

| RESEARCH ARTICLE**Parents' Perception on the Quality of Life of their Children with Autism Spectrum Disorder****Marie Macasero***Tutelage Learning Center and Reach Centery, Philippines***Corresponding Author:** Marie Macasero, **E-mail:** ncgsrnd@gmail.com**| ABSTRACT**

This research assessed the quality of life of children with ASD as perceived by their parents at Tutelage Learning Center and Reach Center, Cebu City for school year 2022-2023. The Mixed-method approach was employed with thirty-five parents as respondents as well as participants in the qualitative aspect. Descriptive statistics, ANOVA, t-tests, correlation analysis, and regression analysis were used as statistical tools for the quantitative data while thematic analysis was applied for the qualitative data. The research determined some relevant demographic profile of the parents as well as the profile of children with ASD. Significant differences were determined in their perceived quality of life in terms of demographic factors when grouped according to the profile of children with ASD. Findings revealed that there were significant differences in their quality of life in terms of Social Inclusion, Emotional Well-being, and Interpersonal Relationships based on Age. while most demographic factors of parents do not significantly affect QoL dimensions. Annual household income appears to play a meaningful role in Self-Determination and Personal Development. Based on the findings of the study, it is concluded that the annual household income of the parent-respondents' had a great impact on the quality of life of their children with ASD. Hence, the developed action plan is recommended for implementation to serve as a framework for fostering a more inclusive environment, advocating for policy changes, and ultimately, enhancing the overall well-being of children with ASD.

| KEYWORDS

Autism spectrum disorder, quality of life, social inclusion, self-determination

| ARTICLE INFORMATION**ACCEPTED:** 20 January 2026**PUBLISHED:** 06 February 2026**DOI:** 10.32996/jlds.2026.6.3.3**Introduction**

Autism spectrum disorder (ASD), which is usually referred to simply as autism, is a term that is used to refer to a group of neurodevelopmental diseases (Oberman & Kaufman, 2020). These circumstances are characterized by differences in aspects of social interaction and communication (Vogindroukas et al., 2022). It is not uncommon for individuals with autism spectrum disorder to exhibit limited and repetitive patterns of behavior or interests (Jasim & Perry, 2023). Individuals who are affected by this type of handicap can be found all over the world, regardless of their socioeconomic standing, cultural heritage, or racial and ethnic background (WHO, 2022). In comparison to the bulk of the population, they could display behaviors, communication styles, interaction styles, and learning styles that are distinct from one another. Most of the time, their physical appearance does not differentiate them from other people (Bogdashina, 2022).

Autism spectrum disorder (ASD) individuals might have a diverse set of abilities. As an instance, some people with autism spectrum disorder (ASD) may be nonverbal, while others may have the ability to engage in intelligent speech (Mitsea et al., 2022). Some individuals with autism spectrum disorder (ASD) may be able to work and live with little to no support, while others require a significant amount of assistance in their day-to-day lives (Finch et al., 2022). Children and adolescents with autism spectrum disorder (ASD) usually suffer with social communication and engagement, in addition to having limited or repetitive behaviors or interests (Zhang et al., 2026). Those who have autism spectrum disorder may also have unusual ways of learning, moving, or paying attention. The presence of these characteristics has the potential to make life incredibly challenging. It is important to note that some of these symptoms may also be present in individuals who do not have autism spectrum disorder.

For people with ASD, parents are the most affected in rearing this type of child and they need to educate themselves how to develop their well-being in terms of social inclusion, self-determination, emotional well-being, physical well-being, their rights, personal development, and interpersonal relationships (Seeridaram et al., 2023; Beltyukova et al., 2022). When parents have an early awareness about the situation of the child, then early intervention could be given by parents themselves (Bent et al., 2023). When these children with ASD are properly guided then they could participate well in normal and repeated tasks (Hozella et al., 2022). Moreover, if the routine is disrupted, these students may struggle to adjust, which can lead to behavioral, academic, or mood issues. Hence parents with children with ASD are key factors in the development of the wellbeing and have a quality of life of these individuals similar to the regular or normal children (Al-Farsi et al., 2022).

In the Tutelage Center where the researcher serves in the special services section of an inclusive primary school, children with Special Educational Needs (SENs) attend classes together with regular children. It has been observed that their behavior changes over time, over situations. It is noteworthy to mention that these children with ASD can really live a quality of life that is at par with children who do not have ASD. Environmental and personal factors impact quality of life and can either act as a moderator or a mediator. A moderator modifies the relationship between two variables, changing its form or strength. A mediator modifies the relationship between two independent variables and the outcome and shows indirect causation, link, or relationship.

In the Sped centers that the researchers had the chance to visit and observe the personality and well-being of the children with ASD, parents were observed to be very concerned with their children. Some are even in the denial stage about the situation of their children; hence, it is difficult to make them understand ASD in a short period. This is on top of the problems they encounter in dealing with their children's behavior, which they cannot understand, having insufficient knowledge regarding the characteristics of children with ASD. While some parents have accepted the fact about their child's predicament after having been diagnosed by a medical practitioner, some parents have yet to know about their children with ASD, so they can help them live a life like those of regular individuals. Parents' awareness of the different aspects of ASD is necessary in order to guide their children to live a quality of life which may help them succeed in their future careers.

Along this premise, this study intends to assess the well-being of the children with ASD as perceived by the parents in the identified Sped centers. With the parents' honest and truthful assessment of their children with ASD, it is hoped that this study can bring out the best in this group and be productive in the community they live in. With the findings, it is hoped that an action plan could be developed that will guide the parents in rearing or taking care of their children with ASD and, in the end, produce a child who is capable of being productive in society.

Literature Review

Quality of life (QoL) has been widely recognized as a multidimensional construct in disability and autism research, encompassing domains such as social inclusion, interpersonal relationships, self-determination, rights, personal development, and emotional, physical, and material well-being. Schalock and Verdugo (2012) emphasize that these domains provide a comprehensive framework for evaluating the life experiences of individuals with disabilities across home, school, and community contexts. In studies involving children with autism spectrum disorder (ASD), QoL is frequently assessed through parent or caregiver reports, particularly when children have communication or cognitive challenges that limit self-reporting. Research by Eiser and Morse (2001) highlights that parents play a crucial role in reporting children's health-related quality of life because they observe daily functioning, social participation, and emotional adjustment over time. Furthermore, Kuhlthau et al. (2010) found that children with ASD often experience differences in psychosocial functioning and social participation compared with typically developing peers, making parent perceptions an important source of information in evaluating multiple QoL domains.

Several studies further indicate that the quality of life of children with ASD is influenced by factors related to emotional functioning, physical health, and opportunities for participation in meaningful activities. Varni, Limbers, and Burwinkle (2007) demonstrated that pediatric quality of life instruments measuring emotional, social, and physical well-being provide reliable assessments of children's functioning across different conditions, including developmental disorders. Additionally, Shipman et al. (2011) reported that children with ASD may show lower quality-of-life ratings in domains related to social relationships, emotional well-being, and participation, which are closely linked to interpersonal relationships and social inclusion. More recent work by McConachie et al. (2018) emphasizes that evaluating QoL across multiple domains allows practitioners and researchers to identify areas needing support, particularly in personal development, autonomy, and family and community engagement. These findings underscore the importance of assessing parent-perceived quality of life using domain-based frameworks, as such assessments provide meaningful insights that can guide educational, clinical, and family-centered interventions for children with ASD.

Methodology

This study employed a quantitative approach using a descriptive-correlational research design. Descriptive research is used to systematically describe the characteristics of a population or phenomenon, allowing the researcher to answer questions related to what, where, when, and how variables occur. The correlational component of the design was utilized to determine whether selected

individual characteristics of children with autism spectrum disorder (ASD) significantly predict different dimensions of quality of life. This design was appropriate because the study aimed to examine relationships among variables without manipulating them and to provide an accurate description of the respondents' conditions based on gathered data. The study was conducted at Tutelage Learning Center in Kasambagan, Mabolo, Cebu City, and Reach Center in Guadalupe, Cebu City. The respondents were the parents of children with ASD who were currently enrolled or had previously been enrolled in these centers. Either the mother or the father could participate in the study; in cases where both were unavailable, an appointed legal guardian served as the respondent. Data were gathered using a structured survey questionnaire. Part I collected the demographic profile of the respondents and personal characteristics of the children with ASD, including age and sex or gender. Part II measured the quality of life across eight dimensions: social inclusion, self-determination, emotional well-being, physical well-being, material well-being, rights, personal development, and interpersonal relationships, with items for each dimension. A 4-point Likert scale was used for scoring (4-Always, 3-Often, 2-Sometimes, 1-Less). The collected data were statistically analyzed to describe levels of quality of life and to determine whether selected characteristics predict each of the eight dimensions.

Results

Table 1. Age of Parents

Age Range	Frequency	%
60 and above	1	2.86
50 – 59	7	20.00
40 – 49	15	42.86
30 – 39	10	28.57
20 – 29	1	2.86
Below 20	1	2.86
Total	35	100.00

Table 1 presents the age distribution of the parent respondents. The largest group of parents (42.86%) were aged 40–49, followed by those aged 30–39 (28.57%) and 50–59 (20.00%). Only a small proportion belonged to the age groups 60 and above, 20–29, and below 20, each comprising 2.86%. This distribution indicates that most respondents were in their middle adulthood years, an age typically associated with stable family responsibilities and active involvement in supporting children's development.

Table 2. Gender

Gender	Frequency	%
Male	12	34.29
Female	23	65.71
Total	35	100.00

Table 2 shows the gender distribution of the parent respondents. Out of 35 participants, 23 or 65.71% were female, while 12 or 34.29% were male. The findings indicate that female parents were more represented in the study. This suggests that mothers or female guardians are often more involved in attending interventions, communicating with learning centers, and responding to surveys related to their children with ASD, which may explain their higher participation rate.

Table 3. Educational Attainment

Highest Educational Attainment	Frequency	%
Master's Degree	1	2.86
Bachelor's Degree	27	77.14
Highschool	6	17.14
Not Specified	1	2.86
Total	35	100.00

Table 3 presents the highest educational attainment of the parent respondents. The majority, comprising 77.14%, were bachelor's degree holders, followed by 17.14% who were high school graduates. Only one respondent (2.86%) had completed a master's

degree, while another (2.86%) did not specify their educational attainment. The results indicate that most parents have attained higher education, which may influence their awareness of their children's needs, and participation in interventions.

Table 4. Occupation

Occupation	Frequency	%
Employed	20	57.14
Self-employed	7	20.00
Student	1	2.86
Unemployed	5	14.29
Retired	1	2.86
Not Specified	1	2.86
Total	35	100.00

Table 4 presents the occupational status of the parent respondents. The majority of the parents were employed, accounting for 57.14% of the total respondents. This was followed by 20.00% who were self-employed and 14.29% who were unemployed. Only one respondent each was a student and retired, while one did not specify their occupation, each comprising 2.86%. The findings indicate that most parents have a source of income, which may help support the daily needs of children with ASD.

Table 5. Combine Monthly Income

Income Bracket (Php)	Frequency	%
Php 720,000 – Above	4	11.43
Php 360,000.00 – Php 719,999.00	5	14.29
Php 120,000.00 – Php 359,999.99	11	31.43
Below Php 120,000.00	3	8.57
Not Specified	12	34.28
Total	35	100.00

Table 5 presents the combined monthly income of the parent respondents. The largest proportion, 34.28%, did not specify their income, while 31.43% reported an annual income ranging from Php 120,000.00 to Php 359,999.99. Meanwhile, 14.29% earned between Php 360,000.00 and Php 719,999.00, and 11.43% reported an income of Php 720,000 and above. Only 8.57% indicated an income below Php 120,000.00.

Table 6 presents the perceived quality of life of children with ASD in terms of social inclusion. The overall Average Weighted Mean of 4.02, verbally described as Always, indicates that parents generally perceive their children to experience a high level of social inclusion. The highest-rated item, "My family enjoys spending time together" (M = 4.43), suggests strong family bonding, which plays an important role in supporting social participation. Items related to support in achieving goals and making friends were also rated positively, indicating that children receive assistance in social and school contexts. However, slightly lower means in open communication and external support imply that opportunities for broader social interaction may still be strengthened to further enhance inclusion.

Table 6. Perceived Quality of Life of Children with ASD in terms of Social Inclusion

Statement	Mean	Standard Deviation	Verbal Description
1. My family enjoys spending time together.	4.43	0.78	Always
4. My family members have friends or others who provide support.	3.80	0.96	Often
7. My family members talk openly with each other.	3.74	1.04	Often
22. My family member with a disability has support to accomplish goals at school or the workplace.	4.11	0.96	Always
24. My family member with a disability has support to make friends.	4.03	0.89	Always
Average Weighted Mean (AWM)	4.02	0.93	Always

Table 7. Perceived Quality of Life of Children with ASD in terms of Self-Determination

Statement	Mean	Standard Deviation	Verbal Description
2. My family members help the children learn to be independent.	4.11	0.87	Always
10. Our family solves problems together.	3.89	0.99	Often
11. My family members support each other to accomplish goals.	4.14	0.88	Always
14. Adults in our family teach children to make good decisions.	4.17	0.79	Always
19. Adults in my family have time to take care of the individual needs of every child.	3.91	0.97	Often
Average Weighted Mean (AWM)	4.05	0.90	Always

Table 7 presents the perceived quality of life of children with ASD in terms of self-determination. The Average Weighted Mean of 4.05, verbally described as Always, indicates that parents generally perceive that their children are supported in developing independence and decision-making skills. The highest-rated item, "Adults in our family teach children to make good decisions" ($M = 4.17$), reflects strong guidance in fostering autonomy. Similarly, family support in accomplishing goals and learning independence was rated highly. However, slightly lower ratings in problem-solving together and having time to address individual needs suggest that while support is present, there may still be opportunities to further strengthen family practices that promote children's independence and self-directed behavior.

Table 8 presents the perceived quality of life of children with ASD in terms of emotional well-being. The Average Weighted Mean of 4.17, verbally described as Always, indicates that parents generally perceive a high level of emotional support within the family. The highest-rated item, "My family members show love and care for each other" ($M = 4.38$), suggests strong emotional bonding and positive family relationships.

Table 8. Perceived Quality of Life of Children with ASD in terms of Emotional Well-being

Statement	Mean	Standard Deviation	Verbal Description
3. My family has the support we need to relieve stress.	4.09	0.97	Always
8. My family members teach the children how to get along with others.	4.12	0.88	Always
12. My family members show love and care for each other.	4.38	0.55	Always
18. My family can handle life's ups and downs.	4.03	0.86	Always
21. My family feels safe at home, work, school, and neighborhood.	4.23	0.91	Always
Average Weighted Mean (AWM)	4.17	0.83	Always

Other indicators, such as feeling safe, handling life's challenges, and teaching children's social skills, were also rated highly, reflecting a supportive environment. These findings imply that a nurturing and emotionally secure family setting plays a significant role in promoting the well-being of children with ASD.

Table 9. Perceived Quality of Life of Children with ASD in terms of Physical Well-being

Statement	Mean	Standard Deviation	Verbal Description
5. My family members help the children with schoolwork and activities.	4.15	0.93	Always
6. My family members have transportation to get where they need to be.	3.74	1.27	Often
15. My family gets medical care when needed.	4.09	1.07	Always
20. My family gets dental care when needed.	3.80	1.08	Often
Average Weighted Mean (AWM)	3.94	1.09	Often

Table 9 presents the perceived quality of life of children with ASD in terms of physical well-being. The Average Weighted Mean of 3.94, verbally described as Often, indicates that parents generally perceive that the physical needs of their children are met, although not consistently at the highest level. The highest-rated item, "My family members help the children with schoolwork and activities" ($M = 4.15$), suggests strong family support in daily functioning. Access to medical care was also rated positively. However, lower ratings in transportation and dental care imply that some families may experience occasional challenges in accessing services, which may affect consistent physical well-being support.

Table 10. Perceived Quality of Life of Children with ASD in terms of Material Well-being

Statement	Mean	Standard Deviation	Verbal Description
13. My family has outside help available to us to take care of the special needs of all family members.	3.51	1.17	Often
16. My family has a way of taking care of our expenses.	4.03	1.04	Always
Average Weighted Mean (AWM)	3.77	1.11	Often

Table 10 presents the perceived quality of life of children with ASD in terms of material well-being. The Average Weighted Mean of 3.77, verbally described as Often, indicates that parents generally perceive that their families are able to meet material needs, although some aspects may not always be consistently available. The item "My family has a way of taking care of our expenses" ($M = 4.03$) received a higher rating, suggesting that most families manage their financial responsibilities. However, the lower mean for outside help implies that access to external support services or assistance may be limited for some families, which can affect the overall level of material well-being.

Table 11. Perceived Quality of Life of Children with ASD in terms of Rights

Statement	Mean	Standard Deviation	Verbal Description
17. Adults in my family know other people in the children's lives (friends, teachers, the like).	4.09	0.82	Always
25. My family has good relationships with the service providers who provide services and support to our family members with a disability.	4.17	0.86	Always
Average Weighted mean (AWM)	4.13	0.84	Always

Table 11 presents the perceived quality of life of children with ASD in terms of rights. The Average Weighted Mean of 4.13, verbally described as Always, indicates that parents generally perceive that their children's rights are supported and respected. The highest-rated item, "My family has good relationships with the service providers who provide services and support," ($M = 4.17$) suggests positive collaboration between families and professionals. Likewise, parents' familiarity with people involved in their children's lives reflects active engagement in their care and education. These findings imply that families are able to access services and maintain supportive networks that help safeguard the rights and well-being of children with ASD.

Table 12. Perceived Quality of Life of Children with ASD in terms of Personal Development

Statement	Mean	Standard Deviation	Verbal Description
9. My family members have some time to pursue their interests.	3.69	1.11	Often
23. My family member with disability has support to accomplish goals at home.	4.14	0.85	Always
Average Weighted mean (AWM)	3.91	0.98	Often

Table 12 presents the perceived quality of life of children with ASD in terms of personal development. The Average Weighted Mean of 3.91, verbally described as Often, indicates that parents generally perceive that children receive support in developing skills and achieving goals, although opportunities may not always be consistently available. The item "My family member with a disability has support to accomplish goals at home" ($M = 4.14$) received a higher rating, suggesting strong family involvement in guiding learning and daily activities. However, the slightly lower rating on having time to pursue personal interests implies that some families may face limitations in providing varied opportunities for enrichment and individual growth.

Table 13. Perceived Quality of Life of Children with ASD in terms of Interpersonal Relationship

Statement	Mean	Standard Deviation	Verbal Description
1. My family enjoys spending time together.	4.43	0.78	Always
4. My family members have friends or others who provide support.	3.80	0.96	Often
7. My family members talk openly with each other.	3.74	1.04	Often
12. My family members show love and care for each other.	4.38	0.55	Always
17. Adults in my family know other people in the children's lives (friends, teachers, the like).	4.09	0.82	Always
Average Weighted mean (AWM)	4.09	0.83	Always

Table 13 presents the perceived quality of life of children with ASD in terms of interpersonal relationships. The Average Weighted Mean of 4.09, verbally described as *Always*, indicates that parents generally perceive strong interpersonal connections within the family and with others involved in the children's lives. The highest-rated item, "My family enjoys spending time together" ($M = 4.43$), reflects strong family bonding, while expressions of love and care were also rated highly. However, slightly lower ratings in open communication and external support suggest that while relationships are generally positive, there may still be opportunities to further strengthen communication and broader social networks.

Table 14. Parents Demographic Factors and Children's QoL

Parents' Demographic Factor	Social Inclusion	Self-Determination	Emotional Well-being	Physical Well-being	Material Well-being	Rights	Personal Development	Interpersonal Relationships
Age	-0.03	0.05	0.03	0.06	-0.09	0.11	-0.04	0.02
Gender	-0.06	-0.17	-0.16	-0.22	-0.14	-0.24	0.00	-0.08
Educational Attainment	0.03	0.08	0.06	0.11	0.06	0.11	0.08	0.04
Occupation	0.07	0.16	0.20	0.07	0.11	0.02	0.06	0.14
Monthly Combined Family Income	-0.32	-0.41	-0.20	-0.31	-0.06	-0.33	-0.35	-0.26

The table presents the correlation between parents' demographic factors and the perceived quality of life of children with ASD across eight dimensions. The results show that age has negligible relationships with all dimensions, ranging from $r = -0.09$ (material well-being) to $r = 0.11$ (rights), indicating that parents' age is not meaningfully associated with perceived quality of life. Similarly, educational attainment shows very weak positive correlations, with values from $r = 0.03$ (social inclusion) to $r = 0.11$ (physical well-being and rights), while occupation demonstrates weak positive relationships, particularly in emotional well-being ($r = 0.20$) and self-determination ($r = 0.16$). In contrast, gender shows weak negative correlations in several dimensions, notably rights ($r = -0.24$) and physical well-being ($r = -0.22$), though the relationships remain small. The most notable findings appear in monthly combined family income, which shows negative correlations across all dimensions, with the strongest relationships observed in self-determination ($r = -0.41$), personal development ($r = -0.35$), rights ($r = -0.33$), and social inclusion ($r = -0.32$). These results suggest that income level shows the most pronounced, though still moderate, association with parents' perceptions of their children's quality of life among the demographic variables examined.

Discussion

The findings of the study reveal that parents generally perceived the quality of life of children with ASD to be favorable across most domains, particularly in emotional well-being, rights, interpersonal relationships, self-determination, and social inclusion. These results suggest that families play a significant role in providing emotional support, fostering positive relationships, and ensuring access to services and guidance that promote children's development. Strong family bonding, expressions of care, and support in decision-making indicate that the home environment serves as an important source of stability and encouragement for

children with ASD. However, relatively lower ratings in physical well-being, personal development, and material well-being imply that while basic needs are generally met, some families may experience occasional challenges in accessing resources, transportation, enrichment opportunities, or external assistance. In terms of the relationship between parents' demographic factors and children's quality of life, the results indicate that most variables such as age, educational attainment, and occupation showed minimal association with the different quality-of-life domains, suggesting that these characteristics have limited influence on parents' perceptions. Gender also showed only weak relationships across several areas. Among the demographic variables, family income demonstrated a more noticeable association with several domains, suggesting that financial conditions may influence parents' perceptions of access to opportunities, services, and developmental support for children with ASD. This highlights the importance of strengthening accessible community programs and inclusive support services to help ensure that children with ASD experience a positive quality of life regardless of family background.

Conclusion

The findings of the study revealed that parents generally perceived children with autism spectrum disorder to have a positive quality of life, particularly in emotional well-being, interpersonal relationships, social inclusion, self-determination, and rights. These results suggest that families provide strong emotional support and maintain positive relationships that contribute to children's overall well-being. However, slightly lower perceptions in physical well-being, personal development, and material well-being indicate that some families may still encounter challenges in accessing resources, services, and opportunities that support children's growth. Moreover, most parents' demographic factors showed minimal association with the quality of life of children with ASD, although family income appeared to have a more noticeable influence. Overall, strengthening accessible support services and community programs remains important in promoting better outcomes for children with ASD.

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