs 50K) → significantly better physical QoL (B=+11.09)
- Having only one child (B=+9.62) and younger child age (B=+11.50) were found to be protective
- Mild ASD (vs severe) → B=+15.77; Moderate ASD → B=+10.59

Psychological QoL

- Education level (secondary & bachelor vs postgraduate) was found to be significant predictor
- Employment, income, no. of children & ASD severity were NOT found to be significant predictors

Social & Environmental QoL

- Education, income, no. of children, child age & ASD severity significantly associated with social and environmental QoL domains.
- Mild ASD (vs severe) → Social: B=+10.40; Environmental: B=+10.45
- Only child → significantly better social (B=+6.01) & environmental QoL (B=+8.93)
- Higher income → better environmental QoL (B=+8.93)

Conclusions

Parents of children with ASD have significantly lower QoL across ALL four WHOQOL-BREF domains compared to parents of typically developing children.

Lower education, lower income, having more than one child, older child age, and greater ASD severity are significant predictors of poor QoL.

Policy modifications are needed to help families balance work and caregiving, income supplementation and insurance can alleviate burden.

Autism awareness is slowly growing in Nepal. The government must prioritize awareness programs about ASD and intellectual disabilities at all levels.

1. Zeidan J et al. Global prevalence of autism: A systematic review update. *Autism Research*. 2022;15(5):778–90.

2. Council NR. *Educating children with autism*. National Academies Press; 2001.

3. Volkmar FR, Klin A. Diagnostic issues in Asperger syndrome. *Asperger Syndrome*. 2000;27:25–71.

4. Alhazmi A et al. Quality of life among parents of South African children with autism spectrum disorder. *Acta Neuropsychiatrica*. 2018;30(4):226–31.

5. Tung L-C et al. Correlates of health-related quality of life and perception of its importance in caregivers of children with autism. *Research in Autism Spectrum Disorders*. 2014;8(9):1235–42.

Thank You

Manish Kayastha is a public health researcher with a Master's degree in Public Health (MPH) from B.P. Koirala Institute of Health Sciences. He currently serves as a Public Health Officer at the Ministry of Health, Bagmati Province. His research interests include qualitative and quantitative public health research, with a focus on mental health and evidence-based approaches to inform policy and strengthen health systems. He also brings prior experience working with national and international NGOs in implementing community-based health programs.

