

Strategic & Practical Gender Needs of Mothers with Autistic Children in Peshawar: Applying the Moser Gender Analysis Framework

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Abstract: *Families hosting children with autism face significant challenges, with mothers bearing a disproportionate burden due to increased demands within the family. This study explores the experiences of mothers raising children with autism in Peshawar, focusing on the intersection of caregiving responsibilities, economic demands, and community participation. Using Moser's Gender Analysis Framework, a qualitative approach is employed to investigate the phenomena faced by such mothers. The findings reveal that the reproductive role of mothers increases with the incidence of the birth of autistic children. Extended family reduces the pressure from mothers with autistic children. Institutional support also helps mothers perform better roles and fulfill their practical and strategic needs. The study recommends mothers' education, creation of support groups, and provision of community level services.*

Introduction

Women as mothers often shoulder primary responsibilities of caregiving (Risda and Singer, 2004) while men are generally exempted from such roles. Women as mothers of autistic children are more likely to go through social, psychological, and physical agonies as compared to fathers or other male members of the family. Resultantly, they are socio-economically excluded from productive domain owing to primary caregiver role to the child and other family members. The caregiving role of mothers intersecting with child disability, availability/access to limited resources, and limited awareness make it more difficult for them to better cope with challenges and live a more productive life (Afzal et al. 2016). Gender inclusive policies within institutions that provide rehabilitative facilities to assist and support families of children with autism are crucial for addressing the specific needs of mothers (Kabeer, 2005; Sen, 2001). Institutional intervention focusing on strategic gender needs such as parental skills and training reduces parental anxiety and stress. It also indirectly benefits autistic children (Crnic & Greenberg, 2017).

In this study, the public and private institutions working in Peshawar that support, train, and rehabilitate autistic children and provide counselling services to their mothers are referred as "institutes or institutional intervention." These institutions are also known as "schools" or "centers." But since the word "institute" encompasses any kind of institution, hence, this study employs this term.

In societies with limited resources and inadequate governmental support, families provide social, and welfare support any member in need, including support to autistic children. It is considered a collective concern to extend care and services to children in need of special care where family, community, and social welfare institutions play vital role. However, lack of institutions coupled with meagre technical institutional resources including trained staff, physical spaces, equipment, etc., significantly deprive autistic children from rehabilitation and they remain dependent on families for their entire life. Studies show that most families and communities provide

better services to children with autism in India, while some NGOs are also engaged in providing services instead of the government (Browning, Caro, & Shastry, 2011).

Objectives of the Study

This study aims to achieve the following objectives:

1. To find out the role changes of mothers with autistic child using Moser framework.
2. To analyze the needs of mothers with autistic children using Molyneux’s framework.

Research Question

- How does the birth of autistic child change the roles of women?
- How does the birth of autistic child change the needs of women?

Moser Framework

Caroline Moser (1989) presented a gender analysis framework in her famous research paper “Gender planning in the third world: Meeting practical and strategic gender needs” published in *World Development* journal. She provides the framework for the projects under the idea of women in development, and gender & development. She believed in feminist idea that men and women perform different roles and have different needs. Hence development planning must address gender needs. She was against singling out women and considered both genders equally important. Singling out women, she asserts, disrupts the social relations between both genders in the third world countries.

Triple Role Framework

Regarding role of women, she presented the framework that the roles of men and women can be categorized into three categorized: (i) reproductive, (ii)productive, and (iii) community. This made her work famous, which is now known as triple role framework (Moser, 1989). Table 1 presents an overview of Moser (1989) triple role gender analysis framework.

Table 1: Moser’s Triple Role Gender Analysis Framework

Role/Gender	Description	Men	Women
Productive	<ul style="list-style-type: none"> • related to activities that produce goods & services for consumption or trade <ul style="list-style-type: none"> ○ (growing crops for sale or household consumption). 	<ul style="list-style-type: none"> • Predominantly by men • Valued higher 	<ul style="list-style-type: none"> • Lesser role by women but perform this role alongside reproductive role • Valued lower than men
	Reproductive	<ul style="list-style-type: none"> • childbearing and caring • domestic tasks that support the household’s wellbeing, such as <ul style="list-style-type: none"> ○ cooking, cleaning, fetching water, washing, and attending to the sick and elderly members. 	<ul style="list-style-type: none"> • Lesser role of men
Community		<ul style="list-style-type: none"> • These responsibilities are rarely considered ‘real work,’ are rarely paid 	<ul style="list-style-type: none"> • Men participate more in community work.
		<ul style="list-style-type: none"> • involve community work, such as <ul style="list-style-type: none"> • holding social events, • activities to improve or care for community resources (land or irrigation ditches), • participating in groups or farmer organizations. • often voluntary activities. 	

Source: Moser (1989)

Women and men perform differently in different categories. Men predominantly perform productive roles and participate more in community work. However, women do perform productive role but when they do, they do it along-side reproductive role, i.e. raring and caring for the children, the sick, the elderly, the disable cleaning, doing dishes, laundry etc. Similarly, women also participate lower in community work but even within community work, their role is related to social good or

communal social gatherings such as cleaning the school backyard, attending marriage or death ceremonies etc. Moser (1989) asserts that women are more burdened in performing triple roles of production, reproduction, and community managing. However, their triple role is not recognized. They are assumed to perform only reproductive roles. Furthermore, by virtue of exchange, only the productive work is recognized as paid work while community and reproductive work are considered to be natural work or are not paid and not recognized as work.

For the current study, we believe that this triple role gender analysis framework is suitable to investigate different roles performed by women in families with an incidence of ASD (Autism Spectrum Disable) child. Her framework will be used to identify gender roles of mothers with ASD children. We believe that the reproductive role of mothers increases after the birth of ASD child and her roles in other categories, productive and community, significantly decreases.

Molyneux Framework: Strategic and Practical Gender Needs

Moser (1989) also talk about strategic gender needs and practical gender needs. Categorization originally presented by Molyneux (1985); strategic gender needs are concerned about women’s subordination to men. They talk about abolition of sexual division of labour, women’s emancipation from men, and making society more equal for women. Practical gender needs, on the other hand, are needs from women’s own concrete point of view. They are not emancipatory in nature. They are the needs that are required by every family, such as housing, regular income, and other productive activities. Moser (1989) asserts that for the third world low-income family women, the policy makers should focus more on practical gender needs instead of strategic gender needs. Practical gender needs are not feminist or anti-men rather they arise from concrete conditions of women.

For the current study, the division of women’s needs into strategic and practical gender needs helps us providing more viable recommendations and identification of needs as presented by mothers with ASD child.

Significance of the Study

This study helps the planners acknowledge the role changes of women with autistic children and to respond in a better manner to their practical needs. Not all women needs are ‘feminist’. Some are practical needs for every human. This study also intends to sensitize the planners to move beyond providing only institutional support and work on community level to address women’s practical needs.

Methodology

The study employed a qualitative approach to examine the strategic gender requirements of mothers who have children with autism spectrum disorder (ASD).

The location of data collection for this study was the institutions for intellectually challenged children situated in Peshawar. The focus was on ASD children. Two of these institutions were from the public sector while two were from the private sector. Public sector institutions are funded and governed by government bodies. A private sector institution is funded and government by non-government companies, trust, or charitable foundations. The following table shows the participants details:

Mothers	Experts	
	Public Institution	Private Institution
14	2	2

The study participants include mothers of ASD children and experts from the institutions. A total of four (4) experts and fourteen (14) mothers were participants in the current study. Since it was a qualitative study, the number of participants was not fixed. The researchers went to the institutions (there are only four that focused on ASD in Peshawar) for approval of the study and identification of such mothers. The data collection time was fixed to be sixty days (02 months). During this time, only fourteen (14) mothers consented to be part of the current study and also participated in a focused group discussion. Hence, only those mothers were participants of the study who consented. An informed written and verbal consent was taken from such mothers.

For ethical reasons, only those mothers were contacted whose children were registered with the institution. A female employee of the said institution contacted mothers and informed them of

the study and their willingness to come to the institution and participate in the study. Before interviews, the purpose of the study was narrated to the mothers in the local language (*Pashto*) and they were also informed to withdraw from the study at any stage they feel overwhelmed. They were also informed that they may not answer any question they feel not answering to. Their personal information was not recorded.

The data collected was analyzed using thematic analysis process. The thematic analysis process involves six steps: 1. Selection of quotations/statements, 2. Selection of keywords, 3. Selection of codes, 4. Selection of themes, 5. Conceptualization, and 6. Development of conceptual model (Naeem, Ozuem, Howell, & Ranfagni, 2023). The data from all the interviews and FGD was first transcribed into English language. After transcription, it passed through the six steps listed above. Moser (1989) framework was not used in collecting data. It was used only in the analysis process.

Results and Discussions

The study results revealed that on the societal and family levels the parents, particularly mothers of children with autism encounter various economic and social problems. Their role significantly increases in reproduction and decreases in production and community. The study found five major themes:

- a) Autism and Social exclusion of mothers
- b) Autism, family type, and work-life balance
- c) Autism and broken families
- d) Autism and parental poverty
- e) Autism and institutional support

Autism and Social Exclusion of Mothers

Mothers were excluded socially because they are unable to attend social and community gatherings specifically, i.e. their community role also decreases. Naylor (YEAR) described how family members, particularly mothers, had mentioned social exclusion because of providing more than normal care to their children with autism. Social exclusion is the desolation of people from involvement of activities like for work, of voting right and customary participation in the family and social relations.

This study found that women form a very large proportion of the caregiver population in the society. Almost all the mothers who were part of nuclear family structures found that they are unable to take part or very rarely take part in community events such as deaths ceremony and/or marriages of their extended family relatives or in the neighborhoods. For instance, a mother in this regard stated her story of social exclusion in an interview in Peshawar:

“Before, I was living a very happy life: participated actively in family events; was a happy person and used to attend happy occasions like marriage or engagement ceremonies. But after the birth of my two disabled children, my life is fully transformed from a happy carefree girl to a fulltime committed caregiving mother. Now, I very rarely participate in ceremonial activities of my family due to full time attention and caregiving needs of my children.”

A similar point was discussed in the Focus Group Discussion (FGD) in Peshawar:

“We cannot participate in most of the ceremonies due to the care of our child. In case of unavoidable situations, we attend but for a very short time, however, we remain extremely worried about our child at home.”

The caregiving needs of autistic children reduces the frequency of mothers attending family functions. Where needed, they do attend such functions but for a short time. It means mothers with an autistic child reduce the frequency and duration of participation in family functions. They excluded themselves from social gatherings. Their reproduction role increases while the community participation role decreases. The following table summarizes the present theme:

<i>Attendance in Family Functions</i>	<i>Before the birth of Autistic Child</i>	<i>After the birth of Autistic Child</i>
<i>Frequency</i>	High	Low
<i>Duration</i>	More	Short

In terms of practical need analysis, mothers with ASD children need additional hands to perform their reproductive role. The strategic need framework would require emancipating mothers from performing any kind of reproductive role of ASD children. However, the mothers of the present study prefer fulfilling their practical needs instead of strategic needs which is in line with the findings of Molyneux (1985).

Autism, Family Type and Work-Life Balance

Family-work role conflict frequently occurs to working mothers. Because such mothers must look after both home and paid work and must fulfil the additional demand of care of disabled child (production and reproduction role), it causes physical, emotional, and mental stress and fatigue to such mothers. It, sometimes, leads into divorce and separation (which is discussed in a separate section in details). For instance, a working mother told her miseries in an Individual Interview that:

“Initially, I was doing a private job but after the birth of my daughter (autistic), it was extremely difficult to make balance in work and household activities. Hence, I gave-up that job for the sake of my daughter. But I have started my job again after admission of Sibgha [name of the daughter] in the school for such children.”

Furthermore, parents who were in joint family with other supportive members were presumably better insulated against such negative consequences compared to those who were in nuclear families. Joint family significantly decreases the family-work conflict of a mother having intellectually disabled children. Appreciating the role of joint family, a mother said:

“It is very difficult for a mother to manage her disabled children and job along with other household activities without the help of family members. We are sitting here today [in the FGD] due to the support of our family members; if we did not have their support, then, it would have not been possible for me to participant in this discussion (her daughter was being looked after by another family member). Furthermore, in joint family system, workload is divided with the other family members which provides a breathing space to the mother to look after her disable child.”

In joint or extended family, the household work is divided among members. One member does the dishes for the morning, the other for dinner. Another member does the laundry. Another does breakfast. Another cooks the lunch, another prepares dinner, there are always more members to provide care for children, especially to children with autism. A mother can find more time to look after other tasks in such a family. Her reproduction role is shared amongst many family members. Compared to that, a mother in a nuclear family must look after the entire chores as well as provide care to the child with autism. She will do the dishes, the laundry, cooking, cleaning, attending guests, and provide extra care to her child with autism. The reproductive role of mother in nuclear family increases. The following table summarizes the present theme:

<i>Dimensions / type of family</i>	<i>Nuclear or single mother family Type</i>	<i>Joint/Extended Family Type</i>
<i>Time for different activities</i>	less time for each activity tasks are undivided. Mother has to	more time for different activities tasks are divided amongst family
<i>Number of task/activities</i>	perform all the task	members.
<i>Supervision of Autistic Child</i>	Mother alone	Mother and other family members
<i>Work-Life Balance</i>	Highly difficult	Comparatively easy
<i>Moser Framework</i>	Increased reproductive role	Reproductive role is shared.

It was identified that the nuclear working mothers, who are having no helpers from families or any other institution during job time, experience a high level of family-work conflict resulting in increased psycho-social issues for them.

Similar results were found in a 2015 published study by the author of this paper wherein family type was compared to incidence of intellectual disability (Ahmed, 2015). Ganong, Coleman, & Jamison (2011) has also discovered that the health of the mothers who were mostly charged with the responsibility of caring for such children was often compromised. More than anything else, chronic fatigue and nervous exhaustion was typical for a home with very little assistance from the management of such a child. Sometimes the mothers were close to a mental breakdown.

Although strategic needs framework (Molyneux, 1985) takes extended family as an impediment to women's emancipation and empowerment, the result of this study is in contradiction to what strategic needs require. Instead, practical needs are easily fulfilled in extended families and mothers experience more difficulties in fulfilling their practical needs in nuclear families.

Autism and Broken Families

In course of the study, it emerged that some parents had problematic relationships attributable to the birth of a child with mental disability which led to family disruption and, in some cases, divorce. A teacher and family friend of a child with autism shared the story of the family breakdown during an interview at the 'Institute for the rehabilitation of autistic Children'. He stated that:

"I know the family of the child. Their parents got separated since long. Initially, they lived in nuclear structure and were doing jobs. Owing to extra care of child, the mother was unable to extend care to him; resultantly, it affected the relation of the spouses which ended in divorce. Currently, he (the child) lives with his grandparents; however, grandparents cannot extend care like his own mother."

There are studies that reveal that families with ASD child are more likely to divorce compared to families with child with other forms of disabilities (Hartley, Barker, Seltzer, Floyd, Greenberg, Orsmond, Bolt, 2010). Other such studies also reveal that there are around 10% higher chances of divorce in families with an ASD child compared to non-ASD child (Hartley, Barker, Seltzer, Floyd, Greenberg, Orsmond, & Bolt, 2010).

Divorce or separation may or may not result in mothers performing more production roles in Peshawar. The reason lies in the very fabric of the social structure. In case of divorce or separation, mothers in Peshawar, and in overall Pakistan, goes back to her blood relatives: parents, brother, or sister. If such is unavailable or they are unable to accommodate her, then the mother is on her own. In such a case, the mother's production role also increases.

In terms of Molyneux framework (1985), divorce or separation may achieve one of women's strategic needs, being independent and economically more empowered. However, it increases women's reproductive role which puts more pressure on mothers with ASD children.

Autism and Parental Poverty

There are studies that reveal that there is some positive association between family poverty in terms of low family income and the risk of childhood autism (He, Guo, Wang, Chen, Li, & Zheng, 2018). Besides this, ASD occurrence may also increase the chances of family breakdown. In families with high poverty rate, ASD occurrence may result in domestic violence. A mother of child with autism narrated her experiences in extremely depressive and emotional tone during an interview in Peshawar by saying that:

"My husband is a daily wager; he is also addicted to drugs. The child needs extra care in terms of medication and nutrition, but he (the husband) cannot afford it. He blames me for disability of his child and even subjects me to physical violence. This situation has really made me depressed, frustrated, and annoyed, but nothing could be done."

In families with poverty, ASD children face more material hardships (Anderson, Roux, Rast, Garfield, Shea, 2024). The wife is expected to sacrifice her life and job for the care and look after of the child due to their socially assigned role of primary caregiver. Studies report that autism spectrum disorder may result in family crisis including breakdown of families (Weiss, Wingsiong, Lunsy, 2014). Other studies report that the breakdown further increases autism spectrum disorder (Al-Rahma, Al-Wardi, Al-Kaseer, Ali, & Al-Diwan, 2023). Many children show increasingly aggressive behaviour after the breakdown of family unit, specifically in case of divorce (Adamus and Stasinka, 2021).

Besides this, children of autism require extra care in terms of medication, treatment, education and transportation. Further, they are intellectually handicapped, physically weak, and prone to various diseases such as chest infection, digestive problems and the like, and must be medicated and required continuous treatment (Ward, Weir, Allison, Baron-Cohen, 2023). Furthermore, ASD children need MRI (magnetic resonance imaging) for diagnosis etc. it is quite expensive. They also require special designed transport facilities to attend school and other community affairs. All this requires huge financial resources which, given the prevalent poverty

situation in the province, is highly likely to be unaffordable for many families with ASD children. A mother shared her feelings of financial agonies in the following words:

“My husband has got loan from his department for the treatment and rehabilitation of our children, as it was very difficult for us to afford their treatment in a specialized institution.”

A father of a child who was passing through the financial misery due to deficiency of the extra medical demands and resources of his disabled child reflected his views as follows:

“The doctor has prescribed regular physiotherapy for three to four months for the physical improvement of the child. However, I cannot continue such treatment. I cannot afford it. We reside in a rented house (rent of Rs. 2500/- per month), but my salary is Rs. 6000/- per month. It is difficult for me to bear the expenses of my family.”

Thus, in addition to addressing social, psychological and medical needs of these children, additional financial pressure is placed on families of children with autism. The need to get more money elevates pressure on parents and more often must work harder.

An advocate for the rights of ASD child stated:

"One of the primary challenges we, mothers from remote areas of Khyber Pakhtunkhwa, encounter is the limited accessibility to specialized services. They do not exist there. Many families there struggle to reach out to rehabilitation centers, hindering timely intervention for their autistic children."

Head of the Centre at Peshawar working for the rehabilitation of autistic children reflected on the challenges faced by mothers having children with autism:

"Financial constraints often prevent mothers from availing our services. The economic challenges faced by families in Khyber Pakhtunkhwa make it difficult for them to afford transportation to our facilities or participate in awareness programs, limiting their access to crucial support systems."

To put it short, poverty puts extra burden on families with ASD children as they struggle to meet both ends meal as well as provide extra care and facilities to the child. It increases mothers’ reproduction as well as production role. Mothers have to arrange for the extra money required for childcare. This is usually done in the form of taking *Zakat* (a form of compulsory charity by rich Muslims), *Kherat* (a form of voluntary charity by rich Muslims), *Sadaqat* (a form of voluntary charity by Muslims irrespective of financial status), or working in rich people’s home as domestic labour, or sometimes, doing a job. The following table summarizes the role of mothers and family economic position.

Role	Family Economic Position		
	Low	Middle	High
Production	Increased	Decreased	Decreased
Reproduction	Increased	Increased	Increased
Community	Decreased	Decreased	Decreased

In terms of strategic and practical needs framework (Molyneux, 1985), poverty increases mothers’ practical needs.

Autism and Institutional Support to Mothers

One of the big challenges is the non-availability of trained professionals for the rehabilitation of autistic children and extending counseling services to their mothers. This situation was explained by representative of a private institute for autism in Peshawar as:

"Inconsistent availability of trained professionals is a persistent challenge. While we strive to maintain a skilled team, the shortage of specialists in Khyber Pakhtunkhwa makes it difficult to provide consistent and comprehensive services, particularly in more remote areas."

Counseling services to mothers with ASD child may reduce their stress, fatigue, and other frustrations. It may also improve their mental and physical health. It may also reduce role conflict of mothers with ASD children. However, in remote areas, such services are non-existent. Therefore, mothers with ASD child from remote areas have near to no institutional support (Ahmed, 2015). Similarly, another expert added that:

"Limited educational resources add to the difficulties faced by mothers. We often find ourselves struggling to provide mothers with up-to-date information and training materials that are culturally sensitive and tailored to the unique needs of autistic children in Khyber Pakhtunkhwa."

Winderwati, et.al., (2024) found that institutional support improves the quality of life of ASD children. Lack of institutional support in Peshawar, particularly in remote areas, results in lower quality of life for ASD children as well as their mothers.

In terms of Moser framework, institutional support facilitates mothers in performing their reproductive role with ease. It also helps mothers in productive role. However, it does not add anything significantly to mothers' community role. In other words, it may help women achieve their strategic as well as practical needs (Molyneux, 1985).

Conclusion

This study used Moser (1989) framework to analyze the changes in the roles performed by mothers with autistic children. It also used Molyneux (1985) framework to investigate the strategic and practical needs of mothers with ASD child. The results show that ASD increases mothers' reproductive role and significantly lowers her community participation (social exclusion). The study further found that reproductive role is shared in extended families compared to nuclear families. Resultantly, it is comparatively easy for mothers in extended to maintain a better work-family balance. The study also revealed that autism may result in parental separation or divorce. In such a case, mothers' reproduction and production roles further increase as she has to provide for both herself as well as the child. Poverty significantly increases mothers' role in production and reproduction. Lastly, institutional support helps reduce pressure on mothers' productive and reproductive role. It also helps mothers take more participation in community affairs. Mothers of the study focused more on fulfilment of their practical needs as the most pressing needs compared to strategic needs.

Recommendations

Implementing community-based awareness programs tailored to the cultural context can help increase social support for mothers. Initiatives focused on educating mothers about autism and available resources can empower them to advocate effectively for their children and themselves (fulfilling both strategic and practical needs). Establishing gender-specific support groups can provide a platform for mothers to share experiences, coping strategies, and emotional support. Mothers may need targeted information and knowledge about autism spectrum disorder (ASD), including symptoms, available therapies, and support networks. Providing information in accessible formats and languages is essential, considering literacy levels and language barriers. Ensure that healthcare services related to autism diagnosis, treatment, and support is accessible and affordable. Address gender-specific health needs, considering that mothers may have different healthcare requirements. Mothers may require training on managing and supporting children with autism. This can include understanding behavioral interventions, communication strategies, and coping mechanisms. Training programs should be flexible to accommodate women's schedules, considering their potential multiple roles as caregivers, workers, and homemakers.

Facilitate the creation of support groups at district or *tehsil* (a sub hierarchy of district) level or networks where mothers can share experiences, knowledge, and emotional support. Consider the specific social and cultural contexts that may impact women's ability to engage in these networks. Recognize and address the potential impact of caregiving responsibilities on women's ability to participate in the workforce.

Advocate for workplace policies that support work-life balance, flexibility, and understanding of the challenges faced by mothers of children with autism. Advocate for gender-sensitive policies that acknowledge the unique challenges faced by mothers of children with autism. Ensure that legal frameworks consider and protect the rights of women with caregiving responsibilities.

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