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Original Article

Coping Strategies for Social Challenges in Mothers of Children With Autism: A Content Analysis Study

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Abstract

Objective: Mothers of children with autism spectrum disorder (ASD) in Iran encounter profound social challenges, such as stigma, blame, isolation, and inadequate support, intensified by cultural norms and limited resources. This qualitative study aimed to explore coping strategies used by these mothers in Urmia, northwestern Iran.

Materials and methods: Employing conventional content analysis per Graneheim and Lundman's framework, we purposively sampled 18 mothers of children aged 3–18 years with confirmed ASD, ensuring maximum variation. Semi-structured in-depth interviews were conducted from January 2024 to June 2025 until data saturation. Transcripts were coded and analyzed iteratively via MAXQDA software, with rigor maintained through credibility, dependability, confirmability, and transferability.

Results: The overarching theme was "Multifaceted Coping Strategies for Social Challenges," encompassing four categories: [1] Individual Coping Factors (acceptance, positive reappraisal, self-care, emotional regulation, knowledge acquisition); [2] Interpersonal and Relational Coping Factors (selective social engagement, family/spousal support, educating others); [3] Spiritual and Cultural Coping Factors (religious beliefs, prayer, finding meaning, patience); and [4] Community and External Support Coping Factors (support groups, advocacy, awareness efforts, professional guidance).

Conclusion: Mothers integrated emotion-focused (especially spiritual) and problem-focused strategies, influenced by Iranian cultural, religious, and collectivist contexts, underscoring needs for culturally tailored interventions, stigma reduction, and enhanced support services to bolster resilience.

Keywords: Autism Spectrum Disorder; Mothers; Coping Strategies; Social Challenges; Qualitative Content Analysis

Introduction

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by challenges in social interaction, communication, and repetitive or restricted behaviors (1). Globally, the prevalence of ASD has risen in recent decades, with estimates suggesting approximately 1 in 100 children are affected, though rates vary due to improved screening and diagnostic criteria. In Iran, national screening programs and epidemiological studies indicate a prevalence ranging from 6.26 to 10 per 10,000 for typical autism among young children, aligning with rates in some developing countries but

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lower than in many Western nations (2). Recent estimates place lifetime prevalence closer to 1%, implying hundreds of thousands of individuals with ASD in Iran's population of over 80 million. These figures underscore the growing public health significance of ASD, particularly in resource-constrained settings where access to specialized services remains limited (3).

Raising a child with ASD places extraordinary demands on families, especially mothers, who often assume primary caregiving roles. Mothers frequently report elevated levels of stress, anxiety, depression, and poorer physical and mental health compared to parents of typically developing children or those with other disabilities. These burdens stem from the child's behavioral challenges, communication difficulties, and need for ongoing supervision (4). In Iran, these stressors are compounded by cultural and societal factors. Iranian mothers of children with ASD encounter significant social stigma, including blame, shame, and isolation, rooted in misconceptions about disability and normative expectations of child development (5). Patriarchal norms and gender roles further intensify the load on mothers, who bear the brunt of daily care, emotional labor, and navigating inadequate support systems (6). Studies highlight barriers such as shortages of trained professionals, high treatment costs, limited early intervention, and geographic disparities in service availability, particularly in provincial areas like West Azerbaijan (7).

Social challenges are particularly acute for families raising children with autism spectrum disorder (ASD). Stigma can be seen in the form of community judgment, limited social participation for both the child and mother, and difficulties in maintaining relationships (8). Mothers often express feelings of helplessness, concerns about their child's future independence, and emotional strain due to unmet needs for specialized support (9). In more conservative settings, disability may be seen as a source of shame for the family, leading to denial, delayed diagnosis, or reluctance to seek help (10). Public awareness of ASD in Iran is still lacking, with surveys showing widespread stigma and limited knowledge, especially among older or less-educated individuals (11). These social obstacles worsen feelings of isolation, making it harder for families to access informal support networks that could offer relief and validation (12).

Despite these adversities, parents particularly mothers employ diverse coping strategies to manage stress and foster resilience. Internationally, research identifies problem-focused approaches, such as seeking information, advocacy, and professional services) and emotion-focused strategies such as reframing the situation positively, spiritual reliance, and self-care) (13). In cultural contexts like Iran, religious beliefs, family interdependence, and community ties often play pivotal roles in coping. Qualitative studies emphasize strategies such as gaining knowledge about ASD, sharing burdens with spouses or extended family, and finding meaning through faith or recognizing small joys in the child's progress.

However, a significant portion of the current literature on parental coping originates from Western, affluent environments where professional support is more readily available. In countries like Iran, cultural nuances such as collectivist values, religious practices, and systemic constraints influence distinct coping strategies (14). The lack of extensive local research, typically concentrated in urban hubs like Tehran, results in gaps in knowledge regarding experiences in different regions. Urmia, located in northwestern Iran, is a multi-ethnic region that may exhibit diverse attitudes towards disability and varying levels of access to services.

This study addresses these gaps through a qualitative content analysis of interviews with mothers of children with ASD in Urmia, Iran. By exploring their lived experiences of social challenges and employed coping strategies, the research aims to illuminate culturally attuned mechanisms of resilience. Findings may inform tailored interventions, policy advocacy for improved services, and enhanced support networks, ultimately promoting better outcomes for mothers and their children. Understanding these dynamics is crucial for building family-centered approaches that honor local contexts while addressing universal needs in ASD caregiving.

Materials and methods

Study Design: This study utilized a qualitative content analysis approach to investigate the coping strategies employed by mothers of children with autism spectrum disorder (ASD) when dealing with social challenges. Content analysis was chosen as the methodological framework because of its ability to systematically identify patterns, themes, and meanings within textual data obtained from participants' narratives. The design followed the inductive qualitative content analysis method outlined by Graneheim and Lundman (2004), which involves

interpreting both manifest and latent content to develop categories and themes from the data (15). The study was conducted as a cross-sectional investigation, with data collection taking place between January 2024 and June 2025. This timeframe was selected to encompass a wide range of seasonal and social influences on participants' experiences in Urmia, Iran.

Participants: The study population included mothers of children diagnosed with ASD residing in Urmia, a city in the West Azerbaijan Province of Iran. Inclusion criteria were as follows: (1) mothers aged 18 years or older; (2) primary caregivers of at least one child with a confirmed ASD diagnosis (based on DSM-5 criteria, verified through medical records or clinician confirmation); (3) children with ASD aged between 3 and 18 years; (4) mothers who had been providing care for at least one year; and (5) willingness to participate in in-depth interviews. Exclusion criteria included mothers with severe mental health conditions that could impair participation (e.g., untreated major depressive disorder) or those unable to communicate in Persian or Azerbaijani Turkish, the predominant languages in the region.

A purposive sampling strategy was utilized to recruit participants, with the goal of achieving maximum variation in terms of socioeconomic status, the age of the child with ASD, the severity of ASD, the number of children in the family, and the duration of caregiving experience. Recruitment efforts involved collaborations with local autism support centers, pediatric clinics, and special education schools in Urmia, including the Urmia University of Medical Sciences Autism Clinic and community-based NGOs. Potential participants were identified through referrals from healthcare professionals and snowball sampling, where initial recruits recommended others.

Setting: Data collection took place in Urmia, Iran, a mid-sized urban center with a population of approximately 750,000, known for its multicultural Azerbaijani-Persian community. Interviews were conducted in private settings to ensure confidentiality and comfort, including participants' homes (n=10), quiet rooms at autism support centers (n=6), or via secure video calls (n=2) for those preferring remote participation due to logistical constraints. The choice of setting was participant-driven to minimize barriers and enhance rapport.

Data Collection: Data was collected through semi-structured, in-depth individual interviews, which are a standard method for eliciting rich, narrative data in qualitative content analysis. An interview guide was developed based on a literature review of coping strategies in caregivers of children with ASD and pilot-tested with two non-participating mothers to refine questions for clarity and cultural relevance. The guide included open-ended questions such as: "Can you describe the social challenges you face as a mother of a child with autism?" "What strategies do you use to cope with these challenges?" and "How do these strategies impact your daily life?" Probing questions (e.g., "Can you give an example?") were used to encourage elaboration (Table 1).

Interviews were conducted in the participants' preferred language (Persian or Azerbaijani Turkish) by the principal investigator, a trained qualitative researcher fluent in both languages, with assistance from a bilingual co-researcher when needed. Each interview lasted 45-90 minutes (mean = 62 minutes) and was audio-recorded with participants' permission. Field notes were maintained to capture non-verbal cues and contextual details. To ensure data quality, interviews were transcribed verbatim within 48 hours, with translations to Persian for analysis where necessary. Transcripts were anonymized by assigning pseudonyms and removing identifying information.

Trustworthiness: To enhance the rigor of the study, Lincoln and Guba's criteria for trustworthiness were applied (16): credibility, dependability, confirmability, and transferability.

Table 1: Interview Guideline; the Study Questions

Study Questions
"Can you describe some of the social situations or interactions that have been challenging for you as a mother of a child with autism?"
"How do people around you (family, friends, community, strangers) react to your child's behaviors or diagnosis?"
"What has been the most difficult social aspect for you personally?"
"How do you manage or cope with these social challenges on a day-to-day basis?"
"What helps you feel supported or less isolated in social contexts?"
"Are there any positive ways you've adapted or things you've learned that help you handle social difficulties?"
"What strategies have been most effective for you, and why? Are there any that haven't worked well?"
"Looking back, what advice would you give to other mothers facing similar social challenges?"

Credibility was enhanced through prolonged engagement (multiple readings and member checking, where three participants reviewed summaries of their transcripts and initial codes for accuracy), peer debriefing (regular meetings with the research team), and triangulation (comparing data across diverse participants). Dependability was achieved via an audit trail documenting all decisions, from raw data to themes. Confirmability was supported by reflexive notes and independent coding to minimize researcher bias. Transferability was promoted by thick descriptions of the context, participant characteristics, and direct quotes in reporting, allowing readers to assess applicability to other settings. The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was followed to ensure comprehensive reporting (17).

Data Analysis: Data analysis followed the conventional content analysis approach outlined by Graneheim and Lundman (2004) , which is suitable for deriving categories directly from the text without preconceived theories (15). The process involved: [1] verbatim transcription of interviews; [2] repeated reading of transcripts for immersion and holistic understanding; [3] identifying meaning units (words, sentences, or paragraphs related to the study aim); [4] condensing meaning units into codes; [5] grouping codes into subcategories based on similarities; [6] abstracting subcategories into main categories; and [7] formulating overarching themes that captured the essence of participants' experiences.

Analysis was iterative and concurrent with data collection to guide sampling. Transcripts were managed using MAXQDA software (version 12) for coding and organization. Two researchers independently coded a subset of transcripts, resolving discrepancies through discussion to ensure consistency. The final themes were reviewed for coherence and relevance to the raw data.

Ethical Considerations: Ethical approval was obtained from the Institutional Review Board of Urmia University of Medical Sciences (Approval No. IR.UMSU.REC.1404.307). All participants provided written informed consent after receiving detailed information about the study's purpose, procedures, risks, and benefits. Participation was voluntary, with the right to withdraw at any time without repercussions. Confidentiality was ensured by storing data on password-protected servers accessible only to the research team. No incentives were provided beyond a small token of appreciation (e.g., informational brochures on ASD resources). The study adhered to the Declaration of Helsinki principles for ethical research involving human subjects.

Results

This qualitative content analysis study involved 18 mothers of children with autism spectrum disorder (ASD) from various socioeconomic backgrounds in Urmia, Iran. Participants were purposefully selected to achieve maximum variation in terms of age, education level, number of children, and duration since diagnosis. Semi-structured interviews were conducted until data saturation was reached. The demographic characteristics of the participants are summarized in Table 2.

The qualitative content analysis of the interviews revealed one main theme: Multifaceted Coping Strategies for Social Challenges. This theme reflects the complex and interconnected ways mothers navigate social stigma, judgment, isolation, and relational strains while raising a child with ASD.

Table 2: Demographic Characteristics of the Participants

Characteristic	Category	Frequency	Percentage
Age (years)	25–30	6	33.3
	31–35	8	44.4
	≥36	4	22.2
Education Level	High school or less	10	55.6
	Diploma	5	27.8
	Bachelor's or higher	3	16.7
Number of Children	1	7	38.9
	2	8	44.4
	≥3	3	16.7
Time Since Diagnosis (years)	<3	5	27.8
	3–6	9	50.0
	>6	4	22.2

Social challenges were described by participants as experiences of stigma, blame, exclusion from community activities, and strained family or marital relationships due to public misconceptions about autism. Four categories emerged, with a total of 11 subcategories (Table 3). These are presented below, supported by illustrative participant quotes (anonymized as P1-P18).

1. Individual Coping Factors

Mothers frequently highlighted their own internal resources, personal attitudes, and proactive strategies as key elements in managing the emotional distress arising from societal judgment and stigma associated with raising a child with autism.

1.1. Acceptance and Positive Reappraisal

Over time, mothers described a process of gradually coming to terms with their child's autism diagnosis, which involved shifting their perspective to focus on positive aspects and unique qualities of the child. This reframing helped diminish feelings of shame and guilt, fostering a sense of pride and empowerment

"*At first I hid him, but now I see his unique strengths and feel proud*." (P.4)

1.2. Self-Care and Emotional Regulation

To preserve their mental and emotional well-being in the face of ongoing criticism and staring from others, mothers prioritized engaging in personal activities that allowed them to recharge and maintain balance. These practices served as essential buffers against the cumulative stress of social interactions.

"*I take time for myself, like walking alone, to recharge when people stare or comment."* (P.12)

1.3. Knowledge Acquisition

Actively seeking information about autism through books, online resources, and expert materials equipped mothers with factual understanding, enabling them to challenge misconceptions and defend themselves against blame. This knowledge not only built confidence but also reduced self-doubt triggered by societal misinformation.

"*Reading books and online resources helped me explain to others that it's not my fault."* (P.7)

2. Interpersonal and Relational Coping Factors

Many coping strategies centered on navigating social relationships, selectively building connections, and drawing support from close ties to counteract the barriers and isolation imposed by stigma in their social environments.

2.1. Selective Social Engagement

Mothers often chose to deliberately limit their social interactions to individuals who were empathetic and supportive, while consciously avoiding those who were judgmental or critical. This selective approach helped protect their emotional energy and minimize exposure to blame or negativity.

"*I only go out with understanding friends; others make me feel blamed for his behavior."* (P.9)

2.2. Family and Spousal Support

Relying heavily on immediate family members, particularly spouses, provided both emotional reassurance and practical assistance in daily challenges. This shared responsibility alleviated the burden of facing extended family scrutiny or public judgment alone.

"*My husband shares the load, which makes facing relatives' questions easier."* (P.15)

2.3. Educating Others

Taking initiative to inform family members, friends, and community acquaintances about autism was a proactive way to dispel myths and reduce stigmatizing comments. By explaining the condition clearly, mothers aimed to foster greater understanding and lessen personal blame.

Table 3: Distribution of Themes, Categories, and Subcategories

Main Theme	Categories	Subcategories
Multifaceted Coping Strategies for Social Challenges	Individual Coping Factors	Acceptance and Positive Reappraisal
		Self-Care and Emotional Regulation
		Knowledge Acquisition
	Interpersonal and Relational Coping Factors	Selective Social Engagement
		Family and Spousal Support
		Educating Others
	Spiritual and Cultural Coping Factors	Religious Beliefs and Prayer
		Finding Meaning and Patience
	Community and External Support Coping Factors	Joining Support Groups
		Advocacy and Awareness Efforts
		Professional Guidance

"I explain autism to neighbors so they stop saying it's bad parenting." (P.3)

3. Spiritual and Cultural Coping Factors

Within the Iranian cultural and religious context, spiritual practices and beliefs emerged as vital sources of resilience, helping mothers endure social exclusion, gossip, and blame by framing their experiences through a lens of faith.

3.1. Religious Beliefs and Prayer

Many mothers turned to religious practices, such as prayer and reliance on divine support, to find inner peace and strength during moments of intense social judgment or isolation. Viewing their situation through faith helped them cope with exclusion from social events or hurtful comments.

"Praying gives me peace when people gossip or exclude us from gatherings." (P.18)

3.2. Finding Meaning and Patience

Interpreting the challenges of raising a child with autism as a divine test or part of God's plan allowed mothers to derive deeper spiritual meaning from their struggles. This perspective cultivated qualities like sabr (patience) and endurance, transforming hardship into an opportunity for personal and spiritual growth.

"I believe this is God's will, and it teaches me sabr (patience)." (P.10)

4. Community and External Support Coping Factors

To address feelings of isolation and access additional resources, mothers actively sought out broader networks, including peer groups, advocacy initiatives, and professional help, which provided validation and practical tools for handling societal pressures.

4.1. Joining Support Groups

Connecting with other mothers who have children with autism spectrum disorder offered a safe space for sharing experiences, emotions, and advice. These groups significantly alleviated the sense of loneliness stemming from widespread societal misunderstanding and judgment.

"*Talking to other moms who understand reduces the loneliness from societal judgment*." (P.1)

4.2. Advocacy and Awareness Efforts

Engaging in community-level activities, such as sharing personal stories online or participating in awareness campaigns, empowered mothers to challenge prevailing stigma on a larger scale. These efforts not only helped others but also reinforced their own sense of purpose and agency.

"I share stories online to help others accept autism and support families like mine." (P.6)

4.3. Professional Guidance

Seeking support from psychologists, therapists, or counselors provided structured strategies for building emotional resilience. This professional input was particularly valuable in processing blame from relatives or society and developing healthier ways to respond to ongoing social challenges.

"*The psychologist helped me cope with relatives blaming me for his condition."* (P.14)

Discussion

The present qualitative content analysis study sheds light on the multifaceted coping strategies employed by mothers of children with autism spectrum disorder (ASD) in Urmia, Iran, in response to pervasive social challenges such as stigma, blame, isolation, and relational strains. The emergent main theme, "Multifaceted Coping Strategies for Social Challenges," encompasses four categories: individual coping factors (acceptance and positive reappraisal, self-care and emotional regulation, knowledge acquisition), interpersonal and relational coping factors (selective social engagement, family and spousal support, educating others), spiritual and cultural coping factors (religious beliefs and prayer, finding meaning and patience), and community and external support coping factors (joining support groups, advocacy and awareness efforts, professional guidance). These findings highlight a blend of problem-focused and emotion-focused strategies tailored to the sociocultural context of northwestern Iran, where religious faith, family interdependence, and limited professional resources shape resilience mechanisms.

These results align closely with prior research on parental coping in ASD, particularly in Muslim-majority and developing countries, where emotion-focused strategies especially religious and spiritual coping predominate due to cultural norms and resource constraints. For instance, the prominent role of religious beliefs, prayer, and deriving meaning through concepts like patience and viewing challenges as divine tests mirrors findings from qualitative studies in other Middle Eastern contexts, such as Kuwait. Mothers in these regions relied on prayer for emotional strength amid stigma, and in broader Arab regions, religious coping was the most common strategy followed by acceptance and positive reframing (18, 19). Similarly, in Indonesia and Malaysia, Muslim mothers frequently invoked concepts like husnuzan (positive thinking toward God), ikhlas (sincerity), and tawakkul (reliance on

God) to foster acceptance and reduce caregiving stress (20, 21). In Iran itself, studies have documented spiritual coping as a buffer against stigma and isolation, with parents framing ASD as part of God's plan to cultivate endurance (22). This concordance underscores the adaptive value of faith-based emotion-focused coping in collectivist, religious societies, where it provides inner peace and reframes adversity positively. This contrasts with more secular Western contexts where problem-focused strategies often prevail.

Problem-focused elements in the current findings, such as knowledge acquisition, educating others, advocacy, and seeking professional guidance, resonate with international literature that emphasizes active strategies like information-seeking and social support to combat misinformation and stigma (23). Mothers' proactive efforts to explain ASD to neighbors or join support groups parallel reports from Iranian parents who use education and peer networks to dispel myths of "bad parenting" (24). Advocacy and awareness-sharing online reflect emerging resilience in resource-limited settings, similar to parental initiatives in Oman and Kenya, where problem-focused coping included treatment-seeking despite barriers (19, 25). Family and spousal support, along with selective engagement, highlight relational buffers common in collectivist cultures, consistent with Iranian and Middle Eastern studies showing shared burdens alleviating isolation.

However, some divergences emerge when compared to Western-dominated research. Systematic reviews indicate that parents of children with ASD globally often rely more on avoidance or emotion-focused strategies associated with higher stress, whereas problem-focused approaches (e.g., planning, instrumental support) correlate with better well-being (26). In affluent settings, access to abundant professional services facilitates greater use of problem-focused coping, yielding lower parental stress and improved family functioning post-interventions. In contrast, the mothers in this Urmia sample demonstrated a balanced integration of both approaches, with spiritual coping bridging emotional regulation and proactive meaning-making a pattern more pronounced in developing and Muslim contexts due to systemic constraints like service shortages and cultural stigma. Iranian surveys reveal widespread public misconceptions about ASD, exacerbating blame and isolation, which may necessitate heavier reliance on internal (individual/spiritual) resources over external ones (27). Non-concordant elements include less emphasis on avoidance in the current data compared to some global reports, possibly reflecting the purposive sampling of resilient mothers or regional variations in West Azerbaijan.

These coping patterns have significant implications for maternal well-being and family outcomes. Adaptive strategies such as positive reappraisal, support-seeking, and religious coping likely help reduce the heightened stress, anxiety, and depression reported among Iranian mothers of children with ASD. However, persistent social stigma, rooted in cultural beliefs that associate disability with familial shame or poor parenting, may hinder these efforts, leading to continued isolation. The findings highlight the importance of culturally sensitive interventions: increasing public awareness campaigns to decrease stigma, expanding support groups and professional counseling services in areas like Urmia, and incorporating religious aspects into psychoeducational programs. Short family-centered courses in Iran have shown to help parents shift towards problem-focused coping with lasting benefits.

Limitations involve the cross-sectional design, which precludes longitudinal insights into coping evolution, and potential sampling bias toward mothers accessing support centers, possibly excluding more isolated families. Future research should incorporate fathers' perspectives, given gender role differences in Iranian coping, and quantitatively test associations between these strategies and outcomes such as maternal mental health or child progress. Comparative studies across Iranian regions or with other Muslim countries could further elucidate cultural nuances.

Conclusion

This study contributes to the limited local literature by outlining culturally resonant coping mechanisms that promote resilience in the face of social adversities in ASD caregiving. By recognizing spiritual and relational strengths and addressing systemic gaps, customized support can empower Iranian mothers, ultimately improving family-centered outcomes in this expanding public health issue.

Conflict of Interests

Authors declare no conflict of interests.

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