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Abstract
Mothers of children with Autism Spectrum Disorder (ASD) often face diverse caregiving demands that may compromise their psychological wellbeing. However, existing evidence on the factors enabling some mothers to maintain positive psychological wellbeing amid prevailing challenges remains limited, especially in low- and medium-income countries. This study assessed the association between self-care practices and psychological wellbeing among mothers of children with ASD in Nairobi County, Kenya. A quantitative correlational design was employed among 148 mothers recruited through multistage sampling. Data were collected using the Self-Care Assessment Worksheet for Parents and Ryff's Psychological Wellbeing Scale and analysed using SPSS version 28. Findings revealed that 57.4% of the respondents reported high self-care practices, whereas 39.2% and 3.4% reported moderate and low self-care, respectively. Psychological wellbeing was generally favourable (M = 165.98, SD = 7.26), with most mothers reporting moderate wellbeing. These findings suggest that, despite the prevailing challenges facing caregivers of children with ASD, many mothers were able to maintain adaptive self-care practices and positive psychological functioning. Self-care practices were positively associated with psychological wellbeing (r = .251, p = .002) and significantly predicted wellbeing, accounting for 6.3% of its variance. Household income emerged as the most influential socio-economic factor associated with self-care and psychological wellbeing. The study concludes that self-care contributes to psychological wellbeing among mothers of children with ASD, although the relationship is modest and influenced by broader socio-economic factors. The findings highlight the need to strengthen caregiver support services, self-care education programmes, and economic empowerment initiatives. Further, policies for improving access to autism services, social protection measures and financial support are critical to improve caregiver wellbeing and promote more sustainable ASD caregiving outcomes.

Introduction
Autism Spectrum Disorder (ASD) is a lifelong neurodevelopmental disorder, characterised by persistent difficulties in social communication and interaction, as well as restricted and repetitive patterns of behaviour, interests, and activities (Talantseva et al., 2023). The condition presents a

continuum of severity and functional impairment resulting in a spectrum of support needs across the lifespan. Individuals with ASD differ in the degree of support they require, ranging from functioning independently to requiring significant and continuous support in educational, social, and activities of daily living (van Niekerk et al., 2023). Thus, caring for a child with ASD often calls for substantial parental involvement in behavioural management, educational support, therapy attendance, and daily activities. This causes mothers of children with ASD, who commonly assume the greatest caregiving responsibility, to be at high risk of stress, social isolation, caregiver burden, and reduced psychological wellbeing in comparison to parents of typically developing children or those with other developmental conditions (Hayes & Watson, 2013; van Niekerk et al., 2023). Given the increasing prevalence of ASD in the world, as well as the extensive support needs associated with the condition, understanding factors that promote maternal wellbeing, including self-care practices, has become an important area of research (Zeidan et al., 2022).

Global estimates indicate that ASD affects about 0.76% of the population, equivalent to about 1 in 132 individuals (Issac et al., 2025; Zeidan et al., 2022). Notably, higher prevalence rates have been reported in high-income countries due to more developed diagnostic services, increased awareness, and screening programmes (Hodges et al., 2020). Nevertheless, there are substantial disparities across regions, especially in low- and middle-income countries (LMICs). This is attributed to inadequate surveillance systems, limited diagnostic capacity, and inconsistent reporting practices that obscure accurate prevalence estimates (Franz et al., 2023; Zeidan et al., 2022). The African context indicates that ASD remains under-researched despite growing recognition of developmental disabilities. Existing evidence highlights shortages of trained professionals, limited diagnostic infrastructure, and insufficient autism-related services across many countries on the continent (Franz et al., 2023).

Emerging evidence in the Kenyan context shows increasing recognition of ASD, especially in urban settings. A population-based survey by Mamah et al. (2022) reported the presence of autistic traits among approximately 0.6% of adolescents and young adults in selected Kenyan populations. However, the true burden of ASD remains inadequately documented due to insufficient epidemiological surveillance and diagnostic resources. Equally, families often shoulder the responsibility of managing the complex developmental, behavioural, and social needs associated with ASD with minimal institutional support (Lusimbo et al., 2024).

Prevailing research consistently indicates that mothers of children with ASD experience significantly higher levels of stress, depression, emotional exhaustion, and social isolation compared to parents of neuro-typical children or children with other developmental conditions (Dira et al., 2024; Hayes & Watson, 2013). Psychological wellbeing is a crucial determinant of both caregiving functioning and child developmental outcomes. According to Ryff (2014), psychological wellbeing is a multidimensional construct encompassing self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. Furthermore, it emphasises positive psychological functioning and resilience in the face of adversity (Ryff, 2023). Evidence shows that caregivers with higher psychological wellbeing demonstrate better coping abilities, stronger family relationships, improved emotional regulation, and greater capacity to support children with developmental disabilities (McGlinchey et al., 2024). The Kenyan context demonstrates that caregivers of children with ASD face challenges like delayed diagnosis, high therapy costs, limited educational opportunities, inadequate professional support, and social exclusion (Lusimbo et al., 2024).

Despite great research attention on the caregiver burden among families of children with ASD, there is limited empirical evidence on the relationship between self-care practices and psychological wellbeing in Kenya and other LMIC settings. Existing evidence focuses mainly on caregiving challenges, stigma, financial strain, and service gaps, with limited attention to protective behaviours

necessary to enhance caregiver wellbeing (Masaba et al., 2022; Lusimbo et al., 2024). Equally, there is insufficient evidence on how self-care practices influence psychological wellbeing among mothers caring for children with ASD in urban Kenyan settings.

This study sought to examine self-care practices among mothers of children with ASD enrolled in special needs schools in Nairobi County, to determine their association with psychological wellbeing. Specifically, the study aimed to identify levels of self-care practices, assess levels of psychological wellbeing, determine the relationship between self-care practices and psychological wellbeing, and explore socio-demographic and child-related factors influencing engagement in self-care.

Theoretical Framework

Three complementary theories informed this study. Lazarus and Folkman's Transactional Model of Stress and Coping conceptualised caregiving stress as a dynamic interaction between individuals and their environments, emphasising the role of appraisal and coping strategies in determining psychological outcomes (Lazarus & Folkman, 1984). Second, Orem's Self-Care Deficit Theory highlighted the importance of self-care behaviours in maintaining health and wellbeing, and recognised that caregiving demands can create barriers to effective self-care (Tanaka, 2022). Third, Ryff's Psychological Wellbeing Theory introduced a multidimensional framework for understanding positive psychological functioning and resilience in challenging circumstances (Ryff, 2014).

Research Design

The study employed a quantitative correlational research design to examine the relationship between self-care practices and psychological wellbeing. The choice of a correlational design was appropriate as the objective was to determine the nature, direction, and strength of the relationship among naturally occurring variables without manipulation or intervention (Johnson & Christensen, 2020). According to Creswell and Creswell (2022), a research design provides the overall framework guiding the collection, measurement, and analysis of data to address a research problem. Thus, the correlational design was considered suitable for measuring and facilitating the application of inferential statistics to determine associations between variables (Kazdin, 2023). Nevertheless, since the study employed a cross-sectional correlational design, it was limited in its ability to examine relationships at a single point in time and could not establish causal links between self-care practices and psychological well-being. Thus, the findings should be interpreted cautiously to indicate associations, but not cause-and-effect relationships.

Study Population

Nairobi County was selected as the study setting because it hosts a substantial number of both public and private special needs schools serving children diagnosed with ASD. The target population involved biological or foster mothers who were the primary caregivers of children aged 6-12 years with a formal ASD diagnosis and enrolled in selected special needs schools within the county. The study followed a multi-stage sampling approach. First, purposive sampling was used to select only special needs schools, both public and private, that enrol children with ASD. This enabled access to a specific target population that would be difficult to identify in the general population. After selecting twenty schools, a sampling frame of eligible mothers was developed from the school enrolment records, yielding 387 eligible mothers. Then, the sample size was determined using Yamane's (1967) formula, which is appropriate for estimating sample sizes from a known population size.

$$n = \frac{N}{1+N(e^2)} \qquad n = \frac{387}{1+387(0.05^2)} = 197$$

Thus, a sample of 197 participants was obtained at a 95% confidence level and a 5% margin of error. The study sample was distributed proportionally based on the number of eligible mothers in each

school. This approach was crucial in ensuring inclusion of participants who met the study criteria, while also providing an adequate sample size for statistical analysis and representation of the accessible population.

Research Tools

Data collection was conducted using a structured self-administered questionnaire consisting of three sections. The first section involved researcher-developed items capturing socio-demographic and child-related characteristics, such as age, marital status, education level, employment status, household income, and child's age, age at diagnosis, comorbid conditions, and access to support services. The second section involved assessment of self-care practices using the Self-Care Assessment Worksheet for Parents developed by Saakvitne, Pearlman, and the Traumatic Stress Institute (1996). The tool measured engagement in physical, emotional, social, spiritual, and caregiving-balance self-care activities using a five-point Likert scale ranging from 1 (Never) to 5 (Very Often/Always). Higher scores indicate greater engagement in self-care practices. The third section entailed measuring psychological wellbeing using Ryff's Psychological Wellbeing Scale (RPWB), a validated 42-item instrument assessing six dimensions of wellbeing: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance (Ryff, 2014). The responses were recorded on a six-point Likert scale ranging from strongly disagree to strongly agree, with higher scores indicating greater psychological well-being.

Reliability

A pilot study involving 20 mothers of children with ASD was conducted to assess procedural feasibility, participant comprehension, and instrument performance before the main survey. The pilot study sample represented approximately 10% of the main survey sample, which is generally sufficient to identify procedural and measurement-related issues before conducting the main survey. The pilot testing facilitated refinement of study procedures and supported ethical implementation of the research process (Creswell & Creswell, 2022). The reliability of instruments utilised was evaluated using Cronbach's alpha coefficients. Values of 0.70 or higher were considered an acceptable indicator of internal consistency (Hussey et al., 2025).

Validity

Content validity involved expert review by psychologists, special needs education specialists, and research methodology experts. Face validity was assessed during pilot testing to detect if the questionnaire items were clear and relevant. Construct validity was established through prior psychometric evaluations of the Self-Care Assessment Worksheet and Ryff's Psychological Well-Being Scale (El-Osta et al., 2023; Dojchinovski et al., 2024).

Data Collection Procedure

Data collection occurred in April and May 2026, following ethical approval and institutional authorisation, during which questionnaires were distributed to the selected schools with the assistance of the administrators. Informed consent was obtained from respondents who volunteered before data collection. The self-administered format ensured anonymity, reduced interviewer bias, and allowed respondents to complete the questionnaire at their convenience. For ease of data collection, an online survey tool was utilised, and the link to the questionnaire was forwarded to sampled respondents.

Data Analysis

Data analysis was conducted using the Statistical Package for the Social Sciences (SPSS) Version 28, and statistical significance was set at $p < .05$. Frequencies, means, percentages, and standard deviations summarised the characteristics of respondents and study variables. The Pearson

correlation analysis examined the relationship between self-care practices and psychological wellbeing, while regression analyses determined predictive relationships. Chi-square tests examined associations between socio-demographic and child-related factors and self-care practices.

Results

The survey received 158 completed questionnaires out of the 197 distributed to mothers of children with ASD enrolled in selected special needs schools in Nairobi County. However, only 148 questionnaires were complete and suitable for analysis, giving a valid response rate of 75%. The response rate exceeded the recommended threshold for minimising non-response bias (Brooks et al., 2022).

Levels of Self-Care Practices

The findings on the levels of self-care practices among the mothers are shown below.

Table 1: Levels of Self-Care Practices among Mothers of Children with ASD

Self-Care Level	Frequency	Percentage (%)
Low	5	3.4%
Moderate	58	39.2%
High	85	57.4%
Total	**148**	**100.0%**

The findings demonstrated that 57.4% of respondents reported high levels of self-care, 39.2% reported moderate levels, and only 3.4% reported low levels of self-care. The findings also included domain scores, which represented the average total score across all items within a specific self-care domain.

Table 2: Scores for Self-Care Domains

Domain	Domain Score	Mean (Item)	SD	Level
Physical Self-Care	18.53	3.71	0.63	High
Emotional Self-Care	18.07	3.61	0.81	Moderate
Social Self-Care	18.09	3.62	0.81	Moderate
Spiritual Self-Care	19.19	3.84	0.57	High
Professional Self-Care	18.47	3.69	0.75	High
Overall Self-Care	**92.35**	**3.69**	**0.714**	**High**

Since each domain comprised five items measured on a five-point Likert scale, the minimum possible domain score was 5, and the maximum was 25. The mean score represents the average score per item within each domain and was used to determine the level of self-care practice. Mean scores ranging from 1.00–2.33 were interpreted as low, 2.34–3.66 as moderate, and 3.67–5.00 as high levels of self-care. Higher mean scores indicate greater engagement in self-care activities within the respective domain.

Overall self-care findings revealed generally favourable engagement in self-care activities, with a domain-mean self-care score of 92.35 out of 125 and a mean item score of 3.69 out of 5. The domain of spiritual self-care emerged as the most frequently practised (M = 3.84, SD = 0.57), followed by physical (M = 3.71, SD = 0.63) and professional (M = 3.69, SD = 0.75) self-care domains. The emotional (M = 3.61, SD = 0.81) and social self-care (M = 3.62, SD = 4.07) domains showed comparatively lower levels of engagement. This suggested challenges in maintaining emotional renewal and social connectedness while fulfilling caregiving responsibilities. The findings on self-care practices indicate that despite the considerable demands associated with caring for children with ASD, many mothers actively engaged in practices to maintain their wellbeing. However, the lower participation in emotional and self-care practices highlights a need for additional support in these areas.

Levels of Psychological Wellbeing

The findings for the psychological wellbeing variable, using Ryff's Psychological Wellbeing Scale, categorised scores into three levels: low, moderate, and high wellbeing. Using the 6-point Likert Scale, the levels were determined by dividing 5 by 3 to yield 1.67, where low psychological wellbeing ranged from 1.00 – 2.67, moderate level ranged from 2.68 – 4.34, and high level ranged from 4.35 – 6.00.

Table 3: Levels of Psychological Wellbeing among Mothers of Children with ASD

Psychological Wellbeing Level	Frequency	Percentage (%)
Low	19	12.8
Moderate	78	52.7
High	51	34.5
Total	**148**	**100.0**

About 52.7% of the respondents showed moderate psychological well-being, 34.5% reported high well-being, and 12.8% reported low well-being. Study findings also demonstrated favourable psychological wellbeing, with an overall mean score of 165.98 (SD = 7.26).

Table 4: Mean Scores of Psychological Wellbeing Dimensions

Psychological Wellbeing Dimension	Domain Score	SD	Mean (Item)
Autonomy	28.97	3.17	4.14
Environmental Mastery	25.51	4.49	3.64
Personal Growth	28.86	3.03	4.12
Positive Relations with Others	28.34	3.50	4.05
Purpose in Life	27.66	3.55	3.95
Self-Acceptance	26.64	3.47	3.81
Overall Psychological Wellbeing	165.98	7.26	3.95

The six dimensions of psychological wellbeing, involving autonomy (M = 4.14, SD = 3.17) and personal growth (M = 4.12, SD = 3.03), had the highest mean scores. This showed strong independence, resilience, and personal development among respondents. Positive relations with others (M = 4.05, SD = 3.50), purpose in life (M = 3.95, SD = 3.55), and self-acceptance (M = 3.81, SD = 3.47) also demonstrated favourable outcomes. In contrast, environmental mastery (M = 3.64, SD = 4.49) recorded the lowest scores, suggesting difficulties balancing caregiving demands with financial, occupational, and family responsibilities.

Associations between Self-Care Practices and Psychological Wellbeing

The relationship between self-care practices and psychological wellbeing was determined using Pearson correlation analysis.

Table 5: Pearson Correlation between Overall Self-Care Practices and Psychological Wellbeing

Variables	r	p-value	Interpretation
Overall Self-Care Practices and Psychological Wellbeing	0.251	.002**	Positive Significant Relationship

**p < .01

This revealed a statistically significant positive relationship between overall self-care practices and psychological wellbeing (r = .251, p = .002). Despite the relationship being weak according to Cohen's (1988) criteria, the findings indicate that mothers who engaged more frequently in self-care activities tended to report higher levels of psychological well-being.

Table 6: Correlation between Self-Care Domains and Psychological Wellbeing

Self-Care Domain	r	p-value	Interpretation
Physical Self-Care	-0.015	.860	No Significant Relationship
Emotional Self-Care	0.238	.004**	Weak Positive Significant Relationship
Social Self-Care	0.258	.002**	Weak Positive Significant Relationship
Spiritual Self-Care	0.378	< .001***	Moderate Positive Significant Relationship
Professional Self-Care	0.230	.005**	Weak Positive Significant Relationship

**p < .01; ***p < .001

Further, an examination of the relationship between individual self-care domains and psychological wellbeing was conducted and revealed that spiritual self-care demonstrated the strongest association (r = .378, p < .001). This represented a moderate positive relationship. Emotional self-care (r = .238, p = .004), social self-care (r = .258, p = .002), and professional self-care (r = .230, p = .005) also showed statistically significant positive associations. However, physical self-care was not significantly associated with psychological wellbeing (r = −.015, p = .860).

Table 7: *Simple Linear Regression Analysis Predicting Psychological Wellbeing from Self-Care Practices*

Statistics	Value
R	.251
R^2	.063
Adjusted R^2	.056
F	9.84
p-value	.002

Analysis using simple linear regression yielded F(1,146) = 9.84, p = .002, indicating that self-care practices significantly predicted psychological well-being and explained about 6.3% of the variance in well-being scores (R^2 = .063). The findings suggest that despite self-care practices contributing positively to psychological wellbeing and varying across the domains, caregiving wellbeing is multidimensional in nature.

Socio-Demographic and Child-related Factors Influencing Self-Care Practices

The examination of factors influencing self-care practices involved multiple linear regression analysis, which established the independent contribution of selected predictor variables to self-care practices, as shown.

Table 8: *Multiple Linear Regression Model Summary Predicting Self-Care Practices*

Statistics	Value
R	.568
R^2	.323
Adjusted R^2	.229
F	3.42
p-value	< .001

The regression model was statistically significant, F (19,128) = 3.42, p < .001, explaining approximately 32.3% of the variance in self-care practices, with income emerging as the strongest independent predictor (B = -0.870, p = .002). After adjusting for socio-demographic and child-related factors, the model accounted for 22.9% of the variance in self-care scores. The correlation coefficient (R = .568) indicates a moderate positive relationship between the set of predictor variables and self-care practices. Self-employed mothers tended to report lower self-care scores than formally employed mothers (B = -0.243, p = .099), whereas mothers with higher educational attainment reported slightly higher self-care scores than other groups. Maternal age (p = .955) and child age (p = .366) were not significant predictors of self-care practices.

The bivariate level analysis showed that education level ($\chi^2 = 15.84$, $p = .045$), employment status ($\chi^2 = 13.97$, $p = .030$), household income ($\chi^2 = 24.76$, $p < .001$), presence of other diagnosed conditions besides ASD ($\chi^2 = 16.82$, $p = .002$), duration since diagnosis ($\chi^2 = 10.54$, $p = .032$), and access to support services ($\chi^2 = 18.63$, $p < .001$) demonstrated statistically significant associations with self-care practice levels. Mothers with higher education levels, stable employment, higher household incomes, longer caregiving experience, and greater access to support services reported higher engagement in self-care activities.

Child-related factors also influenced self-care practices, as mothers of children with an ASD diagnosis only reported lower levels than those caring for children with other diagnoses like Attention-deficit/hyperactivity disorder (ADHD), intellectual disability or epilepsy ($\chi^2 = 16.82$, $p = .002$). Further, duration since diagnosis was also associated with self-care practices ($\chi^2 = 10.54$, $p = .032$). However, child age was not significantly associated with self-care practices.

The findings suggest that socio-economic resources, particularly household income, exert a greater influence on self-care practices than demographic characteristics such as age, marital status, education level, or employment status. In general, the findings show that both individual and contextual factors influence mothers' capacity to engage in self-care. This highlights the importance of socio-economic resources and support systems in promoting caregiver wellbeing.

Self-Care Practices among Mothers of Children with ASD

Study findings suggest that many mothers of children with ASD enrolled in special needs schools in Nairobi County recognise self-care as an essential component of effective caregiving. This is consistent with Larson (2024), who reported that caregivers participating in wellness programmes demonstrated greater resilience, lower emotional exhaustion, and enhanced caregiving capacity. However, the study findings contrast with studies reporting lower levels of self-care among caregivers. Patel et al. (2025) found that 55% of parents of children with ASD never exercised and 70% never participated in recreational physical activities. Similarly, Rakovec and Videmšek (2024) reported that only 23% of social workers engaged in daily self-care practices.

Findings point to mothers of children with ASD having embraced measures to improve self-care practices. Sartor et al. (2023) report that stronger coping resources are associated with lower parenting stress and better wellbeing among parents of children with ASD. Given that autism caregivers experience significantly higher stress levels than non-autism caregivers (Warreman et al., 2023), self-care appears to function as an important protective strategy.

The spiritual self-care domain emerged as the most embraced practice. This aligns with Shokouhi-Tabar et al. (2025) findings that spiritual practices such as prayer, faith-based reflection, and religious participation may enhance resilience, hope, and emotional adjustment among caregivers. Physical self-care followed, reflecting efforts to maintain health through exercise, nutrition, rest, and healthcare utilisation, which are particularly important given the demanding nature of ASD caregiving (Marsack-Topolewski et al., 2021). Emotional self-care and social self-care recorded the lowest scores, although both remained within the moderate range. These lower scores may reflect caregiving pressures, limited time, stigma, and a tendency among mothers to prioritise their children's needs over their own emotional and social wellbeing (Papadopoulos, 2021; Mkabile et al., 2021). Overall, the findings indicate that mothers of children with ASD in Nairobi County have embraced self-care as an important coping mechanism.

Psychological Wellbeing of Mothers

The study demonstrated that despite substantial caregiving demands associated with ASD, many mothers had developed adaptive coping mechanisms that supported positive psychological

functioning. Study findings contrast with studies reporting high levels of psychological distress among caregivers of children with ASD. Larson (2024) demonstrated that 60% of caregivers were at risk of depression and 52% reported stress levels above population norms, while Patel et al. (2025) documented low engagement in self-care behaviours that increased vulnerability to psychological distress. However, the study findings suggest that resilience, adaptive coping, and social support have the potential to buffer negative effects of caregiving stress (Dimachkie Nunnally et al., 2023; Sánchez Amate & Luque de la Rosa, 2024).

The six dimensions of wellbeing revealed autonomy having the highest score, followed closely by personal growth and positive relations with others. The findings show that most mothers perceived themselves as independent decision-makers, experienced personal development through caregiving, and maintained supportive social relationships. Higgins et al. (2023) assert that experiences gained by parents of children with ASD in their caregiving approaches contribute to increased self-efficacy and confidence, which, in turn, enhance autonomy. The dimensions of purpose in life and self-acceptance also demonstrated favourable outcomes. This suggests that many mothers derived meaning from their caregiving role and had accepted their child's diagnosis and associated challenges (Rizzo et al., 2024; Da Paz et al., 2018).

Positive social relations contribute to wellbeing, with evidence showing that social support significantly improves psychological outcomes among caregivers of children with ASD (Rezq et al., 2025). However, despite the levels being generally favourable, the predominance of moderate rather than high wellbeing suggests that caregiving challenges continue to exert psychological pressure. Thus, there is a need for resilience-based perspectives that view wellbeing as the ability to adapt and function positively despite continued caregiving challenges (Xavier et al., 2025). Generally, the findings demonstrate considerable resilience among mothers of children with ASD and highlight interventions needed for strengthening social support, improving access to services and reducing caregiving burdens.

Relationship between Self-Care Practices and Psychological Wellbeing

The study findings support Orem's Self-Care Deficit Theory, which posits that self-care behaviours help individuals maintain health, manage stress, and preserve well-being (Tanaka, 2022). Further, they are consistent with previous studies that have demonstrated the protective role of self-care among caregivers of children with developmental disabilities. Bourke-Taylor et al. (2021) reported elevated symptoms of depression (58%), anxiety (52%), and stress (68%) among mothers of children with disabilities. Equally, the study established that better mental health was associated with frequent engagement in health-promoting behaviours. Larson (2024) also found that 60% of caregivers were at risk of depression, while 52% reported high stress levels before participating in a self-care programme.

The self-care domains revealed notable differences in their associations with psychological well-being. Previous studies have similarly linked spirituality to improved resilience and psychosocial outcomes (Zoromba & El-Gazar, 2026), social support to reduced parenting stress (Ajayi et al., 2024), and mindfulness-based interventions to lower parental stress (Peng et al., 2025). In contrast, the domain of physical self-care showed no significant relationship with psychological wellbeing. The findings suggest that the benefit of physical health behaviours may operate indirectly via improved sleep quality, stress reduction, and emotional regulation rather than directly influencing wellbeing (Russell et al., 2023).

Generally, the findings support both Orem's Self-Care Deficit Theory and Ryff's Psychological Well-Being Model (Ryff, 2023), indicating that self-care is a valuable psychological resource that promotes resilience, adaptation, and positive functioning among mothers caring for children with ASD.

Influence of Socio-Demographic and Child-Related Factors

The findings demonstrated that household income was one of the strongest predictors of self-care practices. This highlighted the importance of socio-economic resources in facilitating access to healthcare, counselling, nutritious food, respite care, and other wellbeing-supporting services (WHO, 2025; Masaba et al., 2022). Further, the findings that higher educational attainment is associated with greater participation in self-care activities are supported by Dira et al. (2024), who noted that education enhances caregivers' ability to access information, support services, and health-promoting resources. Further, education improved health literacy regarding ASD and available interventions, thus reducing uncertainty and strengthening adaptive coping (Rojas-Torres et al., 2020). Equally, Rizzo et al. (2024) found that resilience was negatively associated with caregiver burden, suggesting that greater coping resources contribute to better psychosocial adjustment. The employment status domain was associated with higher self-care levels. Tokić et al. (2023) reported significant differences in wellbeing and self-care by employment status. Further, Gnanasekaran et al. (2016) assert that employment can influence self-care through increased financial security, greater capacity for social interaction, and access to support services.

Child-related factors also contributed to levels of self-care, as depicted by the presence of comorbidities like ADHD or intellectual disabilities contributing to lower self-care levels. Alkas Karaca et al. (2026) found that ASD severity, behavioural challenges, and sensory difficulties explained 63% of the variation in caregiver burden. This reflects increased caregiving demands among parents, resulting in low self-care engagement. Duration since diagnosis was associated with greater engagement in self-care. This suggested that longer duration resulted in adaptation and improved coping with time (Appah et al., 2025). The domain of access to support services also significantly enhanced self-care participation, as support groups, counselling, healthcare professionals, and community programmes provide emotional, informational, and practical resources that reduce caregiver burden and improve wellbeing (Magidigidi-Mathiso et al., 2025; Verkooijen et al., 2026). Collectively, these findings support Orem's Self-Care Deficit Theory, which emphasises that self-care is shaped by both individual capabilities and environmental conditions.

Practical Implications

Study findings highlight the importance of integrating caregiver well-being into autism intervention programmes to improve outcomes. There is a need for healthcare professionals, counsellors, educators, and social workers to routinely assess caregiver wellbeing and provide interventions necessary to promote self-care, resilience, and adaptive coping. Considerations for support groups, psychoeducation programmes, caregiver training, and counselling services initiatives are necessary. This would strengthen the capacity of mothers of children with ASD to manage caregiving demands, while also preserving their psychological wellbeing.

Key policy interventions involve expanding access to autism services, reducing financial barriers, and strengthening caregiver support programmes to improve caregivers and child outcomes. Further, the findings suggest that interventions should recognise the central role of spirituality, social support and socio-economic resources in the promotion of wellbeing among caregivers of children with ASD.

Limitations

The study findings should be interpreted with consideration of the following limitations. First, the quantitative correlational design did not permit causal inference on the relationship between self-care practices and psychological wellbeing. Although a positive association was observed, mothers with higher psychological well-being may have been more likely to engage in self-care, suggesting potential bidirectional influences. Second, the use of self-reported measures had the potential to introduce recall and social desirability bias. Third, the respondents were recruited from selected

special needs schools within Nairobi County, limiting the generalisability of the findings to caregivers with children formally enrolled in special needs institutions. Thus, future researchers should consider longitudinal and mixed-methods studies to explore causal pathways and gain deeper insights into caregiver experiences.

Conclusion

The findings indicated that mothers of children with ASD maintained moderate to high levels of self-care practices and generally favourable psychological wellbeing, despite the considerable challenges and caregiving demands associated with raising a child with ASD. Spiritual self-care was the most frequently practised domain of self-care, while environmental mastery was comparatively lower, suggesting that most mothers continue to face difficulties managing external demands and accessing relevant resources for psychological well-being. The study found that a statistically significant positive relationship exists between self-care practices and psychological wellbeing. This confirmed that mothers who engage in self-care more frequently tend to experience better psychological outcomes. Furthermore, self-care significantly predicted psychological well-being, highlighting its role as a crucial protective factor for caregiver resilience and adaptation.

Additionally, socio-economic and contextual factors, including household income, employment status, education level, and access to support services, significantly influenced self-care engagement. These findings show that caregiver wellbeing is shaped by both individual behaviours and broader structural conditions. Thus, interventions aimed at improving maternal wellbeing should incorporate self-care promotion, enhanced support services, caregiver education, and policies that will reduce financial and social barriers faced by families affected by ASD.

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