

# The Effect of Psychological Stress of Parents on the Sexual Behavior of Children with Autism

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## Abstract

The purpose of this research is to evaluate the influence that the psychological stress of parents has on the sexual behavior of children with autism who are receiving treatment at autism centers in Amman. Determine the level of sexual behavior shown by children with autism, as well as the level of psychological stress experienced by the parents of children diagnosed with autism. This research used a quantitative methodology, and 55 questionnaires satisfied the criteria for being valid for analysis. According to the findings, the amount of psychological stress experienced by parents and the degree of sexual activity shown by children with autism were, respectively, high and moderate. In addition, the findings demonstrated that the psychological strain experienced by parents had no influence on the sexual conduct of their children.

**Keywords:** Psychological Stress • Sexual Behavior • Children with Autism

## Introduction

Members of the family are seen to learn from one another via interaction, and as a result, their perspectives are thought to converge and merge as an expression of the emotional involvement of any given family member [1]. Because parents are the foundations upon which their children create their identities and because children of various ages have diverse perspectives and experiences to contribute, every flaw in the construction of the family has far-reaching consequences [2]. When a family learns that one of their children has a handicap, it may cause profound shifts in the way they think, feel, and act as a unit [3]. Due to the additional and particular effort required of their child with impairments, the parents of such a child will show worry at the level of awareness or unconsciousness if their child's specific requirements are ignored [2]. As a result, the fact that there is a disabled kid in the family in addition to the unwanted qualities that he has is a cause of tension for the child's parents [4].

Parents of autistic children will have a difficult time understanding their kid's condition; they won't be able to tell how their child is different or how they are the same as their other children [5,6]. The siblings of a kid with impairments believe that he is different from them in attracting the attention of their parents since every child's fundamental need is to feel loved by his or her parents [7]. Autism takes twice the work and attention from parents, which puts them under a lot of stress. Siblings of autistic children seldom assert their claim to help and respite from their parents [8].

According to many research, there is a higher risk of psychological

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stress among parents of autistic children. Parents of autistic children performed poorly on multiple tests when compared to parents of kids with other impairments [5-9]. This extreme stress is brought on by the fact that children with impairments, autism in particular, are some of the most challenging cases to comprehend and treat [10].

According to the American Psychiatric Association 2013, autism is a lifelong, complex neurodevelopmental disorder characterized by impaired social interaction and communication (both verbal and nonverbal), difficulties in forming and maintaining relationships with others, and a restricted repertoire of behaviors that are repeated in predictable ways. An abnormal growth pattern is one of the first signs of autism, which often manifests itself in children between the ages of two and three [11], making autism one of the most challenging developmental impairments for the child and the whole family [12]. Autism has been labeled as a developmental condition in the DSM-IV-TR manual of psychiatric illnesses [13]. Parents are more susceptible to psychological stress because of their autistic child's developmental condition, which causes them to have a clouded self-concept, low self-confidence, feelings of self-hatred, and a propensity toward estrangement [14].

The word "psychological stress" refers to the negative effects of external factors on an individual's mental health, whether such effects be temporary or permanent [15]. For the first time in biology, the term "stress" was used by Hans Selye, who also coined the term and described it as "the body's reaction to any stimulus" [16]. Stress may be a reflection of a crisis or issue, a manifestation of it, or a result of its effects, but it is not the same thing [17]. This means that the problem might arrive earlier and cause stress, or it can become a crisis and cause even more stress later on. Extreme and chronic mental stress has far-reaching, deleterious impacts on one's health, including mental and behavioral disturbances, isolation, and impaired social functioning [17]. In a larger sense, stressors all share the same responses and many mediating mechanisms, including social phenomena such as disruption of the social system and the behavior cognitive components that lead to the appraisal of the danger and the ideas connected with it [18].

One of the most fundamental human drives, sex is the foundation upon which our species has been able to flourish and expand. Sexual activity on the part of a certain person may be traced back to his earliest years. Sexual activity in children manifests itself in a variety of contexts, including unstructured play. One kid may play the role of the father, the groom, or the

doctor, while the other child may play the role of the mother, the bride, or the patient [19]. This kind of game becomes popular among children after the age of four and is intended to offer an image or fulfill the children's sexual desires. The issue is how parents should handle such a situation when it arises with their children. Freud stated that parents should not give in to their children's sexual or violent desires if they manifest at this age [20]. As a result, the child will naturally repress these urges or impulses until puberty, the natural period for the development of these desires or impulses [21].

Sexual urges seem to exist in autistic children just as they do in typically developing children, however, parents and professionals often mistake sexual conduct and autism traits. Sexual play in the genitalia is a common sexual behavior among children with autism, and children normal child to engage in such conduct [22]. However, as sexual play often becomes part of the autistic child's usual conventional behavior, breaking the habit may be challenging. This is because sexual play is often connected with the child's positive emotions, making it hard to break. In this context, it is important to bring to the attention of parents the fact that the more we work to treat this behavior as soon as it first appears, the simpler it will be for us to eliminate it using specific behavioral techniques [23]. These techniques include trying to keep the child occupied for the majority of the day, avoiding leaving him alone, and working to establish a connection between this behavior and another unpleasant stimulus [22].

As a result, parents have a responsibility to be aware of these issues and make an effort to modify their children's behavior and concentrate on these issues, particularly when the child is young. This is of utmost significance in the event that sexually related issues arise in a child at a later age, as the situation can then be remedied in a timely manner. In order for a kid to be able to acquire the right social standards and values that are related to sex, there are some things that the child is required to learn. For instance, he has to figure out how to avoid unbuttoning his trousers before going to the restroom [24]. In addition, it is necessary to place an emphasis on teaching the child the gender to which he belongs. This is very important because it ensures that the child's responses to members of the opposite sex in social situations are safe and do not cause him any emotional distress, which in turn helps the child succeed in his social life [25]. Children on the autism spectrum are well-known to struggle to grasp the norms of social interaction. Therefore, it is important to instruct children to dress modestly and to teach them. Body component names are only one of several skills that an autistic youngster may need to acquire [25].

As mentioned previously, the psychological stress of parents and the behavior of children with autism have received the attention of educational researchers. Accordingly, this study aims to investigate the effect of the psychological stress of parents on the sexual behavior of children with autism in the autism centers in Amman.

## Research questions

The following questions were formulated to help in achieving the objectives:

- What is the level of psychological stress among parents of children with autism?
- What is the level of sexual behavior of children with autism?
- Is there a statistically significant relationship between psychological stress among parents of children with autism and the sexual behavior of children with autism?

## Literature review

Due to its tremendous global expansion among children, Autism Spectrum Disorder (ASD) is now a topic that demands serious consideration. There has been a rise in the number of people interested in conducting scientific studies and researching ASD in an effort to better understand the disorder, its causes, and the best methods for diagnosing it [26]. This is due to the fact that children with ASD have a more difficult time interacting with others, communicating their needs, and benefiting from

effective therapies [27]. Many experts consider ASD to be one of the most challenging developmental illnesses because of the huge variety of people who are afflicted by it and their varying sets of skills and talents [22]. While all individuals with ASD have commonalities, the signs and symptoms may appear in a wide range of overlapping patterns, depending on the person's level of impairment [28]. ASD also has repercussions on a person's social skills, language abilities, and conduct.

One of the pediatric developmental diseases, ASD has several different meanings. According to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), ASD is a neurodevelopmental disorder characterized by impaired social interaction and communication, as well as a restricted and repetitive pattern of behavior [28]. According to the criteria by Hillier et al. (2018), a child is diagnosed with autism when he or she stops making eye contact with others, stops talking, stops using gestures, and stops engaging in social interaction. ASD is one of the most severe forms of developmental disorder since it affects all parts of a child's life, including their ability to communicate verbally and nonverbally, their ability to engage socially, and the prevalence of patterns stereotyped behaviors [22]. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), ASD is a neurodevelopmental disorder characterized by intractable problems in social interaction and communication across settings and contexts, as well as by rigid and unvarying patterns of behavior, interests, and activities in the present or in the past (APA, 2013). While these characteristics must be present from a young age, they may not become noticeable until social demands outweigh restricted capacities, leading to clinical handicaps in social, practical, or other crucial domains [29]. To get a diagnosis of both ASD and intellectual impairment, social communication must be below the predicted overall developmental level. Neither intellectual disability nor pervasive developmental delay adequately explains both illnesses [30].

The effects of autism are evident in the child's communication, language development, behavioral outward manifestations, and emotional expressions [29,30]. The autistic youngster also displays atypical behavioral tendencies, such as social immaturity and hostility. One of the most fundamental problems that interfere with proper development and socialization is communication issues. ASD is one of the mysteries because of its heterogeneous presentation. As a result, many researchers have taken an interest in this condition, and several hypotheses have been put out to explain it [31]. It's fair to say that up to this point, researchers and scientists haven't been able to pin down any one or two causes of ASD that can be used as a solid foundation for diagnosis and treatment. Despite a great deal of study and studies being undertaken in this area, experts still can't agree on a single cause for the disorder's emergence [32]. Since its inception, autism spectrum disorder (ASD) origins have remained a mystery. The exact reason why some people are diagnosed with ASD and others are not being not always clear, despite extensive studies [33].

Scientists and academics from a variety of disciplines have focused on the subject of psychological stress owing to its wide-ranging influence on the lives of humans. The individual's exposure to stressful events influences his psychological structure in the context of his connection to his social environment. The person experiences anger, irritability, depression, anxiety, and other unpleasant symptoms and manifestations that drive him to engage in improper actions, such as avoiding social engagement with others or feeling alienated, and eventually a sense of futility about life [34].

Hans Selye is regarded as the originator of stress research since he was the first to use the term in the biological field and describe it as "the non-specific physiological reaction by which the body reacts to any pressure placed on it" [31]. Stress as a representation of the crisis or the issue, a manifestation of it, or a consequence of its results, but not as a synonym for it. In other words, the issue comes first, then pressure may ensue or be left behind, and then it may grow into a crisis, resulting in higher and more intense strain. In the end, it may result in a catastrophe, and the strain becomes intense [17]. The level of psychological stress and repeated exposure to it have many detrimental consequences on personality, including disorientation, difficulty to make choices, inconsistent conduct, and incapacity to communicate with people.

Hill's model is regarded as the first model of family stress, and it consists of four basic factors: the stressful event (A), the family's resources to deal with this event (B), the family's description of the event (C), and the family's negative or positive responses to the event (D). Factor (A) is regarded as a life event (disability discovery) that impacts the family in a unique way, leading to a change in the family structure. Factor (B) is the family's capacity to prevent the event (disability discovery) from ruining or harming the family unit. Factor (C) reflects the family's ideals, coherence, and prior experiences with comparable or similar situations [30]. The three factors (A, B, and C) all impact a family's capacity to avoid a stressful incident from turning into a catastrophe (factor D) [33]. The tragedy indicates the family's incapacity to preserve equilibrium and stability, but the family, particularly the parents, may utilize the resources it has to define and understand the stressful circumstance in order to overcome it and accept it.

The most significant types of stress experienced by parents of children with autism are the stress of caring for the child, the stress of autism characteristics as a disability, the stress of abnormal child behavior, the stress of anger outbursts, the stress of poor communication with the child, the stress of knowledge and diagnosis, and the stress of the reactions of siblings and strangers [7]. Parents of autistic children face stress such as worry about the child's future due to his or her inability to be independent, criticism of the child's behavior from others, particularly family members, a lack of social support, difficulty communicating with the child, and issues [1]. Because of their kid's behavior and their lack of assistance from professionals, parents of children with autism are forced to make crucial choices for the child.

A group of reasons that can increase stress among parents, including:

- Lack of engagement and conversation from the child with the parents. The relationship between the son and parents fosters emotions of shared love and pleasant emotion by preserving the lovely feelings and memories between them in the memory of the kid and the parents as a whole. This is because communication is a mental and emotional activity.
- One of the primary causes of stress for parents is behavioral and diagnostic medical issues. Parents attempt to satisfy their son's requirements based on a misdiagnosis since the diagnosis of autism is difficult and prone to error; nevertheless, this approach has not been successful.
- Parents' lack of understanding of the traits of an autistic kid and how to handle them. The cause may not be immediately apparent to the parents; it might be that they relocated a toy that had been in the same spot for a long period. Additionally, they do not know how to handle him when he is angry. When parents embrace and kiss their children while the child exhibits convulsions, stiffness, or screaming, it breaks their hearts and causes them to feel very sad. It also heightens their sense of guilt because they think the child does not want them and does not love them.
- Deficiency in the child's ability to follow the behaviors and orders that parents ask of him increases his tantrums and parents' frustration. The child cannot understand what the parents are saying, nor can the parents bear the child's irresponsible behavior, which increases frustration [1,7].

Early intervention that aims to reduce parental stress may also favorably affect a child with autism's behavior since it can enhance family performance by reestablishing family balance, which in turn lessens the effect of behavioral issues [35]. They emphasize that by reducing a child's behavioral issues, parents will experience less stress because parents will have the tools they need to deal with potential behavioral issues in the future. They also emphasize that it is our responsibility as researchers to find the factors that contribute to better family functioning and greater optimism for the future.

The sexuality of teenagers, who often exhibit sexual desires and

a variety of sexual activities, is one of the main problems in the study of autism [36]. Any degree of functioning and cognitive aptitude may coexist with autism. Low-Functioning Autism (LFA) and High-Functioning Autism (HFA) are two categories for people with autism. LFA refers to people with intellectual disabilities, whereas HFA refers to those without intellectual disabilities. The most striking aspect of the autism condition is that both HFA and LFA often exhibit improper sexual activities as a result of their social deficiency [22].

The usual onset of sexual desire coincides with puberty, and persons with autism are not an exception to this rule. One of the many difficulties parents and other caregivers have is how sexual impulses are handled and communicated. The difficulties that people with autism must deal with when they enter adolescence in terms of bodily changes, environmental changes, and cultural expectations rise. They typically do not manage these problems well, which adversely impacts their sentiments and emotions [19]. Additionally, it's commonly established that social engagement with others is a prerequisite for learning appropriate sexual conduct, but since people with autism don't have these experiences, they lose out on important possibilities for learning. Aside from that, autism has an impact on how people perceive their surroundings and relate to others [20]. When someone behaves inappropriately as a result of not understanding society's norms, customs, and laws, other people may reject them socially. Adolescents with autism, as well as their parents and caregivers, may feel upset as a result [24]. Adolescents with autism with teenagers in the general community [25]. According to the findings, teenagers with autism exhibited more improper sexual conduct than their peers, which worried their parents more.

The main ASD symptoms have a big impact on how many and how good the social interactions are for people with ASD. Communication issues and a lack of social skills make it difficult for them to build connections with others—friends and lovers—which in turn makes people with ASD seem to be acting inappropriately more often [19]. The characteristics of sexual functioning in people with ASD are heavily influenced by their socialization deficits. It has been noted that while teenagers with ASD may have a proper theoretical grasp of sexual conduct and sexual hygiene, there are some difficulties in actual practice (Hayes & Watson, 2022). The degree of intellectual growth and the degree of sexual knowledge are related from the opposite perspective [36]. As a result, the core characteristics of ASD have an impact on many aspects of an ASD person's life, including their sexuality.

In order to accurately or more imprecisely define the behavior experienced by children with autism, it is necessary to understand sexual behavior while going through puberty. The community may accept and label a variety of autistic children's behaviors related to the process of going through puberty as sexual aberrations due to a lack of self-control, which happens in autistic kids. This study concentrates on determining child sexual behavior autism aged 12–18 years because it is important for parents, teachers, and therapists to guide and direct children about independence and appropriate sex education in a contextual way tailored to each individual with autism so that children can easily understand it.

## Previous Studies

An investigation with the aim of identifying the level of psychological stress among mothers of children with autism spectrum disorder in light of some variables (educational level, family income), and its relationship to their quality of life [27]. (236) mothers participated in the study, to whom measures of psychological stress and quality of life were applied. The results showed that the level of psychological stress among mothers of children with autism spectrum disorder was high. The results also revealed that there are differences in the level of psychological stress among mothers of children with autism spectrum disorder, which is attributed to the educational level variable in favor of the least educated, and to the monthly income variable of families in favor of those with lower incomes.

The relationship between unfavorable life experiences, parental stress, and mental health and emotional and behavioral issues in young



people with autism spectrum disorder [37]. The emotional and behavioral difficulties of 115 young people with ASD from a population-based longitudinal research were evaluated at three time periods (12, 16, and 23 years) using questionnaires. At age 23, exposure to unfavorable life events as reported by parents and parental stress/mental health were assessed. This study used structural equation modeling to examine the stability of emotional and behavioral difficulties over time, as well as the relationship between unfavorable life events and parental stress and mental health and emotional and behavioral outcomes at 23 years of age. Despite adjusting for symptoms in infancy and adolescence, the findings show that exposure to unfavorable life events is strongly related with higher emotional and behavioral issues in young adults with ASD. Greater parental stress and mental health issues were related with a greater prevalence of behavioral disorders, but not emotional problems, and did not moderate the effect of unfavorable life events. These findings imply that child and adolescent emotional and behavioral disorders, exposure to life events, and parent stress and mental health are independently related with emotional or behavioral outcomes in early adulthood, to varying degrees.

The psychological suffering Iranian parents had while coping with the sexual practices of their children with ASD. This qualitative research was created using the traditional content analysis methodology [38]. 27 parents of children with ASD, ranging in age from 8 to 34, participated in semi-structured and in-depth interviews. Using qualitative content analysis, the concerns theme—which included four subthemes—was identified from the data interpretation. 1) Sexual vulnerability; 2) Unintended Social Consequences; 3) Psychological Pain; and 4) Uncertainty Regarding the Future of a Child's Sex Life. The research underscored how crucial it is to pay heed to parents' worries about their children's sexual conduct if they have ASD. Utilizing coping mechanisms may assist parents of children with ASD in reducing psychological discomfort, which is a key barrier to effective dealing with sexual activities. To address parents' worries about a child with autism's sexual health, it is required to create, execute, and evaluate culturally relevant educational programs.

The effect that dealing with a kid who exhibits autistic behavior has on the caregiver's mental health, as well as whether or not this stress varies depending on the caregiver's and the child's demographics [39]. The goal of this study is to evaluate the emotional burden placed on family members caring for autistic children. From September\_ 2019 to May\_ 2020, researchers at autism care facilities in the holy city of Kerbala used an analytical descriptive study to learn how the behavioral difficulties of autistic children affected the emotional strain on their family caregivers. The psychological stress questionnaire was completed by family caregivers of 75 autistic children who were chosen at random. The study found that the behavioral problems of children with autism are associated with a moderate level of family stress, and that there is a statistically significant relationship between behavioral problems of children with autism and family stress. However, the study also found no statistically significant differences in the level of behavioral problems and family stress with respect to demographic variables of the child and family caregiver (age, gender, educational level, and family income).

## Research Methodology

In the present study, both a quantitative approach and a descriptive design were used in order to achieve the goal of producing a methodical, accurate, and meticulous description of the traits and facts pertaining to a population or a specific location. The purpose of descriptive research that employs quantitative methods is to first define or explain the features of the state or object under investigation and then to provide the results of the research in an analytical format [18, 21].

## Population and Sample

According to Barreiro and Albandoz in 2001 and Zikmund in 2003, a

population of fewer than 500 is regarded to be small, and in this case, it is common practice to perform the survey using the whole population as a sample, which is referred to as a census sample. Parents of autistic children at Amman's autism centers with children between the ages of 12 and 18 were asked to fill out a questionnaire. It was determined that 55 out of a total of 63 surveys were reliable enough for statistical analysis.

## Research Instrument

In this research, questionnaires were provided to parents of children with autism, and their responses were analyzed using a five-point Likert Scale ranging from "1" (extremely low) to "5" (extremely high). There were three sections to the questionnaire. Part 1 asks for demographic details, such as the "gender, age, and educational level" of parents of autistic children. The second section, which had 25 questions, was designed to gauge the extent to which the participants were experiencing psychological stress. The questions in this section were derived from those in Muhaidat and Abu Sarah 2020. Teenage autistic children's sexual behavior was evaluated in Section 3. This section consisted of 13 questions. The questions below are based on research [40].

## Instrument Validity

The researcher showed the instrument to eight specialists from Jordanian university faculties who all had doctorates in special education. This was done so that the language's scientific rigor, formulation, and clarity could be guaranteed. In light of the recommendations made by these specialists, the number of questions pertaining to psychological stress has decreased to 19 and the number of questions pertaining to sexual behavior has decreased to 10 questions.

## Instrument Reliability

It is possible to determine whether or not an instrument is reliable by determining whether or not it is possible to acquire the same findings using that instrument on the same sample while maintaining all other variables. Cronbach's alpha was used to evaluate the internal consistency of the responses provided by the respondents. As can be seen in (Table 1), a value of 60% or more indicates that the answers provided by respondents may be trusted [18,25].

The results of the study's measures are shown in (Table 1), which reveals that they had high levels of internal consistency and ranged between and (0.801-0.864). This suggests that the Cronbach Alpha coefficients for each component of the questionnaire are higher than (0.60). This indicates that the components of the research instrument are consistent with one another.

## Data Analysis

The researcher made use of the mean scores, standard deviations, and linear regression offered by the SPSS software in order to accomplish the goals of the study. The following provides an explanation of the results, which were based on the means that were employed to describe them. The mean score of the item is less than or equal to (2.33); the grade of the item is low. The mean score of the item ranges between (2.34- 3.66); the grade of the item is moderate. The mean score of the item is more than or equal to (2.33); the grade of the item is high.

**Table 1.** The results of the Cronbach Alpha Test.

Variable	Value
Psychological stress	0.801
Sexual behavior	0.864
Total	0.834

## Result and Discussion

### Results of the first question

**Profile of the Respondents:** Respondents' demographics (such as their "gender," "age," and "educational level") were described using descriptive analysis. The (Table 2) below shows that males made up 72.7% of the respondents and females 27.3%. Table 3 reveals that 54.6% of respondents are above the age of 30, while 41.8% are in the 25-35-year age bracket, and 3.6% are younger than 25. When it comes to respondents' levels of education, 1.8% have completed the preparatory program, 5.5% have completed the secondary program, 9.1% have completed the diploma program, 63.6% have completed the bachelor's program, and finally, 20.0% of respondents have completed the postgraduate program.

The first research question asked, "What is the level of psychological stress among parents of children with autism?". SPSS was used to determine the mean score and standard deviation (Table 3).

According to Table 3, the mean psychological stress score among parents of autistic children was (3.74), with a standard deviation of (0.75). This indicates that parents of autistic children experience significant levels of psychological stress. Item 4, has the highest means score among the items of psychological stress among parents of children with autism (4.15), while item 6, has the second-highest means score among the items of psychological stress among parents of children with autism (4.13), and item 7, has the third-highest means value among the items of psychological

**Table 2.** The Profile of the Respondents (N = 55).

Variable	Category	N	%
Gender	Male	40	72.7
	Female	15	27.3
Age	Less than 25	2	3.6
	25-35	23	41.8
	More than 35	30	54.6
Educational level	Preparatory	1	1.8
	Secondary	3	5.5
	Diploma	5	9.1
	Bachelor	35	63.6
	Postgraduate	11	20

**Table 3.** Mean scores and standard deviation of psychological stress.

Items	M	St.devi	Dec
Item1	3.71	0.98	H
Item2	3.95	1.15	H
Item3	3.86	1.15	H
Item4	4.15	0.99	H
Item5	3.58	1.02	M
Item6	4.13	1.01	H
Item7	4.09	1.09	H
Item8	3.99	1.05	H
Item9	3.98	1.07	H
Item10	3.71	1	H
Item11	3.82	1.04	H
Item12	3.65	1.05	M
Item13	3.27	1	M
Item14	3.49	1.03	M
Item15	3.5	1	M
Item16	3.82	1.07	H
Item17	3.66	1.05	M
Item18	3.3	0.99	M
Item19	3.49	1.02	M
<b>Total</b>	<b>3.74</b>	<b>0.75</b>	<b>H</b>

stress among parents of children with autism with (4.09). While item 13, item 18, and item 19 have the lowest value of the means among the items with (3.27), (3.30), and (3.49) respectively. This finding is consistent with those of the studies [27,37].

This might be because having a kid on the spectrum for autism increases parental stress and anxiety. Since this kid has a hard time figuring out what he wants and needs, can't handle his own business, has lost confidence, and can't fit in with his friends, it has a ripple effect on his parents' life and their relationships. In addition, the emotional strain of caring for a kid on the autism spectrum may put a family in a vulnerable position, making them more vulnerable to crises and other difficulties. Which drains their strength and causes them to neglect their own personal life, other children, and social activities in order to accommodate and cope with this child's issues. Their capacity for long-suffering and patience, as well as their authority over and command of household affairs, may wane with the years.

In order to answer the second study question, which stated: "What is the level of sexual behavior of children with autism?". SPSS was used to determine the mean score and standard deviation (Table 4).

Table 4 showed that the mean score of sexual behavior among children with autism was (3.65) with a standard deviation of (0.85). This means that the level of sexual behavior among children with autism is moderate. Item 1, has the highest means score among the items of sexual behavior among children with autism (4.00), while item 8, has the second-highest means score among the items of sexual behavior of children with autism (3.86), and item 3, has the third-highest means value among the items of sexual behavior of children with autism (3.85). While item 10, item 6, and item 7, have the lowest value of the means among the items with (3.33), (3.52) and (3.53) respectively. This finding is consistent with those of the studies [37,38].

The lack of an environment that promotes full involvement as a manner of coping with unwanted sexual conduct is cited by the researcher as the cause of this. By giving the person all of his rights and creating an environment that is conducive to life, work, and play, parents can indirectly reduce undesirable behavior by occupying their children's time with activities both inside and outside the home, such as chores, sports, and skill-building. This helps to build a variety of desirable and acceptable behaviors. Different creative possibilities, provide chances for social interaction with people of both sexes to establish normal human relationships and to meet the social and emotional requirements of adolescents and teenagers within the constraints of the family and within the bounds of respectable societal standards. As well as using the proper supports for age and intellectual ability, privacy, and not leaving the son or daughter alone for extended periods of time, they should also encourage and enhance the right and desirable conduct that is sometimes shown by them.

With the use of a basic linear regression coefficient analysis, the researcher was able to answer the third research question by determining the kind and degree of influence that parental psychological stress has on autistic children's sexual behavior. A basic correlation study of this effect's

**Table 4.** Sexual behavior means scores and standard deviation.

Items	M	St.devi	Dec
Item1	4	1.09	H
Item2	3.74	1.05	H
Item3	3.85	0.99	H
Item4	3.68	0.85	H
Item5	3.3	1.08	M
Item6	3.52	0.98	M
Item7	3.53	0.9	M
Item8	3.86	1.01	H
Item9	3.69	0.97	H
Item10	3.33	1.2	M
<b>Total</b>	<b>3.65</b>	<b>0.85</b>	<b>M</b>

Table 5. Simple linear regression.

Variable	Beta	t- value	P- value
Psychological stress	0.132	0.564	0.451
R		0.079	
R <sup>2</sup>		0.005	
F		0.221	
df		54	

regression findings is summarized in (Table 5) as follows:

The information in the table above indicates that there is no statistically significant correlation between parental psychological stress and their children's sexual behavior. According to the model's simple correlation coefficients (R), the correlation coefficient has a low value and represents roughly 0.079%. This finding is contradictory to the results of [38,39].

## Conclusion

The primary purpose of this study was to evaluate the influence of psychological stress among parents of children with autism on the sexual behavior of children with autism in autism centers in Amman. The findings indicated that there was no significant link between the levels of psychological stress experienced by parents of children with autism and the sexual behavior of their autistic children. On the other hand, the findings indicated that the levels of psychological stress and sexual behavior among the children diagnosed with autism were high on the former and moderate on the latter, respectively. According to the findings of the research, parents of children with autism are able to adjust to the autism spectrum disorder that their kid has and then manage the crisis; ultimately, the parents acknowledge the presence of the impaired child. As a consequence of this, the research suggests that parents should participate in counseling and training programs that are designed to assist them in coping with the atmosphere of the school setting.

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