

**CHALLENGES FACED BY WORKING MOTHERS OF
CHILDREN WITH AUTISM DURING LOCKDOWN PERIOD**

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CERTIFICATION OF APPROVAL

DECLARATION

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CONTENTS

S. No	Chapters	Page Number
1	Introduction	8-13
2	Review of literature	14-25
3	Research Methodology	26-31
4	Case Presentation	32-41
5	Data analysis and Interpretations	42-48
6	Findings, Suggestions and Conclusion	49-54
7	Bibliography and Appendix	55-62

ABSTRACT

Autism spectrum disorder (ASD) is a broad term used to describe a group of neuro-developmental disorders. These disorders are characterized by problems with communication and social interaction. People with ASD often demonstrate restricted, repetitive, and stereotyped interests or patterns of behavior. ASD is found in individuals around the world, regardless of race, culture, or economic background. In the lockdown period With professional and social support reduced because of these circumstances, parents and caregivers will almost certainly encounter an increased frequency and severity of challenging behaviour in individuals with autism spectrum disorder. Parents of children on the autism spectrum are likely to have personal challenges, including working from home or loss of employment, and could become overwhelmed with the demands of looking after their children without the daily support of specialists. This study aims to explore and better understand the effect of working mothers with autistic child . There is no studies on this topic. This study would also contribute to the knowledge base of social work and facilitate further research in this area. The study is qualitative in nature and multiple case study design was used. Thematic analysis was done to analyse the data. The data were collected from three respondents .The cases were purposively selected and a semi-structured interview guide was used as the tool. The findings of the study is that pandemic effect the working mothers very well like Physical, psychological, financial and social challenges are faced.

CHAPTER - I
INTRODUCTION

INTRODUCTION

AUTISM

A serious developmental disorder that impairs the ability to communicate and interact.

Autism spectrum disorder impacts the nervous system and affects the overall cognitive, emotional, social and physical health of the affected individual. (A. L. Pohl, January 2020)

The range and severity of symptoms can vary widely. Common symptoms include difficulty with communication, difficulty with social interactions, obsessive interests and repetitive behaviours. Early recognition, as well as behavioural, educational and family therapies may reduce symptoms and support development and learning.

Autism, or autism spectrum disorder (ASD), refers to a broad range of conditions characterized by challenges with social skills, repetitive behaviour's, speech and nonverbal communication. According to the Centres for Disease Control, autism affects an estimated 1 in 54 children in the United States today. Know that there is not one autism but many subtypes, most influenced by a combination of genetic and environmental factors. Because autism is a spectrum disorder, each person with autism has a distinct set of strengths and challenges. The ways in which people with autism learn, think and problem-solve can range from highly skilled to severely challenged. Some people with ASD may require significant support in their daily lives, while others may need less support and, in some cases, live entirely independently. Signs of autism usually appear by age 2 or 3. Some associated development delays can appear even earlier, and often, it can be diagnosed as early as 18 months. Research shows that early intervention leads to positive outcomes later in life for people with autism. Autism spectrum disorders (ASDs) are characterized by impairments in social interaction, communication and behavioral functioning that can affect the health-related quality-of-life outcomes of the affected child and the family. ASDs have increased in prevalence, leading to a demand for improved understanding of the comparative effectiveness of different pharmacologic, behavioral, medical and alternative treatments for children as well as systems for providing services. This review describes outcome instruments that can be used for clinical, health services and cost-effectiveness applications. There is a pressing need to identify the most appropriate instruments for measuring health-related quality-of-life outcomes in this population. Studies evaluating the cost-effectiveness of interventions or treatments for children with ASDs using the cost per quality-adjusted life year metric are

lacking. Researchers have the potential to contribute greatly to the field of autism by quantifying outcomes that can inform optimal treatment strategies. (A. L. Pohl, January 2020)

CHILD WITH AUTISM

A child with autism may have trouble interacting with others or dislike it altogether. Children with autism may also engage in repetitive behaviour's, have difficulty sleeping, or compulsively eat non-food items. They may find it hard to thrive without a structured environment or consistent routine.

There is no cure for autism, but early intervention using skills-training and behaviour modification can yield excellent results. This type of educational and behavioural treatment tackles autism symptoms - impaired social interaction, communication problems, and repetitive behaviour's. It can also boost the chances of a child with child autism being able to go to school and participate in typical activities. (Kathleen Smith, 2020)

For diagnosis of autism spectrum disorder, a child must display symptoms in two core areas: social communication and social interaction, and restrictive, repetitive patterns of behaviour, interests, and activities. The symptoms must be impairing, and must be present in the early developmental period, they are typically recognized in a child's second year but they may not be fully manifest until a child is older and the social demands exceed his abilities. ASD can be diagnosed as early as 24 months.

In the category of social communication and social interaction, a clinician will look for persistent deficits in social reciprocity, such as back-and-forth conversation and sharing of interests; nonverbal communication, including body language and gestures; and difficulty developing, understanding, and participating in age-appropriate relationships.

In the category of restrictive or repetitive patterns of behavior, a clinician will look for two of the following: stereotyped movements, actions or use of speech, inflexible insistence on routines and rituals, fixated and intense interests, and sensory problems, either from too much sensory input or too little.

According to the new criteria, these symptoms must be significantly impairing, and a clinician will specify the severity of each of the symptoms on a three-tiered scale that reflects the

amount of support a child would need requiring support, substantial support, or very substantial support to function successfully.

Given that children with autism also frequently have cognitive impairment (now called intellectual development disorder), children should not be diagnosed with autism unless their social communication deficits are greater than would be explained by their cognitive impairment.

If a child has impairment in social communication and social interaction but doesn't have restrictive and repetitive behaviours, he is more likely to be diagnosed with a new disorder called social communication disorder.

Social communication and social interaction: Signs of social deficits you might notice in a developing child include aversion to displays of affection like cuddling and hugging and a preference for solitary play. In younger kids, say under 3, failure to respond to their own name is a red flag, as is disinterest in giving, sharing, or showing objects of interest. In older children, warning signs include difficulty carrying on a reciprocal conversation, lack of eye contact, and difficulty using and reading body language. These children may have difficulty recognizing others' emotions, responding appropriately to different social situations, and understanding social relationships. (bonls, 2016)

Some children with autism don't talk; others talk in a stilted, "robotic" tone, or in an exaggerated singsong. A child with autism may also repeat certain phrases without appearing to understand their significance, or possess what experts call "non-functional knowledge" information he can recite, but not use to solve problems or carry on a conversation. Young kids with autism don't point at objects of interest, don't make eye contact, and don't use gestures to communicate a need or describe something. As kids with autism age and acquire language, their tone or pattern of speech can be odd; some have a habit of reversing pronouns a youngster asking his mom for water might say "You want water" instead of "I want water." High-functioning children with autism may monopolize conversations while showing little capacity for reciprocity, or understanding what the other party wants or feels.

Restricted or repetitive behaviours: Key behavioural signs include the performance of repetitive actions and rituals, and fixation on minute details to the point of distraction. Children with autism can be upset by the slightest change in daily routine. In young kids,

signs of autism include ordering toys instead of playing with them. In older children, the repetitive behaviour can manifest as a consuming interest in a specific topic or object.

The new DSM-5 behavioural criteria include what are often called sensory processing problems. Many children with autism are unusually sensitive to sounds, lights, textures or smells. They may be overwhelmed by too much sensory input, or be disturbed and uncomfortable because of a lack of sensory input, which they may try to get by bumping into things, and excessively touching and smelling things.

Mother

Mother is a woman who is in relation to a child, to whom she has given birth. It is not an acronym so it does not have any full form but many people create their own full form to show their creativity, love and respect for mother.

A mother is definitely perceived to bear one of the most important roles in our lives. A mother's role starts from being pregnant and maintaining a human life for nine months and eventually giving birth to the child with the risk of losing her life.

Working mother

Motherhood confers upon a woman the responsibility of raising a child. This process also changes the way in which she is perceived in society and at her workplace. It can necessitate her to take more than available leave options, and job security can be at risk. Significant social and personal adjustments are necessary to cope with such a situation. A working mother, especially one who has the good fortune to be able to balance her home and work, enjoys the stimulation that a job or career provides. She develops the ability of raising a useful member of society and at the same time gains financial independence. Along with motherhood, work adds to the completeness of being a woman.

Statement of the problem

In 2018, the Center for Disease Control's Autism and Developmental Disabilities Monitoring (ADDM) Network released its autism prevalence report. The report estimates that 1 in 59 children have been identified with ASD (or 16.8 per 1,000 8-year-olds). This estimate shows an increase from the 2014 report, which estimated 1 in 68 children, and the 2012 report, which estimated 1 in 88.

The effects of this pandemic present a profound change of routine for these individuals, which is a considerable challenge, both for them and for their caregivers.

With professional and social support reduced because of these circumstances, parents and caregivers will almost certainly encounter an increased frequency and severity of challenging behaviour in individuals with autism spectrum disorder. Parents of children on the autism spectrum are likely to have personal challenges, including working from home or loss of employment, and could become overwhelmed with the demands of looking after their children without the daily support of specialists. Mothers may find themselves struggling to balance their professional and household responsibilities while supporting their children during these uncertain times. Mothers have difficulties to use this kind of app(thenkood) because all the work mentioned in this app is done by the mothers with their children this also a stress for them.

Studies showed that families of children with autism, similarly, face several challenges. The characteristics of autistic children, such as hyperactivity, self-injurious behaviors, imbalances in eating and mood, and obsessions and compulsions, make it difficult for parents to interact with their children (Bailey et al., 1986; Dudziak, 1986). Some of the challenging aspects of living with these children are heavy care-giving demands, relationship quality among family members, siblings' coping difficulties, future and educational concerns, and financial difficulties (Fong, Wilgosh, & Sobsey, 1993; Hastings, & Johnson, 2001). Having a child with autism requires that parents understand the necessity of lifelong interventions for the child, which place additional duties on the part of the parents. Among these interventions is intensive teaching both in and outside of child's home that usually involves instruction, measuring, and evaluating by parents (Gargiulo, 2006).

SIGNIFICANCE OF THE STUDY

The fact remains that the impact of the pandemic is especially divesting for working women who may to take care of their children. In the middle of the increasing demands of the workplace and being the primary caretaker of the children, working mothers have been particularly hard hit by the crisis. It has changed everyday routines. Adjusting to a new routine is challenges for them. . It has changed everyday routines. Adjusting to a new routine is challenges for them. Children face difficult in the new circumstances because they all in home and they didn't have to get a space in the home and it will effect there physically and mentally. As working mother the play a multi tasking role in the pandemic period . it effect there daily routine also there husband and wife relationship .

Chapter-II

REVIEW OF LITERATURE

REVIEW OF LITERATURE

2.1 INTRODUCTION

A literature review is a description of the literature relevant to a particular field or topic. It gives an overview of what has been said, who the key writers are, what are the prevailing theories and hypotheses, what questions are being asked, and what methods and methodologies are appropriate and useful. The conceptual and empirical literature reviews help in establishing the rationale and credibility to the study.

This study revealed that during the COVID-19 crisis, ASD children families report high levels of stress and disruption to life. The greatest areas of stress were around isolation, illness and finance, and we noted many free-text responses revealing a desire of families to communicate the burden with which they are living. (Janessa Manning, 2020)

Having a child with ASD does not only affect parents, but it also poses a threat to the well-being of the whole family. Existing research exploring mothers experiences with a child with ASD points to impairments of family functioning such as 'giving up normal family activities and outings', 'lack of spontaneity or flexibility in family life', 'lack of personal social activities', 'stress surrounding the marital relationship', and 'difficulties to maintain employment or to pursue outside activities' (Gray, 1994Gray)

The mental health status of mothers will, in turn, affect the child's recovery. Having good mental health helps mothers deal with the challenges associated with childcare. Therefore, in the current study, a cross-sectional investigation was performed to study the current states of related emotional symptoms in mothers of children with ASD. The SES and children's core symptom factors were utilized for potential predictors of maternal anxiety and depressive symptoms. Furthermore, how these factors contribute to maternal emotional problems was also studied.(Baltimore, 2019)

With professional and social support reduced because of these circumstances, parents and caregivers will almost certainly encounter an increased frequency and severity of challenging behaviour in individuals with autism spectrum disorder. Parents of children on the autism spectrum are likely to have personal challenges, including working from home or loss of employment, and could become overwhelmed with the demands of looking after their children without the daily support of specialists. (a, 2020)

Caring for an individual with autism spectrum disorder (ASD) in ideal circumstances can be stressful, and the Coronavirus disease (COVID-19) pandemic created a high degree of disruption to life and stress to families living with an individual with ASD. Study conducted an online survey of families in Michigan that revealed higher levels of stress in mothers of younger individuals with ASD and those with greater severity of ASD symptoms. (Janessa Manning, 2020)

The purpose of this review is twofold. The first is to synthesize factors that impact parents' experiences of caring for a child with autism spectrum disorder (ASD); the second is to identify factors that impact parental stress and parental decision-making to use autism services or not. Parents of children with ASD score higher on levels of stress than other groups of parents (bonls, 2016).

This study aimed to investigate the impact of the COVID-19 pandemic on ASD individuals, whether any pre-pandemic sociodemographic or clinical characteristics would predict a negative outcome, and to narratively characterize their needs. Parents and guardians of ASD individuals filled out an online survey consisting of 40 questions investigating socio-demographic and clinical characteristics of their children, impact of the COVID-19 outbreak on their wellbeing and needs to deal with the emergency. Data were available on 527 survey participants. The COVID-19 emergency resulted in a challenging period for 93.9% of families, increased difficulties in managing daily activities, especially free time (78.1%) and structured activities (75.7%), and, respectively, 35.5% and 41.5% of children presenting with more intense and more frequent behaviour problems (Marco Colizzi 1, 2020).

As the number of children diagnosed with autism continues to rise, resources must be available to support parents of children with autism and their families. Parents need help as

they assess their unique situations, reach out for help in their communities, and work to decrease their stress levels by using appropriate coping strategies that will benefit their entire family (Heather R. Hall University of South Alabama College of Nursing, 2011).

This study examined differences in 'parenting stress' reported by parents of children with autism and typically developing children. This study examined the role of child characteristics (age, autism severity, child quality of life and problem behaviour) on parenting stress in 150 parents of cognitively able children and adolescents with autism. The results revealed that child hyperactivity was the only factor significantly related to parenting stress in parents of children with autism, overruling measures of autism severity and child quality of life. This finding indicates the significant influence of problematic behaviours on parenting demands and perceptions of parenting skills in parents of children with autism, over other child characteristics conceived as within the parent's control. Study implications for future research are discussed (Rebecca L McStay, 2013).

As the number of children diagnosed with autism continues to rise, resources must be available to support parents of children with autism and their families. Parents need help as they assess their unique situations, reach out for help in their communities, and work to decrease their stress levels by using appropriate coping strategies that will benefit their entire family (Ph.D., 2011).

This study investigated the relationships between parental cognitions, child characteristics, family support and parenting stress. The aspects of cognitions studied were parenting self-esteem (including efficacy and satisfaction) and parental locus of control. Methods the group studied consisted of 46 mothers of children with ID. The Vineland Adaptive Behaviour Scales and Maladaptive Behaviour Domains were administered by interview. Mothers also completed four questionnaires: the family support scale, the parenting sense of competence scale, a shortened form of the parental locus of control scale and the parenting stress index (Richard Hassall, 2005).

Motherhood confers upon a woman the responsibility of raising a child. This process also changes the way in which she is perceived in society and at her workplace. It can necessitate her to take more than available leave options, and job security can be at risk. Significant

social and personal adjustments are necessary to cope with such a situation. A working mother, especially one who has the good fortune to be able to balance her home and work, enjoys the stimulation that a job or career provides. She develops the ability of raising a useful member of society and at the same time gains financial independence. Along with motherhood, work adds to the completeness of being a woman (Poduval, 2009).

“The number of single-parent households and two-parent households in which the single parent or both parents work is increasing significantly. It is important for the development of children and the family unit that fathers and mothers are able to participate in early childrearing .The lack of employment policies to accommodate working parents can force individuals to choose between job security and parenting. Due to the nature of the roles of men and women in our society, the primary responsibility for family caretaking often falls on women, and such responsibility affects the working lives of women more than it affects the working lives of men. Employment standards that apply to one gender only have serious potential for encouraging employers to discriminate against employees and applicants for employment who are of that gender (The Family and Medical Leave Act of 1993 (1993)).

Autism is a lifelong neuro developmental difference and disability, yet there is limited research examining parenting in autistic mothers. To explore autistic mothers’ experience of the perinatal period and parenthood. This includes pregnancy, childbirth, the postpartum period, self-perception of parenting strengths and weaknesses, communication with professionals in relation to one’s child, mental health difficulties and the social experience of motherhood. It also includes disclosing one’s diagnosis of autism in parenting contexts. We used a community-based participatory research model, and recruited an advisory panel, with whom we co-developed an anonymous, online survey for autistic mothers. The online survey was completed by autistic and non-autistic mothers, and we compared their responses using Chi-squared analysis (A. L. Pohl, January 2020).

Parents of children with autism spectrum disorder (ASD) tend to experience greater psychological distress than parents of typically developing children or children with other disabilities. Quality of Life (QoL) is increasingly recognised as a critical outcome measure for planning and treatment purposes in ASD. There is a need for ASD-specific QoL measures as generic measures may not capture all relevant aspects of living with ASD. This paper describes the conceptualisation and development of an autism-specific measure of QoL, the

Quality of Life in Autism Questionnaire (QoLA) for parents and caregivers of children with ASD, that is suitable to clinical and research settings. Preliminary psychometric properties (reliability and validity) of the measure are also presented. The QoLA has 48 items in two subscales: one comprising QoL items and the second a parent report of how problematic their child's ASD symptoms are. A study involving 39 families suggested the QoLA has excellent internal consistency as well as good known-groups validity between parents of children with ASD and those who were typically developing. The QoLA also showed good convergent validity with other measures of QoL and ASD symptom severity, respectively. The QoLA may be a valuable assessment tool and merits further psychometric evaluation (Roeyers, 2014).

The present study attempted to investigate the impact of having an autistic child on the lives of Turkish mothers. Consensual Qualitative Research (CQR) Approach was followed. Semi-structured interviews were conducted with 10 mothers of autistic children. The interview questions were designed to reveal many facets of the mothers' experiences. The analysis resulted in a variety of themes related to the experiences of mothers, such as the reactions to the disability of the child, sources of stress, coping strategies used to deal with stress, involvement with the education of the child, and evaluation of the facilities of the special education center. The participants of this study were 10 mothers of children diagnosed with autism. At the time of data collection, all children were attending a Special Education Center in Istanbul. The age of the mothers ranged between 30 and 48; whereas the age of the children ranged between 7 and 19. All mothers reported their family to represent middle socio-economic status. In order to collect data, semi-structured interviews were carried out with the participants. Mothers were first responded to questions that attempted to gather demographic data such as gender, age of the mother and the child, and SES. Then, mothers responded to 18 questions related to the experiences of the mothers. In identifying the questions, first, both authors prepared an interview form based on the relevant literature. Then, together they arrived at consensus and decided on the most meaningful questions. Lastly, modifications were made after the questions were subjected to the opinions of another expert in the field (Koydemir, 2009).

A day in the life of a caregiver of a child with autism spectrum disorder can include any number of challenges and stressors. A caregiver might be driving their child to various

appointments, advocating for the child's educational needs, helping their child avoid sensory overload, or dealing with an unexpected tantrum in public. At the end of this long day, they may even be discouraged to find that their child is unable to sleep, keeping the caregiver from getting the rest they need. Though parents of children with autism face many unique challenges, they are not necessarily doomed to a life of stress. Research has shown that caregivers who engage their support systems and actively solve problems (including their own physical and mental health) experience much less stress than those who disengage or cope in unhealthy ways. It's no secret that a less-stressed caregiver is much more likely to raise a well-adjusted and less anxious child (Kathleen Smith, 2020).

Parenting children with ASD can be emotionally, socially, financially, and physically challenging. Studies have consistently found higher levels of psychological distress in parents of children with ASD when compared to parents of typically developing children or children with other disabilities. For example, mothers of individuals with ASD have been shown to display lower levels of wellbeing and higher levels of stress than mothers of individuals with Down syndrome, fragile X syndrome, and cerebral palsy. Similarly, families of children with ASD are reported to experience higher levels of family stress and more family problems than families of children with Down syndrome, attention deficit hyperactivity disorder, and medical conditions such as cystic fibrosis (Roeyers, 2014).

Autism spectrum disorders (ASD) are lifelong neuro developmental disorders, and little is known about how parents address the health and psychosocial consequences of ASD. Few studies have examined use of various treatments and services in a large, diverse sample of children with ASD and their families. This paper presents methods to create an autism research resource across multiple large health delivery systems and describes services and treatments used by children with ASD and their families. Four study sites conducted a Web survey of parents of children and adolescents with ASD who were members of Kaiser Permanente. We tabulated data distributions of survey responses and calculated χ^2 statistics for differences between responders and non responders. The children of the 1155 respondents were racially and ethnically diverse (55% white, 6% black, 5% Asian, 9% multiracial, 24% Hispanic) and representative of the total population invited to participate with respect to child sex (83% male), child age (57% < 10 years), and ASD diagnosis (64% autistic disorder). The most frequently used services and treatments were Individualized Education Programs (85%), family physician visits (78%), and occupational and speech therapy (55% and 60%,

respectively). Home-based programs frequently included implementation of social skills training (44%) and behavior management (42%). Prescription medication use was high (48%). Caregivers reported disruption of personal and family routines because of problem behaviors. These survey data help to elucidate parents' experiences with health services for their children with ASD and serve as a potential resource for future research. (Tracy A Becerra 1, 2017)

This stress may be a result of the maladaptive and antisocial behaviors a child with autism may exhibit (Autism Society of America). Because individuals with autism often have difficulty expressing even basic wants or needs, parents may feel frustrated when they are unable to determine the child's needs (Autism Society of America). The child with autism may exhibit frustration through self-injurious behaviors, aggression, or tantrums that threaten the safety of others (Autism Society of America). Parents may feel that the stereotypic or self-stimulatory behaviors (i.e.: hand-flapping, tapping, lining things up, intense focus on an object), of their child with autism are strange and interfering with functioning (Autism Society of America). Because children with autism usually have severe deficits in social skills, such as playing appropriately with peers, parents may find themselves stressed with finding appropriate leisure activities for the child at home (Autism Society of America). Some children with autism have difficulties sleeping and may only eat limited food items, which causes another source of struggle for parents (Autism Society of America). Family dinners may be disrupted or shortened and bedtimes may be interrupted. Sleep deprivation is common in both the child with autism and the parents of the child. Society reactions can also have a major impact on family stress and may cause the family to avoid community outings or family events (Autism Society of America). Families may not go to family get-togethers because the child has difficulty interacting with others (Autism Society of America) (FRAMEWORK, 2020).

The majority of women between ages 18 and 64 work. One in four working women, 15.5 million, has a child under the age of 14 at home. Some of these women work part time or have a family member on whom they can rely to provide supervision for their young and school-aged children. But more than 10 million (17% of all working women) rely on childcare and schools to keep their children safe while they work. These women are working at least half time and do not live with a potential caregiver at home—another adult who is either out of the labor force or working less than half time. In comparison, 12% of all working

men are reliant on schools and childcare. There simply are not enough affordable, high-quality childcare options to meet this demand, disproportionately harming working mothers, especially low- and middle-income mothers and mothers of color. The childcare that is available is often unaffordable. A 2018 analysis found that average childcare costs in every state exceed the federal definition of affordability—7% of annual household income. The same analysis found center-based childcare for an infant costs an average of more than \$1,200 per month and about \$900 per month for a toddler. As childcare becomes more difficult to access, women are more likely to stay out of or leave the workforce; one analysis found maternal labor force participation rates are 3 percentage points lower in childcare deserts than in areas with adequate childcare supply. The childcare system also relies on an underpaid, primarily female workforce—so not only is it a bad system for those it serves, but it undervalues those it employs (Ross, 2020).

Working women face various challenges regarding work-family balance due to societal, cultural, family, and gender norms. These challenges have become more difficult since the emergence of COVID-19 worldwide. This qualitative research addresses work-family issues of working women in the distinct Bangladeshi socio-cultural context. Guided by a thematic analysis, this study explores various driving forces and challenges faced by working women, and strategies adopted by women to manage work-family obligations. The findings reveal flexibility and home working, family and spousal support, and organisational support as key driving forces for women's work-life balance during the COVID-19. Lack of available time, socio-cultural and family norms, and gender stereotypes are key challenges women face in a Muslim patriarchal societal context. Effective time management, stress management, keeping husbands and family members happy, sustainable management of professional and personal lives, and listing out priorities are useful techniques women adopt to integrate work-family commitments. The findings provide potential solutions for women to effectively manage work-family responsibilities in a patriarchal societal context (uddin, 2021).

According to a new survey conducted by the Trades Union Congress (TUC), it has been found that 41 per cent of working mothers in Britain are struggling to balance their work and home commitments, due to the unavailability of childcare. The survey also found that one in six women needed to reduce their working hours, in order to

juggle their responsibilities at home, primarily taking care of the needs of their children. As per yet another survey conducted by WerkLabs to figure out the impact of the pandemic on the present as well as the future, it was found that women are twice as likely as their male counterparts to leave their employer in a year's time due to their workplace experience during the pandemic (TIMESOFINDIA.COM, 2020).

Most mothers and fathers have had to modify their work routines to adapt to care giving needs and balance their family responsibilities. This disruption has left parents across genders, races, ethnicities, and job levels feeling guilty about care giving responsibilities. Even as schools reopen, most children will be engaging in virtual learning. Additionally, many parents worry about the impact of the pandemic and uncertainty about school reopening on their careers. Parents are concerned that they are not currently performing to the best of their abilities and that the COVID-19 crisis will affect their job security and career growth. Many parents have also experienced intense personal challenges due to the corona virus crisis, including suffering grief due to a loss of life. Overall, many have experienced financial hardship, with some having lost job-related income or faced difficulty getting needed resources.³ In particular, some parents report having had to move their residence or ask a relative to move in with them to receive support. A majority of mothers say they are primarily responsible for managing childcare tasks throughout the workweek, such as preparing meals, supervising homework, and even monitoring playtime with their child(ren). Mothers feel more guilt in attempting to meet work-life demands, and experience more feelings of anxiety. This research was collected in a 10-minute online survey of 1,000 US adults aged 20–65+ working in companies with 500+ employees. The survey was conducted by Edelman Intelligence on behalf of Catalyst from August 18–26, 2020. All statistical tests performed were z-tests comparing group proportions. (“Z” and “p” are metrics used to assess whether there is a statistically significant difference between groups). (catalyst, 2020).

Bangladesh opens up its business physically. Usually, For working mothers, it is tough to maintain work and family. During this COVID-19 pandemic, difficulties become more challenging to handle for mothers. Mothers have several maternal and postpartum issues to handle alongside work. This study intended to assess the impact of Mental Pressure and issues faced by COVID-19 on the work performance of working mothers of Bangladesh. To accomplish this study, online questionnaires were asked to the working

mothers. A total of 109 responses was gathered to complete this research. SPSS 25 and MS Excel was used to develop and present the findings. These findings show that Mental Pressure and COVID-19 has negatively impacted the work performance of working mothers of Bangladesh. Recommendations and limitations also have been provided for the better development of future studies To conduct this research, a cross-sectional study is being chosen. An Online-based survey is used to collect data from random working mothers of Bangladesh. These working mothers were working from the beginning of the pandemic until now. This survey is conducted to assess the impact of mental pressure and coronavirus (COVID-19) on the work performance of working mothers of Bangladesh. Employees from different backgrounds randomly asked questions. The 7 points Likert scale, 1=Strongly agree, 2= Agree, 3, Somehow agree, 4=Neutral, 5=Somehowdisagree,6=Disagree and 7=Strongly Disagree are being used to get data. For this research,109 working mothers responded to this survey. All the data was collected through an online survey questionnaire. After gathering all the data stored in application tools. Quantitative data analysed with the help of IBM SPSS 25 and MS excel. In this study demographic variable has been developed to show the foundation information for the study. Multiple regression analysis has been developing to show the variable's impact on DV. With the help of SPSS, this study has developed a reliability test to show the reliability of variables. After the calculation, this research intended to describe those (Malaysia, 2020).

With the rise of the COVID-19 pandemic and shelter-in-place, families with children with autism spectrum disorder (ASD) face a unique set of challenges related to a diverse set of issues. A qualitative study was conducted in the form of semi-structured interviews from fifteen parents of children and adolescents from a non-public school for children with ASD. Questions covered the following topic areas: general COVID-19 experiences and concerns, changes in the child's mood and behavior, changes in parent mood and behavior, and coping/advice. Quotes and descriptions from the participants were reviewed and grouped into thematic areas. Findings showed that parents of children with ASD are facing a wide range of challenges, including explaining COVID-19 and safety precautions to their child in a comprehensible way, assisting with e-learning, and guiding their child back into social situations and the community. As children with ASD have difficulties with transitions, parents stated the importance of creating structure in the home by creating schedules and boundaries, while allowing for flexibility as to not over enforce the rigidity children with

autism often face. Advice on coping with the additional stressors were also shared. Parents recommended finding time for themselves to reset, utilizing support systems, and reflecting on daily pleasures as positive coping mechanisms. This study aimed to both develop an initial guide for families, teachers and clinicians caring for children with ASD and to create awareness in the community about the challenges presented by COVID-19 and shelter-in-place (China I. Parenteau, 2020).

Chapter- III

METHODOLGY

METHODOLOGY

This chapter deals with the methodology adopted for this study . The chapter includes research methodology includes research methodology that has been used in the study which focuses on Challenges faced by working mothers of children with Autism during lockdown period . This chapter includes research design ,pilot study, the setting for the study, sample , tools , and method of data collection and how the data will be analyzed and interpreted in order to arrive at certain findings , suggestions and conclusion based on the study.

3.1 TITLE

The title of the study is “ **Challenges faced by working mothers of children with Autism during lockdown period**” .

3.2 CONCEPTUALIZATION

Working women :a woman who is regularly employed. (<https://www.dictionary.com/>, n.d.)
Challenge :A task or situation that tests someone's abilities. (2020, 2020)

3.3 OPERATIONAL DEFINITION

Challenges: the situation of being faced with something that needs great mental or physical effort in order to be done successfully and therefore tests a persons ability.

Working mothers: Women have been moving into the workforce not only for career satisfaction but also because they and their families need the income.

3.4 RESEARCH QOUSTIONS

1. What are the changes observed in your children after they started schooling at home during the pandemic period?
- 2.What are the challenges you experienced in the initial stage and during the lockdown period due to COVID-19 pandemic?
- 3.What were the copying mechanisms adopted during the lockdown period to overcome the challenges?

3.5 RESEARCH APPROACH

Shank (2002) defines qualitative research as “a form of systematic empirical inquiry into meaning.” By systematic it means “planned, ordered and public”, following rules agreed upon by members of the qualitative research community. By empirical , he means that this type of inquiry is grounded in the world of experience . inquiry into meaning says researchers try to understand how others make sense of their experience.

3.6 RESEARCH STRATEGY

The research design adopted in this study is multiple case study research design. Working mothers of child with autism is the universe of the study. A non-probability , snow ball sampling method was used to select the sample for the study. The participants have been choose to participate in individual face to face semi structured interview. participants for the study have been selected according to set of specific criteria.

3.5 PILOT STUDY

A pilot study is a small scale preliminary study conducted in order to evaluate feasibility, time, cost, adverse events, and affect size in an attempt to predict an appropriate sample size and improve upon the study design prior to performance of a full-scale research project. The researcher conducted the pilot study on working mothers of child with autism. From this the researcher understood the feasibility of the study. Appropriate modifications were made to enhance the instrumentality of data collection tools.

3.6 RESEARCH SITE

The study was carried out among working mothers of child with autism in Kerala.

3.7.1 INCLUSIVE CRITERIA

The child must have hyper activity behaviour.

3.7.2 EXCLUSIVE CRITERIA

Those who have work from home experience in lockdown.

3.8 SAMPLE SIZE

For the present study, the total number of samples 3 were collected from different places of Kerala .

3.9 SOURCES OF DATA

3. 9. 1 PRIMARY DATA

Primary data were collected directly from the working mother with autistic children in Kerala.

3. 9. 2 SECONDARY DATA

Secondary data comprises of information from Documents, books, reports of surveys and studies, and other relevant publications and journals.

3.10 TOOLE OF DATA COLLECTION

This schedule consists of closed questions, dealing with the socio-demographic profile like " name, age, education, years of experience, marital status, husband's occupation, religion, type of family, number of family members and economic status ” .

The interview guide was prepared to find out the challenges of mothers in worke from during the initial period of lockdown. Certain modifications were made to the questions after the pilot study was conducted. In-depth interviews and discussions were conducted as the techniques of data collection to elicit information from the respondents.

3.11 DATA COLLECTION

The researcher collected the data from THREE respondents . The researcher visited each of them in their house and personally interviewed them. Each interview lasted for an average one to two hours. The interviews in Malayalam were transcribed into English.

3.12 DATA ANALYSIS

The data collected through in-depth interviews is subjected to the process of analysis in qualitative research with the primary aim to understand the research concerns from the people's perspective. The analysis of the qualitative cases studies was done through thematic analysis. Throughout the process of data analysis various lines of inquiry were adopted with the aim of creating concepts, discovering patterns from the emerging concepts, seeing how concepts emerge and explaining why the particular concepts emerge. Data analysis was done based on the research questions.

They are:

1. What are the changes observed in your children after they started schooling at home during the pandemic period?
2. What are the challenges you experienced in the initial stage and during the lockdown period due to COVID-19 pandemic?
3. What were the coping mechanisms adopted during the lockdown period to overcome the challenges?

3.13 CHAPTERISATION

The chapterisation of the research dissertation is as follows:

Chapter I: Introduction

Chapter II: Review of literature

Chapter III: Research Methodology

Chapter IV: Case Description, Data Analysis and Interpretation

Chapter V: Major findings, suggestions

Chapter VI: Conclusions

Chapter VII: Bibliography and Appendix

3.14 LIMITATION OF THE STUDY

The major limitation faced by the researcher was that of time. The research need to be submit during the limited time that is allowed to a post-graduation student.

3.15 CONCLUSION

The methodology provides an overall idea regarding the methods use in the study. The methodology guided the researcher to complete the study in a systematic scientific manner.

CHAPTER-IV
CASE PRESENTATION

Case 1

The first participant is “D” is a 27 years old Hindu belonging to an upper-classfamily. She working in an IT firm. She has two children; her elder son is an autistic child and her younger daughter is studding in 5th standard. Her husband’ H 32’ was working in Dubai. Initially we were settled in Dubai then we had to move back to Kerala due to the lack of treatment facilities for her son in Dubai.

Now they have been settled in Kerala for past 10 years. They have two houses here. The first house is her husband’s ‘tharavadu’ and the other one is built for her son. When they were in tharavadu her son is very much attached to the ‘tharavadu’. So suddenly they shifted to new home then they sow son not accept new environment. So, they had to shift to tharavadu. In her house husband parents were died a long ago, and she have mother and sisters. Before the lockdown we hired a maid to help her. Actually, her husband resigned from the job in order to looking their son. He was also in IT professional, after the lockdown they start work from home this hit their life very well, work demand increased forcefully the committed to work. That is the reason her husband resigned job and start looking children. Beginning stage, she thought to resign job but they financially ok with-it but they facing difficult to maintain the son treatment. That’s the reason she didn’t quite job.

But in this pandemic time Mrs. D suffer because of work force and also increased work demand it affect her daily routines. Especially care take of her children. When she was working if their son comes to know that he not getting the attention he will become very aggressive and start throwing whatever he gets in his hand. This kind of behavior started happening during this COVID period. He will not accept or spend time with outsiders. He doesn’t even like spending time with his grandmother. He only likes his family members but with maid he didn’t had issues like this. It might be because of seeing her every day and he also like her very much. It was she asked to not to come home because of the COVID risks. She is staying away from their home.

Before this COVID period her sone was going to a nearby special school. In those days he liked the atmosphere there with the other children. During this time, he was also attending occupational therapies. Because of this there were many changes in him. after the outbreak of COVID-19 his school closed and she started working from home. then the maid has stopped

coming and the classes of her daughter were online classes. In this pandemic leads her a crucial life she faced lots of difficult in this time.

For her this pandemic life is very stressful and struggling. Like her son also have a daughter now she has online classes, but she couldn't give much care to her. Financially we were stable but the problem is that the medical expense for their son is high so that anyone has to go for work that is the reason why she continuing the job. She is not comfortable with working from home. but when she was going for regular work before this COVID restrictions it was easy to handle things. she just has to back from the school when she returning from the office. now everything has changed even his behavior.

Now, there have been lot of changes in her schedule when it became work from home. When there was a helper, it was much easier for her. But due to this COVID 19 restrictions it is very difficult to call someone for help even from family .it is great challenge for her.

Her profession demands are increased but before she had consideration for her work because of her child. But nowadays she not getting any kind of consideration this reason for this is that she spending time in home with her family so her work schedule has increased so that aim not even getting time for self-care. Because of this it is very difficult even to look after my son's matter.

In this situation he was also getting weekly activates to do. They have a school group. In that group they will give activities for children. But she not even able to make him do the activities and for her husband, he has to do house hold works, etc. It is difficult even for him to manage everything. In her case the work schedule is increasing so that she couldn't give much care to our son. I know he is a child who has to get special care. If it was like earlier the maid would have taken care of him. No outsiders could manage him even his grandmother couldn't because of attachment issues. As she mentioned earlier that we were staying interval and when we shifted to our new house, he had that attachment issues. So that they have to shift back to tharavadu. The boy was so much attached to that place. So, when they shifted to new house there were no such animals. It made him uncomfortable and he even tried to go away from there. So, they have to lock new house and move back to tharavadu. We will first consider him for any decisions that I am not able give him care as a primary taker.

When he was going to special school lots of changes happened to him through the occupational therapies. He learned how to be kept hygiene and all. But now when we try to bath him , his not allowing like why should bath if he is not going to school. He is bit stubborn nowadays he likes his sisters very much and she is a good care for him. She never had any feelings or issues for the lack of care she is getting.

Nowadays she can't even give importance to self-care, cooking etc. She just doing it for the sake. I'm not satisfied in doing things. She can understand the difficulty of her husband in sharing work. And in their married relation feel like she not giving much care to him. But he never complained that. He has resigned the job for our son to look after him and he is doing it well. It is him who is clearing the house. But she has a feeling that she couldn't do anything for him even now she at home. She couldn't cook the foods he likes etc., but this has never affected badly in their relationship.

Case 2

The second participant of the study is Mrs. 'S' she is a 32 year old Hindu, Brahmin belonging to middle class background. She is a single parent and she working has a kids school teacher in Trivandrum international school. . Her family consists of her father ('H' 65) her son ('V'9). D and husband separated 7 years ago they are working in IT sector in Bangalore the working in same place they are colleagues and they each like and they married with the support of the both family members . After the marriage they livid in Bangalore and she pregnant in a year and she continued works and she done her checkups but didn't found any issues in the scanning . after 8 months (V) born and they understand our son in a special child and diagnosed Autism . her husband family not supported and also her husband discourage her to looking son. She went office after the V born and she appoint a care taker but she didn't satisfied with her then she resigned her job to look her son . this made counterwords with the relationship because she is a highly professional and also she get well salary too.

But she didn't want to continue her job because she want to give more care her son . then her husband asked to divorce and she give and all the protection of her son is belongs to D .

Then she back to Kerala and that time D mother and father and her brother in home they give more care to her grandson but suddenly her mother passed it made a shock to their family more overly her son because he very much close to her grandmother. It effect her family then grandfather take care of V and she decided to search a new job . Because they face very financial constrain . D started to search a job but she didn't want to do a IT job because it is very difficult. Then she got an opportunity in Trivandrum international school she appointed there has a kids school teacher.

Now D have three years working experience . Two years before her brother business were loss he committed to suicide it made a shock in that family . Know she is the only bicorn of that family she want to look her son and aged father. Suddenly the COVID-19 pandemic affect her very well , schools are closed she want to do work from home also her son special schools also closed he started a school at home. When she started her work from home work force increased day by day she can't get time to spent time with her son. She can't resign her job this is the only income to raise her family , also they staying in a rent home they didn't have own house that they sell . She want to pay the rent and also want to look her son and father. It make difficult in the pandemic , she can't give a attention to her son it make D very sad.

When the lockdown period started the schools are closed V started his school at home . weekly one class for them mainly the teachers are give activities to them , art work , painting, etc are giving to them . in the lockdown period made lots of changes in her son because when he was in school he done lots of activities with other children and he engaged other children too. But when the lockdown started V can't go to school and he didn't done activities that much in home . and it also make changes in his daily routine , if he going to school he properly bath , have breakfast and everything he properly done. But school closed he become very lazy in day by day it also shown in his behaviour too . most of the days he look very silent and very passive . physically he is not active because he is very much active before pandemic now he can't go anywhere also he have two friends in near their house they most of the days they come and play with him. Now they didn't come because of the COVID-19 . there is not that much entertainment in home because D father is aged and he can't that much play with him. Mostly V is not closed to strangers he is very shy also in this pandemic period separated every one because nobody can see anyone because all are in the lockdown .

Mostly V is not that much close to D family members his father's family is never see him because they didn't like him. The initial stage of lockdown D face lots of challenges in the initial stage of the lockdown period . Sudden changes of the lockdown effect every part of the life work from home is very difficult . Managing family and work is a big task both demands are increasing day by day . D class started at 8 Am morning to 10 is the first session then half an hour is break time that time D done house hold works like cleaning , washing and cooking this only the time for her . Then another session start it this is the daily routine of her . There is not getting time to spent with family and also there is no time to sit with her son. Education and schooling of her son affect very well in this pandemic because there is no time to spent with him when he was in school he very happy and he like to go there because he like that environment and friends especially teachers because they care him very well and observe him . He do activities like drawing , playing, crafting etc are he do and he very much happy in there but when the lockdown is started he become very passive and he didn't like anything when online classes give. Also D can't focus on his activities she like to give some more activities to him but only one day she free that is Sunday that time she make foods for him and play with him etc but other days are mostly D was busy. D is the only person to financially supporting her family she facing difficulties to balance her family needs . In lockdown period child face difficulties to mange her daily routine and studies . When the lockdown period D suffer to overcome the situation and maintain the work demands . She completely stressed and there is no time for her own self-care she afraid about her son

because he know very gloomy in most of the days because she didn't time to spent with him. It make her too emotionally effecting her she trying to manage everything equally but she can't get time to do such things practically. This is the main for her. Working Because looking a special child is more difficult especially as a working mother because she also have professional demands that also want to satisfy in every day also she have a aged father any she didn't have other family members to help her .

Most of the days she didn't get time to spent for herself she become very much busy and work load increasing in every day self-care just a word for her . Only Sunday is the day of her free time that time she want to spent with her son and house hold activities . Playing with her son is the only self-care of her.

Case 3

The third participant of the study is Mrs 'R' she is a 41 year old Muslim, belonging to middle class background. She have three children she working has a school teacher . Her family consists of her Husband ('A' 48) and three children her elder daughter married and she have two small kids they staying with her and her second son diagnosed with Autism ('M' 18) . Mrs R is working in a school teacher near her home. Her husband is a business man he have a shop in Malappuram .

There family is a typical Muslim family R is a LP school teacher her daughter married she have kids and in the initial stage of lockdown is affect her very well. Her family is a joint family when the lockdown started her husband business loss and it effect they financially. Special schools are closed her younger son is diagnosed with autism he is very active when was in school because there have friends for him he play with them and also care takers guide him very well. R house is near main road if the gate is open he ran to main road that's the main problem always want to watch him, otherwise he run to road. The sudden loss of the business that make her husband to Cardiac arrest . it effect her family she try to stop the teaching but she cant because her school authorities where give some priorities to her. but in the case of looking her son is very difficult and she hardly managing that. When schools are closed in the lockdown home schooling is start to all children her last son also in 7th standard he also online classes R want to give attention to him also. Her daughter recently give a birth to her younger child R is the care taker of them too.

After the initial of lockdown her sun school closed his therapies are stopped he have lots of behavioural changes in his attitude , when he was in school he completely got all the therapies, speech therapy , occupational therapy are he get know that all stopped. He have lots of changes in her behaviour. He become very much aggressive to everyone if he didn't get attention from the family members he make loud noises and throwing house hold things. Also he is very much eat always want to make her favourite foods but it is very difficult to her because she have classes everyday want to look house hold activities etc. there is no helper in their home because of the lockdown .

Her son is very attached to neighbours but in some situation in some days he shouted to them and he will hurt other kids of neighbours .

'R' mentally disturbed in the lockdown period because nobody is there to help her she completely stressed and she face lots of issues in the lockdown period. Her father died in the COVID she can't go to her home because of the lockdown and her family situation. She feel emotionally very bad also want to look her son and family and want to satisfy all the needs of the family too. Everything is a over burden to her. as a school teacher she completely feel stressed but when she engaged with the school kids she feel comfortable but more over she want to focus on the house hold activities. But there is professional demands are less because of the authorities know the situation of the family work force is very less. That feel comfortable to focus her other activities.

In the lockdown period made lots of difficult bring to the family members her husband is sick and she feel very difficult and feel very sad . her daughter husband is helping know he looking business . she can't focus on her kid education because he always need a special care to him because he can't do everything in own mother want to assist him.

Sometime her son is frustrated because he can't communicate about either the bad reflux that's hurting his throat, or the question he'd like to answer on the blackboard. Using pictures, sign language, or a keyboard instead of talking might help. Here's where experimentation and a great teacher can make all the difference. She tried to do this all to her son.

CHAPTER-V
DATA ANALYSIS AND INTERPRETATION

DATA ANALYSIS AND INTERPRETATION

5.1 INTRODUCTION

Qualitative data analysis is the process in which we move from the raw data that have been collected as part of the research study and use it to provide explanations, understanding and interpretation of the phenomena, people and situation which we are studying. Thematic analysis emphasizes on pinpointing, examining and recording patterns or themes within the data available. The first and foremost, a brief profile of each of the participants is presented. The key themes that emerged following data analysis that as result of research questions.

5.2 PROFILE OF CASES

A) Personal profile of the working mothers

The profile of the working mothers gives an idea about their age, education qualification, marital status.

Name	Age	Religion	Education status	Marital status	Profession	Number of family members	Number of children	Partners' occupation
Case – 1 Deepa	28	Christian	Computer engineer	Married	IT	4	2	Nil
Case – 2 Deepthi	32	Hindu	Degree	Single parent	Kids school teacher	3	1	Nil
Case -3 Rahmanut hinisa	41	Muslim	Pre-degree	Married	Teacher	5	3	Business

Research question 1

1. What are the **changes** observed in your **children** after they started **schooling at home** during the pandemic period?

Theme 1: challenges observed in children after they started schooling at home

Here I tries to explain the challenges mothers observed in children after they started schooling at home . all the three cases responded that they face difficulties in their schooling at home. Because mothers cant give attention to the children properly because of their works because kids where at school they very much happy and also active in doing works also they engaged with the other children's and care takers . children's got therapies when they are in school that make them changes and also that is very effective . after the pandemic schools are stopped , therapies are stopped it negatively affect kids behaviour. They become aggressive if they didn't get attention from others the become hyper aggressive that time mothers cant focus them it effect children.

Sub Theme 1: How did lockdown change the daily routine of your child

When childrens go to school they actively done their daily routine like, bathing , eating food etc . After the lockdown it all changed started vibrant behaviour . children never understand what others saying , its terribly difficult to bathe also to give foods . if children at school they actively done activities with the obsreve of care takers of school. But mothers cant observe kids because of title schedule of the office works. Effect their hygiene , daily routine etc.

Sub theme 2: What were the behavioural changes observed in your children during lockdown period

Children become more aggressive in home . before lockdown children are normal in there behaviour because they going school they actively anaged in the school activities they enjoyed that. But when the lockdown start childrens are locked the home esppecialy special children are cant sit at one place they always want to engage . when the special school have that kind of place and teachers are observe them. But in this situation mothers cant give more attention

to the children it make them more aggressive they become violent. If they wake up after the lunch they want there mothers to play with them but mother have works any she didn't give attention to the child it make the child very angry and he become violent he throw house hold products loudly crying etc. it also affect siblings to because they start fighting each other. This are the behavioural changes observed.

Sub theme 3 : What were the emotional changes observed in your children after the initiation of lockdown?

Children are face difficulties because when schools are closed they cant see their friends and also they closely connected with the care takers for them they are like mothers they spent most of the days with them they play with them, they feeding food to them everything. In the initiation of lockdown affect emotional changes some days they look like vary sad . those days they didn't have foods, they look very gloomi.

Sub theme 4:What were the physical changes they had undergone during the pandemic

Sub theme 5: What were the changes observed in the children's attachments to family members and out siders

Childrens attachments are less to family members because they are visiting frequently in to home they don't have attachments to them also childrens always need parents attention more than others . even they not that much attachment to there grantparants too .

Theme 2: What are the **challenges** you experienced in the initial stage and during the lockdown period due to COVID-19 pandemic?

In the initial stage they face difficulties to maintain house hold needs and work demands. When the lockdown period work load increased more than the office work because authorities pressurisation increased to do work activities it effect there daily routines of home looking husband and children needs are equally want to satisfy . most of the days give importance to the work force more than family . Difficulties to looking childrens education at a same time house hold duties because in this lockdown period house made stoped there duties because of the COVID it increased mother work load.

Sub theme 1: How has the ‘work from home’ schedule affected your daily life

The arrival of COVID-19 it completely change everything , office are closed schools are closed then they started to work from home in the Pandemic period . It effect their daily life work demand increased the mothers have Autistic kids and other kids they want to get more attention , also there schools are closed also they started there schools in home . daily they have classes and works as a mother cant give more attention to the children because of the work it all affected there daily life routines .

Sub theme 2: How did the education and schooling of your children get affected during the pandemic

This pandemic affected very well because it is a sudden changes to them the children who had been going to school for so long suddenly they were in house they are in a closed state. No school , friends , teachers nothing is there it make childrens very lazy . also if they are in school they get all the trainings like occupational therapy, speech therapy other activities etc they properly getting but in this pandemic totally changed. Mothers cant focus there children that much because they have duties and works . they have clsses mothers want to sit with them and do activities also but as a working mother she didn’t get that

much time for that. It also make very difficult to mothers . weekly one day is only leave for them that time they want to clean whole house and also want to teach children. This pandemic affect childrens schooling very well.

Sub theme 3: How did you handle the professional demands while looking after children

This is a big task for mothers because when the professional demands increased in this situation daily case 2 and case 3 are school teachers they want to make classes and prepare note for them daily those days they cant give more attention to the kids of them . school authorities were give some consideration to them .

Case 1 is working in a IT profession also she is project coordinator too she didn't get any consideration from the officers. Her kid is more aggressive person he have the nature of throwing everything she facing more difficulties in other two cases.

Sub theme 4: What were the financial constrains you encountered during this pandemic

Case 2 have financial constraints because she is a single parent and also she want look her aged father and one and only autistic child . when this COVID – 19 started she lost her brother and she is the only earner for the home. Looking her son and father and also want to do job she think about to loss the job but she don't know what to do .

Case 1 and case 3 have financially they ok but small financial constraints only they face .

Sub theme 5 : What were the difficulties you faced when you were completely under the lockdown period

Cant see family members , friends , neighbours all are in the home .Some things in your child's surroundings are changeable and some are not. Sometimes the problem is a well-meant gesture that's actually counterproductive, because they are in school they get all the activities they do those therapies also they properly get.Sometimes just figuring out what the problem is

can help ydo something about it. Sometimes you will find a mismatch between what's expected of your child and what they can actually do.

What were the copying mechanisms adopted during the lockdown period to overcome the challenges

They have much less experience than you and therefore fewer strategies to cope with the crisis. So here are several suggestions that can help organize and overcome the challenges of isolation more easily. Introduce order into your daily activities – make a plan of activities for the entire week. The structure will give and children a sense of security and it should be as close to lifestyle before the home in lockdown period. They try to make this plan together with your children, and put it in a visible place so that it is available to all household members.

CHAPTER VI

FINDINGS, SUGGESTIONS AND

CONCLUSION

6.1 FINDINGS

A) RESEARCH QUESTION 1: What are the **changes** observed in your **children** after they started **schooling at home** during the pandemic period

- Autism spectrum disorder (ASD) is a broad term used to describe a group of neurodevelopmental disorders.
- These disorders are characterized by problems with communication and social interaction. People with ASD often demonstrate restricted, repetitive, and stereotyped interests or patterns of behavior.
- Woman is an integral part of the society. According to census 2011, females contribute to 48.5% of the Indian population.¹ Traditionally, Indian women had been home makers. In late decades, with the spread of education and better awareness, along with increasing cost of living, women have shifted from home to career.
- Like many other countries, India has provided a stage for growth and development for women. However, women in India are still seen as the family manager back home. This attitude of the society has put dual responsibilities on women.
- However, in women who are in professional field, balancing career and family life, even when they have a choice of selecting only one, might be facing emotional, psychological and physical burdens while effectively juggling between professional and child rearing responsibilities. Hence, it is important to understand the challenges that professional working mothers are facing in coping with the stress of handling multiple roles.
- When this lockdown hit every mothers very well because they want to work from home especially children with Autism there demands are increased . work from home and managing child and family needs are difficult to maintain in a particular way.

- Schooling at home is started in pandemic it is a multitask for the parents because looking them and manage professional needs both are difficult. Because there is no that much time for to spent time with the childrens in mostly .
- Virtual communication with the teachers is very difficult to children to understand and learn from them .
- Special school teachers are give activities to kids but they cant do alone they need a care taker that's primary role is always mother. But they cant give more attention to them because of there work load.
- In this case study showing that three cases are different nature the first case very aggressive in most of the days he need more attention that's a big task to them.

B) RESEARCH QUESTION 2: challenges faced in the initial stage of the lockdown.

- The 'work from home' schedule affected there daily life because it's a sudden changes in their life lockdown totally changed there expectations.
- Work demands increased also house hold demand's looking family also want to satisfy them want to cook ,clean, teach kids etc also want to do there office works this are highly affect the initial stage of the lockdown .
- Education and schooling of there children get affected during the pandemic case 1 and case 3 have other kids too they also studding school they have daily online classes but kids are become very lazy and they didn't understand the online classes . virtual platform is very difficult to understand kids also parents have anxious about the virtual platform because that is not safe .
- financial constrains the families are mainly face financial issues in the lockdown period because business are loss it effect family .
- professional demands increased but salary is not get highly paid
- before lockdown it is a time to spent for ourself office a place to forget all the emotional problems because there is friends we engaged with them it is a relief for everything. But in the lockdown start it all back to normal because they cant time to self care visiting family members or a take break and go to trip with family this

also good to children too. They become very happy in those days but in the lockdown start they cant visit neighbours home and they cant play with friends.

- Husband and wife relationship have problems because she didn't have time to focus on him . because if she working he want to look children also there is no time to spent with him no time for making his favourite foods and also husband have his own needs but as a wife she cant satisfy those needs.

C) RESEARCH QUESTION 3 : copying mechanisms adopted during the lockdown period

- Using social medias to maintain contact with family and friends and enhance social relationship in the absence of physical contact.
- In this case studies are showing that there is only they have time to spent days with there family members in Sunday. That days they take time to gardening , cooking , cleaning house etc are the copying mechanism.
- In this lockdown time there is no time to family get together and spend time with friends everything locked in the lockdown period .
- They handle there feelings is to talk with there close friends and share with them.
- They face challenges to overcome these situations in the lockdown period.
- Maintaining kids and work is very difficult because there is there demand increased they want ther mother to spent time with them but mothers don't have a choice in there .
- The conceptualization of autism as a spectrum disorder has resulted in a cohort of children with a wide range of behavioral profiles in terms of symptoms and presentations that may differentially impact parenting stress. At the cognitive or developmental level, symptom severity and the frequency and severity of behavioral difficulties are some of the relevant child characteristics that may act as stressors.
-

6.2. suggestions

- As a mother you've probably spent a lot of time thinking about your child's future. Even more so if they have an autism spectrum disorder, or ASD diagnosis.
- Apart from the medical care and therapies that you may line up to help your son or daughter, there are simple, everyday things that make a difference
- Focus on the positive. Just like anyone else, children with autism spectrum disorder often respond well to positive reinforcement. That means when you praise them for the behaviour's they're doing well, it will make them (and you) feel good.
- Parents who adopt positive and problem-focused strategies report less stress and better well-being than those who often use emotion-focused coping strategies, which are ineffective and do not resolve the adverse situation that provokes the stress
- Seek help from the husband and talk with the other kids and understand the situation of the mother and ask to help them too.
- Kids do there school activities and also help there autistic brother to play with him and do drowings with them. Give that kind of instructions to them .
- If your child's behaviour is unpredictable, you may feel like it's easier not to expose them to certain situations. But when you take them on everyday to gardening and take time for that it make them to change ther behaviour.
- Give a plant to them and give instructions to daily put water to plant.
- Give small activities to them like colouring or building block creations etc it make them to focus on that activity and it helps to mother to do her job.
- Take time to cook in nights like there favourite food and also ask help from husband it make a conversation with there relationship.
- Consider the problem of time. All of these "extra" services require a time commitment from parents. Letting your employer know your child has a diagnosis of autism doesn't change your work schedule.
- Routines are comforting for kids with autism, so do your best to keep as many of them as you can. Stick to regular bed and wake-up times, meal and snack times, screen time, chores, and other household routines. But build in new routines to include school work, breaks, and exercise.

6.3 CONCLUSION

Women have been moving into the workforce not only for career satisfaction but also because they and their families need the income.

In many families today, mothers continue to work because they have careers that they have spent years developing. Some women return to work soon after giving birth because they know that most employers in this country are not sympathetic to working mothers who wish to take time off to be with their young children. If these women stop working, even for several months, they may give up some of the advantages they have earned or risk losing certain career opportunities. Finding quality child care is very important. Working from home is the best way to keep employees who have the capability to do so safe. But it doesn't come without its challenges. Employees working remotely during the coronavirus pandemic grapple with distractions, the blurred line between work/home and they also have trouble maintaining a routine. Kids with Autism is very difficult to do work from home because there also mother is the primary care taker want to take care of them .

CHAPTER VII
BIBLIOGRAPHY AND APPENDIX

BIBLIOGRAPHY

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APPENDIXES

Tool

As the research is qualitative, the researcher has decided to conduct a semi-structured in-depth interview using a semi-structured interview guide.

Basic demographic data

Name:

Age:

Place:

Religion :

Education status:

Marital status:

Profession:

Number of family members:

Number of children:

Partner's occupation:

Research questions

1. What are the **changes** observed in your **children** after they started **schooling at home** during the pandemic period?
 - How did lockdown change the daily routine of your child ?
 - What were the behavioural changes observed in your children during lockdown period ?

- What were the emotional changes observed in your children during after the initiation of lockdown?
 - What were the physical changes they had undergone during the pan?
 - What were the changes observed in the children's attachments to family members and out siders?
2. What are the **challenges** you experienced in the initial stage and during the lockdown period due to COVID-19 pandemic?
- How has the 'work from home' schedule affected your daily life?
 - How did the education and schooling of your children get affected during the pandemic?
 - How did you handle the professional demands while looking after children?
 - What were the financial constrains you encountered during this pandemic?
 - What are the challenges that your child had gone through during the lockdown period?
 - What were the difficulties you faced when you were completely under the lockdown period?
 - What were the challenges encountered within your marital relationship?
 - How did you teach your children to use the THENMUTAYI APP?

3. What were the coping mechanisms adopted during the lockdown period to overcome the challenges?

What were the ways in which you had found time for your self-care (hygiene, cooking , movies, gardening, reading,

- How did you handle your feelings?