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Review Article

Causes and consequences of autism rise: Impact on quality of life

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Abstract

Background: There has been a rise in autism spectrum disorder (ASD) across the world, predominantly in the low and middle-income countries where there is limited diagnostic capacity, access to healthcare and social awareness. This review employed a problem tree analysis framework to understand the causes and effects of the increasing prevalence of ASD and its impacts on quality of life, family, and systems in the society.

Methods: The literature review was conducted in accordance with the PRISMA 2020 guidelines. Articles published between 2015 and 2025 were included in the search in PubMed, Scopus, and Google Scholar. Studies meeting the eligibility criteria, including those on ASD prevalence, etiological determinants, and socioeconomic or psychosocial effects, were included. The thematic synthesis of findings and their organisation based on a problem tree model (causes, effects, impacts) was used.

Results: There is an interaction between the genetic vulnerability, environmental factors, maternal and perinatal risk factors, socioeconomic variables, augmented awareness, and diagnostic practices, which enhances the growing prevalence of ASD. This implies that the downstream implications will be huge, including increased healthcare costs, reduced workforce participation among caregivers, social exclusion, and reduced educational and job opportunities. Individuals with ASD and their families endure persistent problems with care access, stigma, and poor quality of life, particularly within resource-constrained settings.

Conclusion: ASD is an increasingly problematic burden around the world due to its intricate nature, and demands prompt diagnosis, inclusive policy, and cost-effective community- and family-based care, particularly in the low and middle-income nations.

Keywords: *autism spectrum disorder, problem tree analysis, causes and effects, quality of life, healthcare*

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Introduction

Autism spectrum disorder (ASD) is a neurodevelopmental disorder with complex manifestations of the persistent inability to communicate socially, with limited and repetitive behavior patterns and interests [1]. ASD is a condition that distinguishes all socioeconomic, cultural, and geographical backgrounds and is becoming an increasingly global public health issue.

In the last few decades, ASD prevalence has been reported to be growing significantly. It is estimated that approximately 13% of children worldwide are affected; however, there is a significant difference in prevalence between different regions [2, 3]. In high-income countries (HICs), including the United States, recent surveillance data showed that about 1 out of every 36 children aged 8 years has been diagnosed with ASD [4]. This rise was explained by the expansion of the diagnostic criteria, the increase in awareness, and the improvement in the surveillance systems, rather than a single causal factor [5, 6].

On the other hand, prevalence of ASD in low- and middle-income countries (LMICs) and South Asian countries, in particular, appears to be less but is most likely to be under-reported due to a lack of diagnostic facilities, stigma, and/or low access to special services [7, 8]. A community-based study in Bangladesh has shown a much greater prevalence in urban versus rural settings [9]. These differences highlight the impact of healthcare access, socioeconomic factors, and cultural beliefs on ASD detection.

ASD is a multifactorial combination of genetic vulnerability and environmental factors such as prenatal and perinatal factors, maternal health, and environmental exposures [10, 11]. The disorder has significant implications for individuals, families, health care systems, and societies, as families face emotional pressure, social exclusion, and financial strain, while individuals with ASD encounter barriers in education, employment, and independent living [12, 13].

The objective of the study was to determine the causes, effects, and impact of increasing prevalence of ASD, and present these linked issues through a problem tree analysis model. It also highlights evidence from LMICs to raise awareness of what needs to be done to improve overall quality of life.

Methods

Study design and reporting framework

A literature review was conducted following the PRISMA 2020 reporting model. The structure of the identification, screening, eligibility assessment and inclusion of the studies was structured using the PRISMA guidelines to increase the transparency and reproducibility. To keep the heterogeneity of the study designs, findings, and the measures of these studies included in the literature review, a synthesis of findings was done in a narrative context. The PRISMA 2020 flow diagram has been created and presented in a graphical format to illustrate the research selection process.

Search strategy

A comprehensive review of the literature was conducted across three electronic databases, including PubMed, Scopus, and Google Scholar, was described Figure 1. The search was conducted during the period of January 2015 to March 2025. The search strategy consisted of a mixture of controlled vocabulary and free-text words with the use of Boolean operators. The major search terms were: (Autism spectrum disorder OR AS disorder OR autism) AND (prevalence OR causes OR risk factors OR environmental factors OR impact OR economic burden OR quality of life).

Search terms were refined with minor database-specific modifications to align with platform indexing, and, in addition, the reference lists of included studies and relevant review articles were systematically hand-searched to identify any eligible publications not captured through the primary database searches.

Study selection process

The recovered records were then imported into a formatted Microsoft Excel and managed in a consensus of the two lead authors, as described in Figure 1, and finally 20 articles were selected for the review process.

Inclusion criteria

Peer-reviewed articles published in the defined period based on the prevalence of ASD, etiological determinants, and/or the psychosocial and socioeconomic consequences were included. Only those articles published in the English language were considered. The studies were inclusive of quantitative, qualitative, or mixed-method research studies.

Exclusion criteria

The exclusion criteria comprised non-factual books such as editorials, commentaries or opinion pieces. The published studies that stated the effects of interventions without specifying the prevalence or etiology of ASD were omitted. Duplicated articles and research on which a complete text was not accessible were likewise omitted.

Quality appraisal

The methodological quality of included studies were assessed on objectives, population representative-ness, diagnostic criteria, and outcome reporting, and qualitative studies on methodological rigor and transparency with quality appraisal used to inform, rather than exclude, study interpretation.

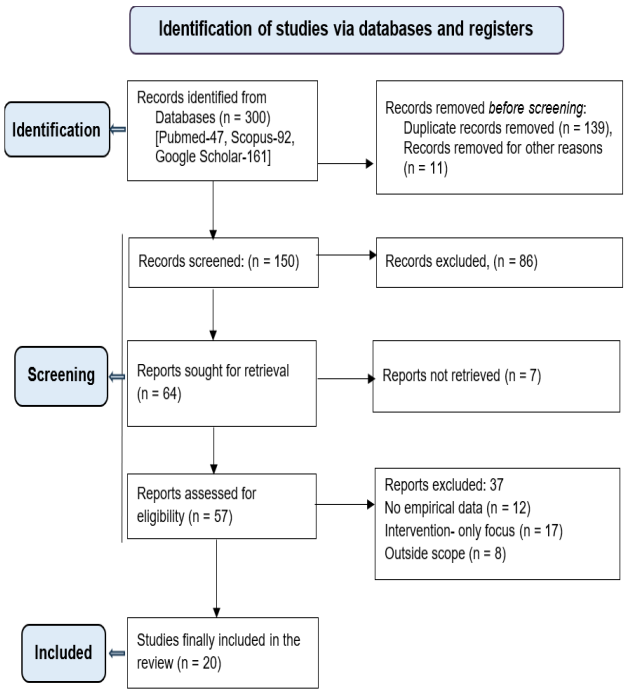


Figure 1 A PRISMA flow diagram of the study selection process

Data extraction and synthesis

The data was mined with the help of an organized data extraction sheet, which took into consideration the variables of the type of study design, the type of sample, countries, ASD diagnostic criteria, and critical findings. Narrative synthesis was used to analyze extracted data by identifying common themes and patterns. Due to the variability of the results and methodology, the quantitative summary of the findings was replaced by a descriptive one.

Results

Study selection and characteristics

A summary of the articles and the key points was presented in Table 1 and in a problem tree (Figure 2) analysis, where the increase in the prevalence of ASD was theorized as the main issue. The determinants were given as root causes and contributing factors, followed by effects on an individual and family level, and finally, the impact on the quality of life and systems in society.

Causes of the increasing prevalence of autism spectrum disorder

Prenatal and environmental exposures

As per a number of studies, prenatal exposure to environmental pollutants is associated with a high risk of ASD. Exposure of pregnant women to air pollutants, such as fine particulate matter (PM 2.5), nitrogen dioxide (NO2), and carbon monoxide, has been linked to neurodevelopmental dysfunction in the fetus because of oxidative stress and inflammatory pathways [14].

Certain research indicates that exposure to electromagnetic radiation during pregnancy can disrupt calcium signalling and neural communication, but the evidence remains inconsistent [15]. Having a city living highly populated environment, increases risk of ASD, especially in a highly populated environment [16].

Maternal and perinatal factors

The issue of maternal health in pregnancy is important in ASD risk. There is the possibility of the amplification of the fetal exposure to stress hormones by psychological stress, anxiety, and depression, which may impact the development of the brain [17]. Poor maternal nutrition premature birth and low birth weight are also considered as long-standing risk factors [9].

The infection of the mother (influenza or rubella) can increase inflammatory cytokines that disrupt the development of the fetal

Table 1. Mapping of causes, effects and impacts of autism rise

Category	Sub theme	Key point	References
Causes (n=10)	Prenatal and environmental exposures	There is an environmental and genetic interaction that enhances the risk of ASD. Low SES postpones the diagnosis and care.	[14, 15, 16]
	Maternal and perinatal factors.	City life and the pollution leading to ASD.	[17, 18]
	Factors of socioeconomic and family structure	Infection and maternal stress influence brain development.	[16]
	Healthcare and awareness factors	Low SES postpones the diagnosis and care.	[19]
	Early childhood developmental factors	Too much screen time is bad in language development.	[20, 21, 22, 23]
Effects (n=9)	Socioeconomic effects	Fiscal pressure, nursing load, loss of work.	[24, 25, 26]
	Family structure and well-being	Stress, anxiety and depression of parents, physical health problems.	[27, 28]
	Social isolation and loneliness	Isolation, nervousness, bad social interaction.	[29, 30, 31, 32]
Impacts (n=3)	Quality of life	Decreased self-sufficiency, low education/work, long-term care.	[33, 34]
	Health & mortality	Increased comorbidities, decreased life expectancy.	[34]
	System-level impact	Pressure on health, education, and welfare structures (LMICs)	[35]

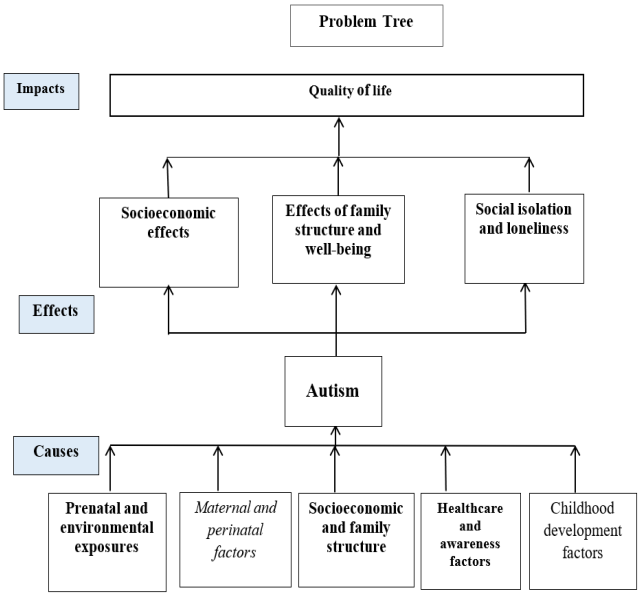


Figure 2. Problem tree analysis of rising autism

brain [16]. The risk has been attributed to advanced age of the parent especially the paternal age which is caused by de novo genetic mutations and epigenetic modifications of neurodevelopmental pathways [18].

Factors of socioeconomic and family structure

The children born to poor families have minimal access to prenatal care, early developmental care, and health care services and are more exposed to environmental risks e.g. poor diets and congestion. Evaluation and intervention can be slowed down by financial constraints [9].

The education of parents is also closely correlated with early ASD detection. If the level of education is lower than the level of health literacy then it leads to later diagnosis [9].

The family structure also influences early development. In the nuclear family, children got fewer opportunities to communicate with different peoples [16].

Healthcare and awareness factors

Lack of awareness and social stigma has been the cause of a slow ASD diagnosis and treatment. The stereotypes deter help-seeking and lead to underreporting [19]. A lack of access to healthcare, especially in underserved communities, leads to late diagnosis due to the shortage of qualified specialists, screening issues, and inadequate health infrastructure [19].

Early childhood developmental factors

There is some emerging evidence of links between excessive screen exposure in early childhood and developmental problems applicable to ASD, such as impaired social interaction and delayed language acquisition [20, 21, 22]. Few interactive play options also impair social learning, emotion control, and peer interaction [23]. Although the causality is still under study, these can contribute to the development vulnerability of at-risk children.

Effects of rising autism rates

Socioeconomic effects of rising autism

There are increasing socioeconomic implications of ASD on the victims, their families and societies. The advanced needs of caregiving and the extended reliance on specialized services put significant financial stress on families, especially in low-resource environments [24].

Moreover, the long-term treatment and rehabilitation is expensive and also makes families cut work hours, or even quit their jobs, leading to lack of income and financial instability [25, 26]. On a larger scale, the growing demand of specialized healthcare, education, and social support systems is an overload to the national health and welfare systems, particularly in developing nations.

Effects of family structure and well-being

The rising cases of children with ASD are putting substantial emotional and psychological stress on the family setup. There is increased caregiving stress, emotional exhaustion and financial strain on the families that may interfere with family dynamics and relationships [17].

Caregiving stress has been cited to be associated with physical health issues in parents, such as sleeping problems and metabolic risk [27]. The emotional impact can also be observed, and increased stress, anxiety, and depression levels among the parents are observed, especially mothers [28].

Social isolation and loneliness

The increasing prevalence of ASD is a major social consequence of social isolation and loneliness. The children with ASD are more susceptible to stress, sensory overload, and routine changes, which can contribute to heightening anxiety and problems in emotional regulation and restrict the focus on social activities [1, 29, 30]. More screen time and less time to socialize would also lead to social loneliness and ineffective communication skills [31, 32].

Poor social experiences can strengthen repetitive behavior and inhibit the emergence of social competence [33]. Problems with making friends are typical of children with ASD, which results in delayed social and emotional growth and subsequent isolation [34].

Impacts

Quality of life

The effects of ASD are long-term, not only during childhood but also during adulthood; it affects both health and independence as well as participation in society. It has been shown that mortality

rates among ASD patients are much higher, and their life expectancy is lower by about 16 years than the general population, which is mostly caused by the presence of comorbid medical and mental illnesses, including epilepsy, gastrointestinal disorders, and depression [35].

The chronic obstacles to healthcare access, education, and employment are still prevalent, especially in LMICs where there are fewer policies that are embraced and systemic long-term support structures [13, 36]. A significant portion of people with ASD need lifelong support, and a lack of proper planning of the transition between childhood and adulthood limits the prospects of living independently and becoming economically involved. These accruing impacts significantly reduce the general living standards of people with ASD as well as their families.

Discussion

This review provides a synthesis of evidence to show that the increased prevalence of ASD is a complex interplay between genetic vulnerability, prenatal health and maternal factors, socioeconomic status, and improved diagnosis. In line with the global literature, genetic predisposition remains a key factor; however, there is an increasing role of environmental and contextual factors in the observed prevalence trends, especially in low- and middle-income nations (LMICs) [11].

A comparative analysis shows that there are vast disparities between the high-income countries (HICs) and the LMICs. Elsewhere, particularly in HICs like the United States, prevalence is reported to be much greater, at approximately 1 in 36 children, largely due to well-established surveillance systems, a broader definition of the disease, and increased awareness among the public [6, 4]. Conversely, the lower rates of prevalence in LMICs are generally explained by underdiagnosis, the poor healthcare system, and sociocultural stigma instead of actual epidemiological variations [7, 37].

In South Asia, the prevalence reported is highly varied, ranging between 0.09% in India to more than 1% in Sri Lanka, highlighting the role of access to healthcare, socioeconomic status, and cultural views on neurodevelopmental disorders [9]. These results are consistent with previous studies in Iran and other LMICs in which the better the healthcare access, the higher the reported prevalence of ASD [8].

Of particular interest are the environmental risk factors, including air pollution, exposure to prenatal toxins, and maternal health complications that are particularly common in highly populated and industrializing countries such as Bangladesh [14]. Such exposures in combination with socioeconomic disadvantage can contribute to an increased risk in neurodevelopment and also inhibit access to early diagnosis and intervention.

The impact of higher prevalence of ASD is a significant downstream outcome, especially in the context of a socioeconomic burden, family structure disruption, and social isolation. As in the previous works, caregivers are subjected to elevated emotional stress, financial burden, decreased workforce involvement, and the long-term limitations of care giving [26, 38]. These impacts are not just limited to the household-induced strain on healthcare systems and social support structures.

Losses of quality of life, social isolation, susceptibility, and vulnerability are examples of the factors leading to the need to ensure the use of holistic, lifespan-focused approaches to support that can contribute to the needs of the family and the social inclusion of the person [39, 40]

In general, the framework of problem tree analysis indicates the cascading of upstream detxerminants into long-term health and social outcomes. To effectively tackle ASD, a combination of policy actions is necessary, encompassing the early identification, the possibility of obtaining medical care, the integration of education, and the rehabilitation of the affected can be facilitated by the family, especially in the conditions of LMICs, where the number of unmet needs is high.

Limitations

The review is not a systematic or scoping review, and did not include a meta-analysis due to the unavailability of funding and resources. Not all potentially relevant articles were available in full -text and thus some important studies might not have been included and this could have affected the completeness of the results. Since the review mainly used published materials in chosen databases and in English language, there is a possibility that studies published in other foreign languages or grey literature were not included.

Conclusion

The review was not a systematic review, meta-analysis, or scoping review design because of the unavailability of specific funding and resources. Not all potentially relevant articles were available in full -text and thus some important studies might not have been included and this could have affected the completeness of the results. Since the review mainly used published materials in chosen databases and in English language, there is a possibility that studies published in other foreign languages or grey literature would not have been included.

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Author contribution

Concept and design, or design of the research; or the acquisition, analysis, or interpretation of data: ZFF, SS, JA, MFA, KK. Drafting the manuscript or revising it critically for important intellectual content: ZFF, SS, JA, MFA, KK. Final approval of the version to be published: ZFF, SS, JA, MFA, KK. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved: ZFF, SS, JA, MFA, KK.

Conflict of interest

We do not have any conflict of interest.

Data availability statement

We confirm that the data supporting the findings of this study will be shared upon reasonable request.

AI disclosure

None

References

1. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Washington, DC: American Psychiatric Association; 2013. doi: 10.1176/appi.books.9780890425596
2. Lai MC, Lombardo MV, Baron-Cohen S. Autism. The Lancet. 2020;395 (10242):843–859. doi: 10.1016/S0140-6736(19)32921-7
3. World Health Organization (WHO). Autism spectrum disorders. Geneva: WHO; 2023. Available at: https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders. [Acc on 21 Jan 2025]
4. Maenner MJ, Warren Z, Williams AR, Amoakohene E, Bakian AV, Bilder DA, Durkin MS et al. Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years - Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2020. MMWR Surveill Summ. 2023 Mar 24;72(2):1-14. doi: 10.15585/mmwr.ss7202a1
5. Associated Press. Trump seemed to entertain a discredited theory on autism. This is what's behind the rising rates. AP News. 2024. Available at: https://apnews.com/article/autism-rates-vaccines-trump-rfk-polio-4d1ef5bd69dc20533e95e8e34e0b1e86. Accessed on 19 Dec 2025]
6. Centers for Disease Control and Prevention (CDC). Prevalence and characteristics of autism spectrum disorder among children aged 8 years. Atlanta (GA): CDC; 2023. Available at: http://www.cdc.gov. Accessed on 23 Mar 2025]
7. Lockwood Estrin G, Bhavnani S, Arora R, Gulati S, Divan G. Caregiver perceptions of autism and neurodevelopmental disabilities in New Delhi, India. Int J Environ Res Public Health. 2023;20(7):75291. doi: 10.3390/ijerph20075291
8. Samadi SA, McConkey R. Autism in developing countries: Lessons from Iran. Autism Res Treat. 2011;2011:145359. doi: 10.1155/2011/145359
9. Syfullah KA, Tayeb Ali GM, Arjumand M, Hossain MM, Ahmed GU, Pervez AFM, Hossain MN, Hasan ANMS. Sociodemographic and perinatal risk factors for autism spectrum disorder: A case-control study. Bangabandhu Sheikh Mujib Med Coll J. 2024;3(2):63–9. doi: 10.3329/bsmmcj.v3i2.75881
10. Bai D, Yip BH, Windham GC, Sourander A, Francis RW, Yoffe R, Sandin S. Association of genetic and environmental factors with autism in a 5-country cohort. JAMA Psychiatry. 2019;76(10):1035–43. doi: 10.1001/jamapsychiatry.2019.1411
11. Sandin S, Lichtenstein P, Kuja-Halkola R, Larsson H, Hultman CM, Reichenberg A. The heritability of autism spectrum disorder. JAMA. 2017;318(12):1182–4. doi: 10.1001/jama.2017.12141
12. Karst JS, Van Hecke AV. Parent and family impact of autism spectrum disorders: A review and proposed model for intervention evaluation. Clin Child Fam Psychol Rev. 2012;15(3):247–77. doi: 10.1007/s10567-012-0119-6
13. Mason D, Ingham B, Birtles H, Michael C, Scarlett C, James IA, Brown T, Woodbury-Smith M, Wilson C, Finch T, Parr JR. How to improve healthcare for autistic people: A qualitative study of the views of autistic people and clinicians. Autism. 2021 Apr;25(3):774-785. doi: 10.1177/1362361321993709
14. Sultana N, Shilpi AB, Begum D, Khan NZ. Developmental therapy– A generic professional expertise within child development centers in Bangladesh. Malays J Med Biol Res. 2022;9(1):21–8. doi: 10.18034/mjmbr.v9i1.633
15. Ha P, Lrl P, Mcf F. Toxins, malnutrition, stress, infections and electromagnetic pollution: Looking about new perspectives in development of diseases. J Nutr Food Sci. 2016;6(6). doi: 10.4172/2155-9600.1000558
16. Geetha B, Sukumar C, Dhivyadeepa E, Reddy JK, Balachandar V. Autism in India: A case–control study to understand the association between socio-economic and environmental risk factors. Acta Neurol Belg. 2019;119(3):393–401. doi: 10.1007/s13760-018-01057-4
17. Banu LA, Haque FA, Tasnim S. Neurodevelopmental disorders (NDDs) in children: Role of maternal factors. Bangladesh J Obstet Gynaecol. 2023;37(2):139–47. doi: 10.3329/bjog.v37i2.69033
18. Srivastava M, Srivastava P, Dubey AK, Srivastava P. A narrative review of autism spectrum disorder in the Indian context. J Indian Assoc Child Adolesc Ment Health. 2023;19(4):336–43. doi: 10.1177/09731342231223589
19. Tushar AK, Antara IJ, Das D, Chandra P, Soron TR, Haque MM. We need more power to stand up. Proceedings of the 2020 International Conference on Information and Communication Technologies and Development. 2020;1–12. doi: 10.1145/3392561.3394643
20. Madigan S, McArthur BA, Anhorn C, Eirich R, Christakis DA. Associations between screen use and child language skills: A systematic review and meta-analysis. JAMA Pediatr. 2019. Available at: https://pubmed.ncbi.nlm.nih.gov/32202633/. [Accessed on 19 Feb 2025]
21. Mustafa N, Khan RB, Khan SA. Association of screen time with autistic traits and hyperactivity among children. J Pak Med Assoc. 2020;70(Suppl 1)\:S37–41.
22. Ophir Y, Rosenberg H, Tikochinski R, Dalyot S, Braziler YL. Screen time and autism spectrum disorder: A systematic review and meta-analysis. JAMA Pediatr. 2023. Available at: https://pubmed.ncbi.nlm.nih.gov/38064216/. [Accessed on 22 Jan 2025]
23. Sugiyama M, Tsuchiya KJ, Okubo Y, Rahman MS, Uchiyama S, Harada T et al. Outdoor Play as a Mitigating Factor in the Association Between Screen Time for Young Children and Neurodevelopmental

Outcomes. JAMA Pediatr. 2023 Mar 1;177(3):303-310. doi: 10.1001/jamapediatrics.2022.5356

24. Zwaigenbaum L, Bauman ML. Early intervention for children with autism spectrum disorder under 3 years of age: Recommendations for practice and research. Pediatrics. 2015;136(Suppl 1)\:S60–S81. doi: 10.1542/peds.2014-3667E
25. Liptak GS, Benzoni LB, Mruzek DW, Nolan KW, Thingvoll MA, Wade CM, Fryer GE. Disparities in diagnosis and access to health services for children with autism: data from the National Survey of Children's Health. J Dev Behav Pediatr. 2008 Jun;29(3):152-160. doi: 10.1097/DBP.0b013e318165c7a0
26. Amate JJ, Rosa AL. The effect of autism spectrum disorder on family mental health: Challenges, emotional impact, and coping strategies. Brain Sci. 2024;14(11):1116. doi: 10.3390/brainsci14111116
27. Lubbe AV, Swaab H, Vermeiren R. Chronic parenting stress in parents of children with autism: Associations with chronic stress in their child and parental mental and physical health. J Autism Dev Disord. 2025;23. doi: 10.1007/s10803-025-06736-9
28. Muhammad N, Baroi B, Rathi RS. Mental health of parents with and without autistic children: A comparative study. Jagannath Univ J Psychol. 2020;10(1):21–3. Available at: https://www.researchgate.net/publication/354830521_Mental_Health_of_Parents_with_Autistic_Children_Mental_Health_of_Parents_with_and_without_Autistic_Children_A_Comparative_Study. [Accessed on 30 Dec 2025]
29. Corbett BA, Mendoza S, Abdullah M, Wegelin JA, Levine S. Cortisol circadian rhythms and response to stress in children with autism. Psychoneuroendocrinology. 2006;31(1):59–68. doi: 10.1016/j.psyneuen.2005.05.011
30. White SW, Oswald D, Ollendick T, Scahill L. Anxiety in children and adolescents with autism spectrum disorders. Clin Psychol Rev. 2009;29(3):216–29. doi: 10.1016/j.cpr.2009.01.003
31. Childwise. The silent struggle: Understanding the impact of social isolation on children with autism. Childwise; 2024. Available at: https://childwiseaba.com/understanding-the-impact-of-social-isolation-on-children-with-autism/. [Accessed on 12 Dec 2025]
32. Christakis DA. The effects of infant media usage: What do we know and what should we learn? 2008. Available at: https://pubmed.ncbi.nlm.nih.gov/18793294/. [Accessed on 3 Feb 2025]
33. Mayo Clinic. Autism spectrum disorder – Symptoms and causes. Mayo Clinic. 2023. Available at: https://www.mayoclinic.org/diseases-conditions/autism-spectrum-disorder/symptoms-causes/syc-20352928. [Accessed on 13 Jan 2025]
34. White SW, Keonig K, Scahill L. Social skills development in children with autism spectrum disorders: A review of the intervention research. J Autism Dev Disord. 2007;37(10):1858–68. Available at: https://link.springer.com/article/10.1007/s10803-006-0320-x. [Accessed on 21 Feb 2025]
35. Hirvikoski T, Mittendorfer-Rutz E, Boman M, Larsson H, Lichtenstein P, Bölte S. Premature mortality in autism spectrum disorder. Br J Psychiatry. 2016;208(3):232–8. doi: 10.1192/bjp.bp.114.160192
36. Picardi A, Gigantesco A, Tarolla E, Stoppioni V, Cerbo R, Cremonte M, Alessandri G, Lega I, Nardocci F. Parental Burden and its Correlates in Families of Children with Autism Spectrum Disorder: A Multicentre Study with Two Comparison Groups. Clin Pract Epidemiol Ment Health. 2018 Jul 31;14:143-176. doi: 10.2174/1745017901814010143
37. Liao C, Chen C, Hsu H, Chen C. Telerehabilitation for children with autism spectrum disorder in low- and middle-income countries: Opportunities and challenges. Int J Environ Res Public Health. 2022;19(17):10987. doi: 10.3390/ijerph191710987
38. Cidav Z, Marcus S, Mandell D. Implications of childhood autism for parental employment and earnings. Pediatrics. 2012;129(4):617–23. Available at: https://publications.aap.org/pediatrics/article-abstract/129/4/617/32384. [Accessed on 12 Dec 2025]
39. Srivastava M, Srivastava P, Dubey AK, Srivastava P. A narrative review of autism spectrum disorder in the Indian context. J Indian Assoc Child Adolesc Ment Health. 2023;19(4):336–43. doi:¨ 10.1177/09731342231223589
40. Divan G, Vajaratkar V, Desai MU, Strik-Lievers L, Patel V. Challenges, coping strategies, and unmet needs of families with a child with autism spectrum disorder in Goa, India. Autism Res. 2021;14(3):603–14. doi: 10.1002/aur.2477