

Research Paper

Self-Efficacy, Perceived Social Support, and Quality of Life among Parents of Children with Autism Spectrum Disorder

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ABSTRACT

The present study examined the associations among self-efficacy, perceived social support, and quality of life among parents and primary caregivers of children with Autism Spectrum Disorder (ASD). Adopted a quantitative, cross-sectional correlational design, with a sample of 100 parents recruited through purposive sampling from a rehabilitation centre in Bengaluru, India, and used standardized measures to assess parental self-efficacy, perceived social support, and quality of life. Descriptive statistics and Shapiro-Wilk tests were used for preliminary analysis, followed by Pearson correlation and multiple linear regression. The results indicated significant positive associations among parental self-efficacy, perceived social support, and quality of life, with parental self-efficacy positively correlated with perceived social support ($r = .54, p < .001$) and quality of life ($r = .62, p < .001$), and perceived social support also positively correlated with quality of life ($r = .68, p < .001$). Multiple linear regression showed that parental self-efficacy and perceived social support jointly explained 55.3% of the variance in quality of life, $F(2, 97) = 59.91, p < .001$, with perceived social support demonstrating the stronger standardized association, followed by parental self-efficacy. The findings highlight the importance of strengthening both caregiver competence beliefs and support resources in family-centred autism services.

Keywords: *Autism spectrum disorder, Self-efficacy, Perceived social support, Quality of life*

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by persistent difficulties in social communication and social interaction, along with restricted, repetitive patterns of behaviour, interests, or activities that cause clinically significant impairment in functioning (American Psychiatric Association, 2022). The ASD has substantial implications for families, particularly for parents and primary caregivers who are responsible for daily care, therapeutic follow-up, educational planning, and long-term advocacy.

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Elevated caregiving demands, including managing behavioural difficulties, arranging multidisciplinary services, coordinating educational accommodations, and coping with concerns about the child's future. Higher parenting stress than parents of typically developing children and parents of children with other developmental conditions (Hayes & Watson, 2013), which may affect parental mental health, family functioning, marital relationships, and the quality of life (Karst & Van Hecke, 2012).

Parental self-efficacy refers to parents' beliefs about their ability to perform the parenting role effectively. Self-efficacy influences how individuals interpret demands, regulate emotional responses, persist in the face of difficulty, and use available coping resources (Bandura, 1997). Higher parental self-efficacy may help parents manage behavioural concerns, communicate with professionals, implement intervention recommendations, and maintain a sense of competence despite chronic caregiving strain. Parental self-efficacy with better parent adjustment and more adaptive parenting outcomes (Jones & Prinz, 2005; Kuhn & Carter, 2006). The relevance of parental self-efficacy in the adjustment of parents of autistic children (Brennan et al., 2024), and research on parental adaptation has highlighted self-efficacy and social support as contributors to positive adaptation outcomes among parents of children with ASD (Higgins et al., 2023).

Perceived social support is another important resource for caregiver adjustment. The extent to which individuals perceive emotional, informational, and practical support from family members, friends, significant others, professionals, and community networks. The stress-buffering model proposes that social support can reduce the negative impact of stress on psychological well-being by increasing perceived belonging, reducing isolation, and facilitating problem solving (Cohen & Wills, 1985). Social support has been associated with better well-being, lower distress, and improved adaptation (Bi et al., 2022; Ekas et al., 2010; Smith et al., 2012; Wang et al., 2022).

Quality of life among parents of children with ASD is influenced by psychological, social, economic, and caregiving-related factors. Compromised parental quality of life may reduce caregiving capacity and affect family adaptation. Parents who perceive themselves as competent and supported may be better able to sustain psychological well-being and manage the demands of autism caregiving. In the Indian context, families may experience additional challenges related to stigma, limited formal support systems, uneven access to specialized services, and gendered caregiving expectations. The extended family networks and community resources may serve as important protective factors. Parents' perceived need for ongoing support systems after autism diagnosis and intervention involvement (de la Roche & Im-Bolter, 2024).

There remains a need for focused quantitative work examining how parental self-efficacy and perceived social support are associated with quality of life in Indian rehabilitation settings. The present study addresses this gap by examining the relationships among parental self-efficacy, perceived social support, and quality of life among parents and primary caregivers of children with ASD recruited from a rehabilitation centre in Bengaluru, India.

Rationale of the Study

Parenting a child with ASD can involve persistent emotional, social, and practical demands. These demands may reduce parents' access to social networks, increase isolation, and affect their perceived quality of life. However, not all parents experience poor adjustment.

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Psychological resources such as parental self-efficacy and environmental resources such as perceived social support may buffer the impact of caregiving strain and support better adaptation.

Autism-related services in India are often unevenly distributed, and parents may depend heavily on informal family and community networks. Examining parental self-efficacy, perceived social support, and quality of life in this context can inform caregiver-focused psychoeducation, parent training, family counselling, and community-based rehabilitation strategies. The study contributes empirical data to support family-centred approaches in autism intervention.

Objectives

- To examine the relationships among parental self-efficacy, perceived social support, and quality of life among parents/primary caregivers of children with ASD.
- To examine whether parental self-efficacy and perceived social support statistically predict quality of life among parents/primary caregivers of children with ASD.

Hypotheses

- **H1:** There will be a significant positive relationship between parental self-efficacy and quality of life among parents/primary caregivers of children with ASD.
- **H2:** There will be a significant positive relationship between perceived social support and quality of life among parents/primary caregivers of children with ASD.
- **H3:** There will be a significant positive relationship between parental self-efficacy and perceived social support among parents/primary caregivers of children with ASD.
- **H4:** Parental self-efficacy and perceived social support will significantly predict quality of life among parents/primary caregivers of children with ASD.

MATERIALS AND METHODS

Participants

The sample consisted of 100 biological parents, legal guardians, or primary caregivers of children aged 3 to 18 years formally diagnosed with ASD, who were actively involved in the child's day-to-day care and were recruited through purposive sampling from a rehabilitation centre in Bengaluru.

Eligibility Criteria

Eligibility was limited to caregivers residing in India who had provided routine care for at least 6 months, were able to complete the questionnaire in English version, and gave voluntary informed consent. Caregivers were excluded if they were not directly involved in routine care, if the child was primarily under institutional or alternative caregiving arrangements, if the caregiver had severe psychiatric illness or cognitive impairment affecting questionnaire completion, or if they had participated in a similar study within the previous 6 months. Children with ASD and intellectual disability, known genetic conditions, or other neurodevelopmental comorbidities were excluded to maintain sample comparability and minimize the possible influence of comorbid developmental conditions on caregiver self-efficacy, perceived social support, and quality of life.

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Measures

- Parental self-efficacy was assessed using the Brief Parental Self-Efficacy Scale (BPSES), a 5-item self-report measure developed and validated by Woolgar et al. (2025), with items rated on a 5-point Likert scale from 1 = strongly disagree to 5 = strongly agree, total scores ranging from 5 to 25, and higher scores indicating greater perceived parental self-efficacy; the original validation study reported acceptable internal consistency (Cronbach's $\alpha = .75$) and good short-term test-retest reliability over 6- and 12-week intervals.
- Perceived social support was assessed using the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988), a 12-item self-report measure rated on a 7-point Likert-type scale that assesses perceived support from family, friends, and significant others, with higher scores indicating greater perceived social support and excellent internal consistency in the present study ($\alpha = .93$).
- Quality of life was assessed using the WHOQOL-BREF (WHOQOL Group, 1998), a 26-item self-report measure covering physical health, psychological health, social relationships, and environmental domains, with negatively keyed items reverse-scored, domain scores transformed to a 0–100 scale, and the four domain scores averaged to obtain a composite quality-of-life score, where higher scores indicated better perceived quality of life.

Research Design

A quantitative, cross-sectional correlational design was used

Procedure

Ethical approval was obtained from the institutional ethics committee before data collection. Eligible participants were informed about the study purpose, procedures, voluntary participation, confidentiality, anonymity, and their right to withdraw without penalty, after which written informed consent was obtained. Data were collected using a questionnaire package comprising a socio-demographic form and standardized measures of parental self-efficacy, perceived social support, and quality of life. Completed questionnaires were screened for completeness, coded, entered into Microsoft Excel, and analysed using Jamovi Version 2.3.

Data Analysis

Descriptive statistics were computed for all variables, and normality was assessed using Shapiro–Wilk tests, histograms, and Q–Q plots. As normality was not fully met, Spearman correlations were conducted as sensitivity analyses, while Pearson correlations were retained as the primary analysis due to their robustness for continuous variables. Multiple linear regression was used to examine whether parental self-efficacy and perceived social support predicted quality of life, with assumptions checked through residual plots, multicollinearity diagnostics, homoscedasticity, and influential case screening. Statistical significance was set at $p < .05$.

RESULTS

The study examined parental self-efficacy, perceived social support, and quality of life among 100 parents/primary caregivers of children with ASD. Preliminary screening was conducted before hypothesis testing.

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Assessment of Normality

Shapiro-Wilk tests indicated statistically significant deviations from normality for parental self-efficacy, perceived social support, and quality of life (Table 1). Therefore, Spearman correlation sensitivity analyses and regression diagnostic checks were considered before interpreting the correlation and regression findings.

Table 1 Assessment of Normality for Study Variables

Variable	Shapiro-Wilk W	p
Parental self-efficacy	0.971	.027
Perceived social support	0.912	< .001
Quality of life	0.973	.039

Note. Significant *p* values indicate deviation from normality.

Descriptive Statistics

Descriptive statistics for the main study variables are presented in Table 2. The mean scores were above the midpoint of the respective scales; however, interpretation as high or moderate should be made only with reference to validated cut-offs or normative data.

Table 2 Descriptive Statistics for Study Variables (N = 100)

Variable	M	SD	Minimum	Maximum	Skewness / Kurtosis
Parental self-efficacy	19.12	2.38	12.00	24.00	-0.02 / 0.11
Perceived social support	61.54	11.86	19.00	81.00	-1.26 / 2.56
Quality of life	59.24	10.82	19.00	81.00	-0.60 / 1.18

Note. *M* = mean; *SD* = standard deviation.

Correlation Analysis

Pearson correlation analysis showed significant positive relationships among all three variables (Table 3). Parental self-efficacy was positively related to perceived social support and quality of life. Perceived social support was also positively related to quality of life. These findings supported H1, H2, and H3.

Table 3 Pearson Correlation Matrix among Study Variables (N = 100)

Variable	1	2	3
1. Parental self-efficacy	-		
2. Perceived social support	.54**	-	
3. Quality of life	.62**	.68**	-

Note. ** *p* < .01, two-tailed.

Multiple Linear Regression

Multiple linear regression was conducted to examine whether parental self-efficacy and perceived social support statistically predicted quality of life. Prior to interpretation, regression assumptions were examined. Multicollinearity was not a concern, as tolerance values were above .20 and variance inflation factor values were below 5 for both predictors. Inspection of scatterplots and partial regression plots indicated that the relationships between the predictors and quality of life were approximately linear. The residuals were approximately normally distributed based on inspection of the histogram and normal P-P

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plot of standardized residuals. The assumption of homoscedasticity was also adequately met, as the plot of standardized residuals against standardized predicted values did not show a clear funnel-shaped pattern.

Influential case screening indicated that no cases exceeded the conventional threshold for Cook's distance.

The regression model was statistically significant, $F(2, 97) = 59.91$, $p < .001$, and explained 55.3% of the variance in quality of life, $R^2 = .553$, adjusted $R^2 = .543$. Both parental self-efficacy and perceived social support were significant positive statistical predictors of quality of life.

Based on standardized beta coefficients, perceived social support showed the stronger association with quality of life, followed by parental self-efficacy. These findings supported H4.

Table 4 Multiple Linear Regression Predicting Quality of Life (N = 100)

Predictor	B	SE B	beta	t	p	95% CI for B
Constant	0.79	6.01	-	0.13	.895	[-11.13, 12.71]
Parental self-efficacy	1.63	0.37	.36	4.42	< .001	[0.90, 2.36]
Perceived social support	0.44	0.07	.49	6.04	< .001	[0.30, 0.59]

Note. Dependent variable = quality of life. B = unstandardized coefficient; SE B = standard error; beta = standardized coefficient; CI = confidence interval. Model summary: $R = .74$, $R^2 = .553$, adjusted $R^2 = .543$, $F(2, 97) = 59.91$, $p < .001$.

DISCUSSION

The present study examined the relationships among parental self-efficacy, perceived social support, and quality of life among parents/primary caregivers of children with ASD. The findings showed that both parental self-efficacy and perceived social support were positively associated with quality of life. The regression model further indicated that these two variables jointly accounted for a substantial proportion of variance in quality of life. However, because the study was cross-sectional, these findings should be interpreted as associations and statistical prediction rather than evidence of causal influence.

The first hypothesis was supported, as parental self-efficacy was significantly and positively associated with quality of life. This finding is consistent with Bandura's (1997) view that self-efficacy shapes how individuals appraise and respond to demanding situations. Parents who believe they can manage caregiving responsibilities may be more likely to persist with interventions, communicate effectively with professionals, manage behavioural challenges, and maintain a stronger sense of control. These processes may contribute to better perceived quality of life.

The second hypothesis was also supported, as perceived social support was significantly and positively associated with quality of life. This finding is consistent with the stress-buffering model, which proposes that supportive relationships reduce the harmful effects of stress on well-being (Cohen & Wills, 1985). For parents of children with ASD, emotional reassurance, practical assistance, information from professionals, and support from family or peer networks may reduce isolation and improve coping. In India, where formal support

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systems may be limited or difficult to access, perceived support from family, community, and rehabilitation professionals may be particularly important.

The third hypothesis was supported, as parental self-efficacy and perceived social support were positively related. Parents who feel supported may receive validation, information, modelling, and practical assistance that strengthens their confidence in caregiving. The parents with higher self-efficacy may be more likely to seek, accept, and use available support effectively. This reciprocal pattern is theoretically plausible, although longitudinal data are required to clarify directionality.

The fourth hypothesis was supported by the regression analysis. Parental self-efficacy and perceived social support jointly predicted quality of life, with perceived social support showing the stronger standardized coefficient. This suggests that relational and environmental resources may be especially relevant for caregiver well-being. Parental self-efficacy remained significant after perceived social support was included in the model, indicating that parents' own competence beliefs contribute independently to quality of life.

The findings suggest that caregiver-focused interventions should not focus only on the child's symptoms or training needs. Rehabilitation services should also address parents' psychological resources and social support systems. Parent training, psychoeducation, family counselling, support groups, professional guidance, and community awareness programmes may help improve caregiver quality of life and strengthen family adaptation.

Implications of the Study

The study has implications for clinical psychology, rehabilitation, special education, and family-centred autism services. First, parental self-efficacy should be considered an important intervention target. Structured psychoeducation, skills training, and guided problem-solving may help parents feel more competent in managing behavioural, educational, and therapeutic demands.

Second, perceived social support should be strengthened through parent support groups, family counselling, caregiver networks, and professional follow-up systems. In settings where formal services are limited, community-based support and caregiver peer networks may be particularly useful. Third, policy and service planning should consider caregiver well-being as an essential component of autism care rather than a secondary concern.

Limitations of the Study

- The cross-sectional design prevents causal conclusions regarding the relationships among parental self-efficacy, perceived social support, and quality of life.
- The sample size was limited to 100 participants and was recruited from a single rehabilitation centre in Bengaluru; therefore, the findings cannot be generalized to all parents of children with ASD in India.
- The use of purposive sampling may have introduced selection bias, especially because parents connected to rehabilitation services may differ from families without service access.
- The study relied on self-report questionnaires, which may be influenced by social desirability, recall bias, or response style.

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- Important variables such as parenting stress, caregiver burden, coping, resilience, family functioning, socioeconomic status, autism severity, child adaptive functioning, and intervention intensity were not included in the analysis.

Suggestions for Future Research

Future studies should use larger, multi-centre samples to improve representativeness across different regions, socioeconomic groups, and service contexts in India. Longitudinal designs would help clarify the direction of relationships among self-efficacy, social support, and quality of life. Mixed-method studies may also provide deeper insight into parents' lived experiences, cultural expectations, and barriers to support.

Future research should examine potential mediating and moderating variables such as parenting stress, resilience, coping strategies, family functioning, caregiver burden, autism severity, and intervention access. Intervention-based studies evaluating parent training, caregiver support groups, counselling programmes, and family-centred rehabilitation models would also contribute to evidence-based practice.

CONCLUSION

The study found significant positive associations among parental self-efficacy, perceived social support, and quality of life among parents/primary caregivers of children with ASD. Parental self-efficacy and perceived social support jointly explained a substantial proportion of variance in quality of life, with perceived social support showing the stronger standardized association. The findings suggest that caregiver well-being may be enhanced by interventions that strengthen both parents' competence beliefs and their perceived support resources. However, the findings should be interpreted cautiously due to the cross-sectional design, single-centre sample, and limitations in the current reporting of measurement and statistical assumptions.

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Conflict of Interest

The author(s) declared no conflict of interest.

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