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Caregiving burden and life satisfaction among mothers of children with autism in Bangladesh

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Abstract

Background: The number of autism affected children is increasing rapidly in the world. Mothers of children with autism experience vary for those physical health problems.

Objective: The objective of this study was to examine the relationship between burden and life satisfaction among mothers of children with autism in Bangladesh.

Methods: A descriptive co-relational study design was used. 104 mothers of children were recruited conveniently from selected hospital. Data were collected by using three structured questionnaires including (1) Socio-demographic Data Questionnaire, (2) Zarit Burden Interview Scale (ZBIS), and (3) Satisfaction with Life Scale (SWLS). This research was approved by the Institutional Review Board, NIANER. Data were analyzed by descriptive and inferential statistics.

Results: The results showed that the mean age of mothers was 32.14 (SD=5.48) years. Most of the (82.7%) mothers were Muslim. It was found that there was a statistically significantly relationship between socio-demographic characteristics and caregiving burden (p<.05). There was a statistically significant association between socio-demographic characteristics and life satisfaction (p<.05). The findings showed that there was a statistically significantly negative relationship between caregiving burden and life satisfaction (r=-.790, p<.001).

Conclusion: The study findings provide a baseline information for the policymaker that could be used in a further intervention study to decrease the rate of caregiving burden among mothers of children with autism. The findings may provide information to the pediatric nurses to help mothers in improving life satisfaction when diagnosed their child with autism. Further, in depth qualitative study should be recommended to explore the life satisfaction of mothers of children with autism with diverse culture and population.

Keywords: Burden, life satisfaction, mothers, children, autism, caregiving

Introduction

Autism is a lifelong developmental disability that includes deficits in social interaction, communication and restricted, repetitive patterns of behavior, interests or activities (Pandey & Sharma, 2018) [53]. Autistic children face difficulties in communication, poor in self-help skills, have limited interests and strong adherence to routine tasks (Khan, Batool, & Akhtar, 2021) [38]. The prevalence of autism spectrum disorders varies with sex, as males are five times more affected than females (Baxter, Brugha, Erskine, Scheurer,Vos, & Scott, 2014) [8]. Around 1% of the global population is affected by autism spectrum disorder (Baxter, Brugha, Erskine, Scheurer, Vos, & Scott, 2015) [8]. According to a recent study, around 0.84% of children in Bangladesh are affected by autism. Autism incidence will be 0.15 percent among a population of 7200 people in seven upazilas in Bangladesh (Solaiman, Morshed, Morshed, Mullick, & Harun, 2022) [60].

Having a child with Autism the impact on various aspects of family lives are affected including housekeeping, finances, emotional and mental health of parents, marital relationships, physical health of family members, limiting the response to the needs of other children within the family, poor sibling relationships, relationships with extended family, friends and neighbors and in recreation and leisure activities (Ezzat, Bayoumi, & Samarkandi, 2017) [23]. The caregivers perceive many difficulties and pressures while taking care of autistic children and these adversities include physical strain, psychological distress, emotional exhaustion, and socioeconomic turmoil ((Khan, Batool, & Akhtar, 2021) [38]. Autism results in impaired social and occupational functioning to various degrees (Cohen, Cook, Kelley, Sando, & Bell, 2015) [13]. Studies have established that caregivers of children with autism experience physical health problems such as somatic pains, psychological disorders such stress, anxiety, and depression, and financial challenges four times more compared to caregivers of children without autism or the general population (Falk,

Norris, & Quinn, 2014 [24]; Ten Hoopen *et al.*, 2020) [61]. These psychological disorders are debilitating and may increase the caregivers' sense of being overwhelmed and this is likely to reduce their sense of life purpose consequently hindering them from achieving their psychological wellbeing. Besides, these negative emotions are associated with lack of sleep and cause caregivers to experience physical and emotional fatigue which reduces their ability to perform other roles for example self-care (Gentles, Nicholas, Jack, McKibbon, & Szatmari, 2020) [26]. Physical and emotional fatigue could result in a serious downward spiral on caregivers' health and this may impact their purpose in life and as a result affect their psychological wellbeing (Kanja, Mwenje, & Githui, 2022) [37].

Caregiving burden is known as a negative reaction to the impact of providing care on caregivers' social, occupational, and personal roles (Cohen, Cook, Kelley, Sando, & Bell, 2015) [13]. Life satisfaction is "an overall assessment of feelings and attitudes about one's life at a particular point in time ranging from negative to positive'' (Khan, Batool, & Akhtar, 2021) [38]. It is one of three major indicators of well-being: life satisfaction, positive affect and negative affect (Khan, Batool, & Akhtar, 2021) [38]. Satisfaction with life is also defined as "desire to change one's life; satisfaction with past; satisfaction with future; and significant other's views of one's life (Diener, Suh, Lucas, & Smith, 1999) [16]. A study indicated that, during the mothers of children with autism reported higher levels of psychological distress compared to fathers (Ekas, Badahbah, & Abdelmoneium, 2023) [20]. Among the caregivers, 41.6% experienced mild to moderate burden, 33.8% experienced high burden and only 24.9% reported no to mild burden (Van Niekerk, Stancheva, & Smit,2023) [62]. Study found that no statistically significant difference between total burden scale of care giving burden in regard to parents socio-demographic characteristics (Abdulla & Al-Kurwi, 2019) [2]. Chinese studies found that perceived social support was significantly associated with loneliness and life satisfaction. The Findings of the study revealed significant negative relationship between burden of caregiving and life satisfaction r=-0.33, p<.05 (Khan, Batool, & Akhtar, 2021) [38].

On the basis of different study findings, there is limited study found about caregiving burden and life satisfaction among parents of children with autism. Although some studies conducted on perceived caregiver's burden among children with autism spectrum disorder in diverse race and ethnicity. Most of the studies were conducted in their cultures and contexts. It is important to understand the caregiving burden and life satisfaction among mothers with autism children in Bangladesh. The rationale behind the study was to examine the caregiving burden and life satisfaction of mothers who are going through the lifelong struggle with children suffering from autism. The study finding will provide insights into the challenges mothers face and how it impacts their overall life satisfaction. Understanding these findings can help in developing effective support programs and interventions to improve the well-being of both the mothers and their children with autism. Additionally, it can contribute to raising awareness and promoting advocacy for better resources and services for families affected by autism in Bangladesh. The study findings will help mothers to reduce caregiving burden and improve life satisfaction of children with autism.

Objective

General Objective: The aim of this study is to examine the relationship between caregiving burden and life satisfaction among the mothers of children with autism in Bangladesh.

Specific Objectives

1. To describe the socio-demographic characteristics of the participants.
2. To describe caregiving burden and life satisfaction among mothers of children with autism.
3. To find out the relationship among socio-demographic characteristics, burden and life satisfaction among the mothers of children with autism.

Methods

The chapter describes the research methods including study design, study participants of the study, instruments, data collection methods and data analysis plan.

1. Study Design

A descriptive correlational study was conducted to examine the relationship between caregiving burden and life satisfaction among mothers of children with autism in Bangladesh. The study was carried out from June 2023 to July 2024.

2. Study Participants: The target population of the study were mothers of children with autism in Bangladesh. The accessible population were mothers of children with autism at Institute of Pediatric Neuro-disorder and Autism (IPNA), Bangabandhu Sheikh Mujib Medical University (BSMMU). BSMMU is the most specializedmedical university throughout in Bangladesh which provides highest level of quality services to the consumers. Therefore most of the mothers with autistic children come to take outpatient department service in daycare (IPNA) BSMMU Dhaka. Around90-150 mothers of 5-12 years children with autism came per month to take service at IPNA in BSMMU.

The sample size of this study was estimated by using G-power analysis (version 3.1.9.4). The sample size of this study was calculated for an accepted minimum significance level (α) 0.05, an expected power of 0.80 and medium effect size of 0.25. Sample sizewas produced 94. By considering 10% attrition rate, the final sample size was 104. The convenience sampling technique was used to select the eligible participants. The inclusion criteria of the participants were (1) mother of children (5-12years) aged with autism, (2) Mothers of children with autism who are available for daycare of IPNA at BSMMU, Dhaka, (3) Mothers of children with autism who able to communicated and have writing ability at Bengali Language, (4) Mothers of children with autism who agreed to participate in this study. Exclusion criteria Mothers having any other medical condition or co-morbidities or illness.

3. Instruments: The data were collected by using several items of questionnaires (1) Socio-Demographic Data Questionnaire (2) Caregiving Burden measured by Zarit Burden Interview Scale (ZBI) (3) life satisfaction measured by Satisfaction with Life scale (SWLS).

Part 1: Socio-demographics Questionnaire
The Socio-demographics questionnaire of the present study was designed by researcher based on the literature reviewed. It consists of including the gender, age, family system, family monthly income, marital status, number of children, and duration of child's illness.

Part 2: Zarit Burden Interview Scale Questionnaire
Caregiver burden among mother of children with autism was measured using Zarit Burden Interview Scale Questionnaire developed by Zarit (1980) [68]. It consists of 29 item scale was reduction of 22 items scale with 5 point likert rating ranging from 0-4. I consists of 5 subscales including Burden in the relationship (1, 8, 11, 14, 18, 20), Emotional wellbeing (2, 4, 5, 9, 10, 21, 22), Social and family life (3, 6,12, 13), Finance (15), and Loss of control over one's life (7, 16, 17, 19).The Cronbach's alpha value for Zarit Burden Interview items was 0.93(Seng *et al.*;2010) [56] and for the current study was 0.93.

Part 3: Satisfaction with Life Scale Questionnaire
Life satisfaction among mothers with autism children was measured by Satisfaction with LifeScale (SWLS) which was developed by (Diener, Emmons, Larsen, & Griffin, 1985) [17]. It is a 5-item scale designed to measured global cognitive judgments of one's life satisfaction. All statements wererated agree or disagree with 5 items using ranging from 7 point scale that range from 7 strongly agree to strongly disagree. However in the present study, the researcher used 5-point scale as strongly agree=5, agree=4, neither agree nor disagree=3, disagree =2, strongly disagree=1. Satisfaction with life scale is scoring from 5-25. The Higher score indicated as better life satisfaction. The Cronbach' salpha co-efficient for the original instrument was α=.87 and for the present study was 0.91.
The content validity of the instruments was checked and verified by three experts including two faculties from National Institute of Advanced Nursing Education and Research who are knowledgeable and experienced in the field of conducting nursing research and a medical doctor in the field of pediatric in Bangladesh.

Back Translation Process
To ensure cultural appropriateness, these instruments were validated by expert's panel. The expert panel consists of three faculty members from NIANER. In the present study, the original instruments were developed in English. The English version instruments were translated into Bengali Language. The method of translation was the back translation technique. It is a translation process that ensures accuracy and cultural equivalence of the instruments when translated into another language. The bilingual translators who were fluent in both English and Bengali translated the instruments. The process of back translation was connected as follows:

1. The first bilingual translator translated the English version of instruments into the Bengali language.
2. The second bilingual translator wasback- translated the instruments from the Bengali version into English. This translator was unfamiliar with the English version
3. Third bilingual translator clarified and identified the differences in all items of the two English versions.

After completing the back translation process, the research was reviewed and compared with both English versions. The researcher analyzed each item in detail and revise based on the two translations. Then, the researcher modified the instruments words as needed to establish the exact meaning within acceptable limits.

4. Data Collection Methods
The data collection process consists of two phases where 1st phase was the preparation phase, the approval of the research proposal was given by the Institutional Review Board (IRB), IRB No. Exp. NIA-S-288, National Institute of Advanced Nursing Education & Research (NIANER), Mugda, Dhaka, Bangladesh. The researcher took a request letter from the NIANER. The researcher also was obtaining the permission from the Institute of Pediatric Neurodisorder and Autism (IPNA), Bangabandhu Sheikh Mujib Medical University (BSMMU) and the participants. During the data collection phase, the researcher was explained the study objectives, benefits, confidentiality and methods or process of data collection to the authority of the selected hospitals and study participants. All participants ensured that their participation would be voluntary.
In the implementation phase, data were collected by using standardized questionnaire in Bengali version. Before collecting the data, the researcher approached the parents who met the inclusion criteria and introduced to themselves. The researcher informed the participants regarding signing the consent form. The participants were informed by the researcher that they have full right to withdraw from this study at any time without any obligation. The participants were also informed of the anonymity and confidentiality was strictly maintained. Written informed consent from the subjects were taken who agreed to participate in this study. The researcher explained the questionnaire to the participants. Then the researcher collected data by face-to-face interview to collect data from the participants. The participants were instructed to answer the questionnaires spontaneously within 10-20 minutes. After that, the researcher checked that the questionnaires had been completed. The participants were informed by the researcher that the findings of this study would be submitted to a scientific journal for publication. All necessary information was collected from the participants that was kept confidential and was destroyed after completion of the study.

5. Data Analysis: Data were analyzed using both descriptive and inferential statistics. The demographic data of the mothers were analyzed by using descriptive statistics such as frequency, percentage, mean, range, and standard deviation. Inferential statistics such as independent t-test, ANOVA (F), and Pearson's correlation (r) analysis were used to examine the relationship among demographic

characteristics caregiving burden and life satisfaction among mothers of children with autism.

Results: This chapter presents the findings of the study regarding Caregiving Burden and Life Satisfaction among Mothers with Autism Children in Bangladesh. The results are described under the following headings:1) Socio-demographic characteristics of participants, 2) Caregiving burden among mothers of children with autism 3) life satisfaction among mothers of children with autism, 4) Relationship between socio-demographic characteristics and caregiving burden 5) Relationship between socio-demographic characteristics and life satisfaction among the mothers of children with autism, 6) Relationship between caregiving burden and life satisfaction among mothers of children with autism.

1. Socio-demographic Characteristics of the Participants

Table 1 describes the socio- demographic characteristics among mothers with autism children. The mean age of the participants was 32.14 years old (SD=5.58) ranging from 23-48 years. Most of the participants (82.7%) were Muslim. Majority of (73.1%) the participants were living in a nuclear family. The mean of family monthly income was 39903.85(26373.91) which ranged from 5000 BDT to 170000 BDT. Almost (94.2%) all of the participants were accompanied with husbands. The mean number of children was 1.97(SD=.905). The mean age of children was 6.56(SD= 2.239) ranging from 5-12. Most of the children (80%) were boys and 23.1% were girls. The mean duration of illness was 4.37 (SD = 2.43).

Table 1: Distribution of Socio-Demographic Characteristics of the Participants (N=104)

Variables	Categories	Frequency(n)	Percentage%	M ±SD
A. Mothers Information				
1. Age of Child's mother (in year)			32.14±5.48 Mini=23, Max=48	
2.Religion	Muslim	86	82.7	
	Hindu	12	11.5	
	Christian	6	5.8	
3. Family system	Joint	28	26.9	
	Nuclear	76	73.1	
4. Family income monthly (BDT)			39903.85±26373.91 Mini=5000, Max= 170000	
5.Marital Status	Single mother	5	4.8	
	With husband	99	95.2	
6.Number of children			1.97±.91 Mini=1, Max=5	
B. Children's Information				
7.Age of Children			6.56±2.24 Mini = 5, Max=12	
8. Gender	Boy	81	77.9	
	Girl	23	22.1	
9.Duration of child's illness (in year)			4.37±2.43 Mini=1, Max=12	

Note: M - Mean; SD - Standard Deviation

2. Caregiving Burden among Mothers of Children with Autism: Table 2 showed that caregiving burden among mothers of children with autism. The results showed that mean of caregiving burden was 53.59 (SD=13.21). The mean score of the sub-dimensions of caregiving burden were relationship 2.43±.64; emotional wellbeing 1.80±.67; and social and family 1.51±1.09; finance 1.79±1.08; loss of control over one's life; 2.40 ±.89.

The highest scores of 5 items and the lowest scores of 5 items are described as follow: Majority of the participants responded with the item-2, "Do you feel your child is dependent on you?" In terms of item-4 that is "Do you feel that your child seems to expect you to take care of him/her, as if you were the only one he/she could depend on?" most (70.2%) of the participants were responded. The most 65.4% of the participant were responded in term of item -19," Are you afraid of what the future holds for your child?'' The maximum 65.3% of participants responded in term of the item-3, "Do you feel that you don't have as much privacy as you would like because of your child?'' Item-7, that is "Do you feel that because of the time you spend with your child that you don't have enough time for yourself?" around 60.6% participants responded. Moreover more than half (55.7%) of the participants were responded in term of item-22, "Do you feel uncertain about what to do about your child?''

Controversy mothers did lowest response against the item's following: The participants did very lowest (14.4%) of responded in term of item-16, "Do you feel that your social life has suffered because you are caring for your child?'' Around 34.6% of the participant were responded in term of item-11, "Do you feel your health has suffered because of your involvement with your child?'' In term of item -21, "Do you feel that you have lost control of your life since your child's illness? 'Around 22.1% participants responded. The minimum 30.8% participants responded in the item-15, "Do you feel that your child currently affects your relationship with other family?'' Less than one third 30.8% of participants responded in term of item -10, "Do you feel strained when you are around your child?''

Table 2: Distribution of Caregiving Burden among Mothers with Autism Children (N=104)

Items	Never (0)	Rarely (1)	Sometimes (2)	Frequently (3)	Always (4)	M±SD
	N (%)	N (%)	N (%)	N (%)	N (%)	
Burden in the Relationship						2.75±0.72
1. Do you feel that your child asks for more help than he/she needs?		20 (19.2)	33(31.7)	34(32.7)	17(16.3)	2.46 ±0.98
2. Do you feel your child is dependent on you?		2(1.9)	23(22.1)	36(34.6)	43(41.3)	3.15±0.83
3. Do you feel that you don't have as much privacy as you would like because of your child?		8(7.7)	28 26.9)	30 28.8)	38(36.5)	2.94±0.97
4. Do you feel that your child seems to expect you to take care of him/her, as if you were the only one he/she could depend on?		10(9.6)	21 (202)	35(33.7)	38(36.5)	2.97±0.98
5. Do you wish you could just leave the care of your child to someone else?		24(23.1)	43(41.3)	25(24.0)	12(11.5)	2.24±0.94
6. Do you feel that you should be doing more for your child?		9(8.7)	38(36.5)	29(27.9)	28(26.9)	2.73±0.96
Emotional well-being						2.31±0.68
7. Do you feel that because of the time you spend with your child that you don't have enough time for yourself?		15(14.4)	26(25.0)	28(26.9)	35(33.7)	2.80±1.06
8. Do you feel embarrassed over your child's behavior?		18(17.3)	54(51.9)	25(24.0)	7(6.7)	2.20±0.80
9. Do you feel angry when you are around your child?		16(15.4)	60(57.7)	25(24.0)	11(2.9)	2.14±0.70
10. Do you feel strained when you are around your child?	1(1.0)	28(26.9)	43(41.3)	21(20.2)	11(10.6)	2.13±0.96
11. Do you feel your health has suffered because of your involvement with your child?	1(1.0)	44(42.3)	23(22.1)	32(30.8)	4(3.8)	1.94±0.96
12. Do you feel you could do a better job in caring for your child?		13(12.5)	44(42.3)	24(23.1)	23(22.1)	2.55±0.97
13. Overall, how burdened do you feel in caring for your child?	1(1.0)	16(15.4)	38(36.5)	36(34.6)	13(12.5)	2.42±0.93
Social and Family Life						2.11±0.77
14. Do you feel stressed between caring for your Child and trying to meet other responsibilities for your family or work?		18(17.3)	42(30.4)	21(20.2)	23(22.1)	2.47±1.02
15. Do you feel that your child currently affects your relationship with other family?	1(1.0)	36(34.6)	35(33.7)	22(21.2)	10(9.6)	2.04±0.99
16. Do you feel that your social life has suffered because you are caring for your child?	1(1.0)	55(52.9)	33(31.7)	11(10.6)	4(3.8)	1.63±0.83
17. Do you feel uncomfortable about having friends over because of your child?		15(14.4)	52(50.0)	5(24.0)	12(11.5)	2.33±0.86
Finance						2.55±1.05
18. Do you feel that you don't have enough money to care for your child?	1(1.0)	17(16.3)	34(32.7)	28(26.9)	24(23.1)	
Loss of control over one's Life						2.50±0.73
19. Are you afraid of what the future holds for your child?		7(6.7)	29(27.9)	27(26.0)	41(39.4)	2.98±0.97
20 Do you feel that you will be able to take care of your child much longer?	1(1.0)	23(22.1)	29(27.9)	37(35.6)	14(13.5)	2.38±1.00
21. Do you feel that you have lost control of your life since your child's illness?		38(36.5)	43(41.3)	1514.4)	8(7.7)	1.93±0.90
22. Do you feel uncertain about what to do about your child?		11(10.6)	35(33.7)	28(26.9)	30(28.8)	2.74±1.15
Total mean (Mean of Mean)				53.74±13.51 (2.44±0.61)		

Note: M=Mean; SD=Standard Deviation

3. Life Satisfaction among Mothers of Children with Autism

Table 3 describes the life satisfaction among mothers of children with autism. The findings of the study showed that the mean of life satisfaction among mothers was 11.43±4.55. Out of 5 items the highest and lowest mean was given as follow. The mean scores of item-1 "in most ways my life is close to my ideal" was 2.51±1.15; item number-4 "so far I have gotten the important things I want in life" 2.47±1.16; item-5 "If I could live my life over, I would change almost nothing I am satisfied with my life" 2.22±0.92; item-3 "I am satisfied with my life" 2.13±1.04; and item-2 "The conditions of my life are excellent" 2.11±1.00.

Table 3: Distribution of Life Satisfaction among Mothers of Children with Autism (N=104)

Items	Strongly Disagree (1)	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree	M ±SD
	N (%)	N (%)	N (%)	n (%)	N (%)	
1. In most ways my life is close to my ideal	20 (19.2)	44 (42.3)	10 (9.6)	27 (26.0)	3 (2.9)	2.51± 1.15
2. The conditions of my life are excellent	28 (26.9)	55 (52.9)	4 (3.8)	16 (15.4)	1 (1.0)	2.11± 1.00
3. I am satisfied with my life	30 (28.8)	51 (49.0)	4 (3.8)	18 (17.3)	1 (1.0)	2.13± 1.04

4. So far I have gotten the important things I want in life.	23 (22.1)	41 (39.4)	10 (9.6)	28 (26.9)	2 (1.9)	2.47± 1.16
5. If I could live my life over, I would change almost nothing	19 (18.3)	59 (56.7)	10 (9.6)	16 (15.4)		2.22± 0.92
Total Mean (Mean of mean)				11.43±4.55 (2.28 ±0.91)		

Note: M=Mean; SD= Standard Deviation

4. Relationship between the Socio-demographic Characteristic and Caregiving Burden among Mothers with Autism Children

Table 4 showed the relationship between socio-demographic characteristics and caregiving burden among mothers of children with autism. There was a statistically significantly negative relationship between mothers age and caregiving burden (r=-.243, *p*<.013). There was a significantly negative relationship between monthly family income and caregiving burden (r=-.578, *p*<001). Whereas other characteristics of the participants did not show any significant relationship with the caregiving burden.

Table 4: Relationship between the Socio-demographic Characteristic and Caregiving Burden among mothers with Autism Children (N=104)

Variables	Categories	Mean ± SD	r/t/F	p value
A. Mothers Information				
1. Age of mother (in year)			-.243	.013
2. Religion	Muslim	53.15±13.90	2.906	.059
	Hindu	61.4210.43		
	Christian	46.83 ± 5.34		
3. Family system	Joint	55.96±14.16	1.019	.311
	Nuclear	52.92±13.26		
4. Monthly family income (BDT)			-.578	<.001
5. Marital status	Single parents	47.80±12.73	-.1.009	.316
	With husband	54.04±13.54		
6. Number of children			.101	.310
B. Children's Information				
7. Age of Child (in year)			-.004	.966
8. Gender	Boy	54.54±13.25	1.139	.257
	Girl	50.91±14.33		
9. Duration of child's illness in years			-.053	.596

5. Relationship between the Socio-demographic Characteristic and Life Satisfaction among Mothers of children with Autism

Table 5 showed the relationship between socio-demographic characteristics and life satisfaction among mothers of children with autism. The results show that there was a statistically significant positive correlation between life satisfaction and age of mothers (r=.237, p=015). There was significant relationship between monthly family income in average and life satisfaction (r=.645, *p*<.001). It was found that there was significant mean difference among mothers religion and life satisfaction (F=3.775, p=.026). In contrast, there were no statistically significant relationship found between other socio-demographic characteristics such as family system, marital status, number of children, and life satisfaction of mothers of children with autism (*p*>.05).

Table 5: Relationship between the Socio-demographic Characteristic and Life Satisfaction among Mothers with Autism Children (N=104)

Variables	Categories	Mean ±SD	r/t/F	p value
Mothers Information				
1. Age of mother (in year)			.237	.015
2. Religion	Muslim[a]	11.55±4.65	3.707	.028
	Hindu[b]	8.92±3.17		a>b>c
	Christian[c]	14.83±2.99		
3.Family system	Joint	10.79±4.003	.523	.602
	Nuclear	11.67±4.75		
4. Monthly family income (BDT)			.645	001
5.Marital status	Single parents	12.60±3.36	-.877	.382
	With. husband	11.37±4.62		
6. Number of children			.022	.827
Children's Information				
7.Age of Child			-.050	.615
8.Gender	Boy	11.21±4.52	-.935	.352
	Girl	12.22±4.69		
9.Duration of child's illness			-.037	.712
Caregiving Burden			-.790	.000

6. Relationship between the Caregiving Burden and Life Satisfaction among Mothers of Children with Autism

Table 6 shows that the correlation coefficient between life satisfaction and various factors related to the caregiving burden among mothers with children who have autism. Each correlation coefficient measures the strength and direction of the relationship between two variables. The present study findings showed that there was a statistically significant negative relationship between caregiving burden and life satisfaction among mothers of children with autism (r=-.790, p<.001).

Table 6: Relationship between the Caregiving Burden and Life Satisfaction among Mothers with Autism Children (N=104)

Variable	1	2	3	4	5	6	7
1. Life Satisfaction	1						
2. Caregiving Burden	-.790**	1					
3. Burden in the Relationship	-.651**	.850**	1				
4. Emotional Wellbeing	-.739**	.922**	.747**	1			
5. Social and Family Life	-.628**	.801**	.517**	.674**	1		
6. Finance	-.674**	.731**	.535**	.623**	.644**	1	
7. Loss of Control Over One's Life	-.628**	.801**	.491**	.588**	.550**	.532**	1

** Correlation is significant at the 0.01 level

Discussion: The present study was designed to examine the relationship between caregiving burden and life satisfaction among mothers of children with autism in Bangladesh. The current study results showed that the mean age of mothers was around 32.14 years old which was similar to previous study results the mean age of family caregivers 32.6 conducted by Misquittai, Brito, Ferreira, and Junior, 2015. This finding is inconsistent with prior study findings where the mean age of mothers was around 38 years (He, Wongpakaran, & Wedding, 2022 [31]; Rasoulpoor, Salari, Shiani, Khaledi-Paveh, & Mohammadi, 2023) [54]. The present study showed that participants' average monthly family income was 39903.85 BDT which was above national household family income per month 32,422 BDT (Bangladesh Bureau of statistics, 2023) [7]. This result is inconsistent with the study of Olubiyi *et al.* (2015) [51] found that most of the participants' economic status was low. The possible explanation may be that he study was conducted at Institute of Pediatric Neurodisorder and Autism which was under Bangabandhu Sheikh Mujib Medical University (BSMMU) in Dhaka city. As Bangabandhu Sheikh Mujib Medical University (BSMMU) is an autonomous organization therefore, most of the mothers were come from middle socioeconomic family.

It was found that socio-demographic characteristics' such as age of mothers, monthly family income were related with caregiving burden of mothers of children with autism. The finding of the study is consistent with the prior research (Khan, Batool, & Akhtar 2021 [38]; Rasoulpoor, Salari, Shiani, Khaledi-Paveh, & Mohammadi, 2023) [54]. There was a statistically significant relationship between socio-demographic characteristics' (age, monthly family income) and life satisfaction of mothers of children with autism. These findings are consistent with the study conducted by (Cho & Kahng, 2015) [12]. The finding was dissimilar with other study which found that there was no statistical significant relationship between sociodemographic characteristics (age, marital status, education level, relationship in the child, job, average monthly income) and caregivers level of burden (Gebeyehu, Sahile, & Ayalew, 2019) [27]. The present study findings indicated that there is a statistically significant negative correlation between caregiving burden and life satisfaction. This means that those mothers caregiving burden increased their life satisfaction was decreased. The result is consistent with the previous studies conducted in different countries. This finding is consistent with the previous study reported by (Khan, Batool, & Akhtar, 2021) [38].

Relationship between Socio-demographic Characteristics and Caregiving Burden among Mothers of children with Autism

The study showed that socio-demographic characteristics including age of mothers and family monthly income were significantly negatively correlated with caregiving burden of mothers of children with autism (p<.05). The findings of the current study is congruent with the previous research (Alnazly & Abojedi, 2019) [70].

The findings indicated that mothers who were younger had more caregiving burden. The result is consistent with the study of younger parents' perceived greater risk of difficulty (Alnazly & Abojedi, 2019) [70]. This finding is dissimilar with other study which found that older mothers had more caregiving burden (Fithriyah, & Carrasco, 2021) [25]. The possible explanation may be the most of the mothers (around 56% were less 32 years) were younger who have less experience regarding caring for their autism children.

The present study findings showed that there was a significant negatively correlation between family monthly income and caregiving burden among mothers of children with autism (p<.001).The present finding indicated that mothers who were in belong to low family monthly income, they were faced caregiving burden. This finding is consistent with the previous study reported thata larger percentage of mothers of children with autism spectrum disorder are low-income earners (Olubiyi *et al.*, 2021) [51]. This result is inconsistent with previous study reported that caregivers of children with autism experienced low level of psychological burden (Al-Mossawy& Al-Dujali, 2017) [3].

Controversy, the study findings showed that there was no statistically significantly relationship between sociodemographic characteristics (religion, family system, marital status, number of children, age of children, gender and duration of child's illness) and caregiving burden p>.05.

Relationship between Socio-demographic Characteristics and Life Satisfaction among Mothers of children with Autism

The study results found that mother's age, religion, monthly family income were significantly related with life

satisfaction of mothers of children with autism. The findings of the current study are consistent with the previous studies (Khan, Batool, & Akhtar, 2021 [38]; Cho & Kahng, 2014 [12]; Landon *et al.*, 2017). The results are incongruent with other study (Cho & Kahng, 2014) [12]. It was found there was significant positive relationship between mother's age and life satisfaction which indicated that older mothers of children with autism had better life satisfaction. The possible explanation might be that around 54% of mothers were above 30 years old. Around 71% mothers had more than one child. These mothers experience regarding child care may increase their life satisfaction. The result is inconsistent with the study of Cho and Kahng (2014) [12] found that caregivers' age was negatively associated with life satisfaction. The result is inconsistent with the study of Richards (2022) [55] who found that there was no significant relationship with parental life satisfaction. The possible explanation may be that older mothers had more than one child which may help them in caring their children with autism.

The findings indicated that religion of autistic children's mothers affected their life in satisfaction. Christian mothers had more life satisfaction than those mothers of Muslim and Hindu. Similar findings were found from the previous study (F=3.095, p=.016) (Richards, 2022) [55]. The finding is dissimilar with previous study which found that there was the relationship of multiple dimensions of religiosity to socioemotional functioning of mothers of children with autism between maternal outcomes but there was no statistical significant relationship between maternal age and any predictors or outcome variables (life satisfaction) p>.05 (Ekas, Whiteman,& Shivers, 2009) [19].

The present study findings showed that there was a significant positive correlated between family monthly income and life satisfaction among mothers of children with autism (p<.001). The finding indicated that mothers who belong to higher family monthly income had better life satisfaction. Another study showed that this finding is consistent with the previous study reported that there was a significant difference between finance and life satisfaction (Kapoor, Sone, & Barve, 2024[36]; Ivanisevic, Silskovic, Ombla, Tokic, & Brown, 2023) [34]. Another study found that there was a significant difference between parent income level and life satisfaction (Richards, 2022) [55]. The result was dissimilar with other study found that there was no significant difference between monthly household income and life satisfaction of parents of children with autism (Ekas, Badahbah, & Abdelmomneium, 2023) [20].

Relationship between Caregiving Burden and Life Satisfaction among Mothers of Children with Autism

The present study findings showed that there was a statistically significant negative correlation between caregiving burden and life satisfaction among mothers of children with autism (p<.001). This suggests that as the caregiving burden increased, mothers' life satisfaction was decreased. This result is consistent with the previous study conducted by Khan, Batool, and Akhtar (2021) [38] found that caregivers burden and life satisfaction was significantly negatively related (r=-0.33, p<.05). This finding were similar with other study that there was a negative weak level of significant correlation identified between the ZBI and ALSS total scores (r = -0.36, p<.05) which means general health status after receiving T1D diagnosis, impact on responsibilities after diabetes diagnosis and diabetes management skills are factors affecting the care burden and life satisfaction of parents (Bilgehan, Bagriacik, & Sonmez, 2024) [9].

It was found that there was significant negative relationship between all dimensions of caregiving burden including burden in the relationship (r=.850, p<.001); and emotional wellbeing (r=.922) in terms social and family life (r=.80), finance (r=.731), and loss of control over one's life(r=.801) and life satisfaction. This finding are consistent with the study of (Khan, Batool, & Akhtar, 2021) [38].

Conclusion: The objective of the study was to examine the relationship between caregiving burden and life satisfaction among the mothers of children with autism in Bangladesh. The mean age of mothers 32.14 years. Most of the mothers were Muslim. The average caregiving burden was 53.74 and life satisfaction was 11.43 of mothers of children with autism. The study findings showed that socio-demographic characteristics including age of mothers and family monthly income were statistically significant negatively correlated with caregiving burden of mothers of children with autism. The study results found that mother's age, religion, monthly family income were significantly related with life satisfaction of mothers of children with autism. In contrast, there were no statistically significant relationship found between other socio-demographic characteristics such as family system, marital status, number of children, age of children, gender, duration of child's illness between caregiving burden and life satisfaction of mothers of children with autism.

The study findings indicate a statistically significant negative relationship between caregiving burden and life satisfaction among mothers of children with autism in Bangladesh. The findings of the present study provide baseline information for the policymaker. It will help pediatric nurses to help mothers in decreasing caregiving burden.

Recommendations: Based on the study limitation, future study by increasing sample size, and collecting data from diverse population. The current study focused only on two variables which were caregiving burden and life satisfaction. Further interventional study and qualitative study will be conducted to describe in depth knowledge about life satisfaction among mothers of children with autism. To address the negative impact of caregiving burden on life satisfaction among mothers of children with autism in Bangladesh, the following recommendations are proposed: a) Enhanced social Support System by community support groups: establish support groups where mother can share experiences, provide mutual support, and access information. These group can reduce feelings of isolation and offer emotional support and family counseling: provide counseling services to families to help support, them understand autism support each other that can improve family dynamic and reduce relationship stain. b). Financial assistant and economical support government assistant program c) Improve access healthcare and educational services, d) Increase public awareness and policy development and advocacy by national autism strategy and advocacy for right.

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