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Original Article

Community Support Service: The Perspective of Family Caregivers of Children with Autism in Mansoura City

Heba Gad Alla Ali Abd Alla[1], Eman Sameh Abd Elhi[2], Asmaa Ahmed Abdallah[1], Wafaa Hamed Kamal Elshafie[3], Samia Gamal Awad Hamed[4], Ahmed Rezk Abdelghafar Emara[5]

[1] Lecturer, Community Health Nursing Department, Faculty of Nursing, Mansoura University, Egypt
[2] Assistant professor, Psychiatric Health Nursing Department, Faculty of Nursing- Mansoura University, Egypt
[3] Assistant Professor, Community Health Nursing Department, Faculty of Nursing, Mansoura University, Egypt

[4] Lecturer, Psychiatric and Mental Health Nursing Department, Faculty of Nursing, Mansoura University, Egypt
[5] Lecturer, Community Health Nursing Department, Misr University for Science and Technology – Egypt

Corresponding author: Heba Gad Alla Ali Abd Alla **Email:** dr_hebagad@mans.edu.eg

ABSTRACT

Autism Spectrum Disorder (ASD) is a complex neurodevelopmental condition that affects a significant number of children globally, presenting unique challenges for families and caregivers. In Egypt, the need for robust community support services is vital for enhancing the quality of life for children with ASD and their families. **Aim:** This study aimed to assess the perspectives of family caregivers with autism regarding community support services. **Methods:** This study involved 200 family caregivers of autistic children in Mansoura City. Data were collected on the socio-demographic characteristics of caregivers and their children, Short Form 36-Health Survey, Parenting Stress Index, Multidimensional Scale of Perceived Social Support, and the Perceived Community Support Questionnaire. **Results:** Most caregivers (80%) were aware of community support services but faced barriers, including limited rural availability (74.5%) and accessibility challenges (58.5%), with peer parents as primary information sources. Caregivers reported moderate satisfaction, coping competence, and social support levels, with strong correlations between these factors ($p \leq 0.001$). Coping competence and social support predicted caregiver satisfaction, explaining 68% of variance ($F=204.3$, $p<0.001$), while educational level significantly influenced both coping competence ($p<0.001$) and social support ($p=0.005$). **Conclusion & Recommendations:** Coping competence and social support significantly predict caregiver satisfaction with autism services. However, rural accessibility barriers and educational disparities limit service effectiveness. Recommendations include expanding rural service delivery, enhancing accessibility, providing targeted support based on educational needs, and strengthening peer support networks.

Keywords: Autism, Caregivers, Children, Community, Family, Support Service, Perspective.

Introduction

Autism Spectrum Disorder (ASD) is a global public health concern, with prevalence rates indicating 1 in 36 US children affected **(Centers for Disease Control and Prevention, 2023)**. In Egypt, available data are limited, but data suggest an increasing trend, with a prevalence of 5.4 per 1,000 preschool children in Sharkia Governorate and 22.5% of children referred for special needs receiving an ASD diagnosis in Giza **(Yousef et al.,**

2021; Meguid et al., 2023). Autism Spectrum Disorder, a neurodevelopmental disorder, presents persistent social communication and interaction difficulties, often affecting daily activities and quality of life before age three **(Talantseva et al., 2023; Yousef et al., 2021)**.

Caregivers play a crucial role in meeting the emotional and physical needs of autistic children, providing daily care, overseeing therapies, and advocating for their needs in healthcare, education, and community settings **(John & Hemalatha, 2024; Herrero et al., 2024)**. They offer emotional support, help children navigate social challenges, and promote inclusion, improving family dynamics and child development **(McConkey et al., 2020; Liao et al., 2021)**. The strength and reliability of their support system are essential **(Factor et al., 2019; Zablotsky et al., 2019)**.

Community support services offer crucial resources for children with ASD, including educational, social inclusion, and family navigation assistance, reducing social isolation, fostering communication skills, and boosting parental confidence and caregiving stress **(McConkey et al., 2020; Lei & Kantor, 2021)**. It improves access to resources, developmental outcomes, fosters family cohesion, alleviates caregiver stress, and promotes mental health resilience **(Li et al., 2025; Hayes et al., 2022)**.

Egypt faces a shortage of government and specialized autism centers, with most available services concentrated in urban areas. Comprehensive early intervention programs, rehabilitation centers, and specialized educational support are lacking **(Mansour, 2020; Gobrial et al., 2018)**, leading families relying on informal sources like social media and online communities **(Mansour, 2020; Gobrial, 2018)**. This lack of resources and social stigma further isolates children and caregivers, hindering their participation in community activities **(Gobrial, 2018; Mansour, 2020)**.

Various community support services were established to address these families' needs, including respite care, behavioral therapy, peer support groups, inclusive recreational activities, and educational workshops, aiming to improve the quality of life for children with ASD, reduce caregiver stress, ensure resource access, and foster community **(Green & Carter, 2014)**.

Significance of the problem

Families of children with ASD face complex challenges, affecting children, caregivers, and family dynamics. Understanding the scope of these challenges within community support services is essential for developing effective intervention strategies. There is often a considerable gap between these support services' intended goals and their effectiveness. Community support services often overlook the experiences, needs, and perspectives of family caregivers, creating a disconnect between the intended goals and the services families find beneficial, accessible, or meaningful **(Mansour, 2020)**.

This study intends to explore family caregivers' perspectives on community support services for autism. The findings can provide valuable insights into service providers, improve program effectiveness, enhance well-being, and inform academic research on autism support.

Aim of the study

The study aimed to explore the perspectives of family caregivers of children with autism regarding the community support services in Mansoura city.

Study questions:

Q 1: What are the perspectives of family caregivers of children with autism regarding the community support services?

Q2: What is the level of coping of family caregivers of children with autism regarding the community support services?

Q2: What is the level of satisfaction of family caregivers of children with autism regarding the community support services?

Q3: What is the level of social support perceived by family caregivers of children with autism regarding the community support services?

Q4: Subjects and method

Study design

A descriptive cross-sectional study design was used to fulfill the aim of this study.

Study setting

The study was conducted in a child and adolescent psychiatric outpatient clinic affiliated with Mansoura University Hospital, and two private autism centers in Mansoura city, namely, El-Hay and El-Amal centers.

Participants

The study sample included all family caregivers of autistic children attending the mentioned setting during the data collection period, who belonged to both sexes and participated in community support services for at least 6 months, with different residences, occupational, educational, and socioeconomic levels. Moreover, those whose children have autism and other comorbidities and who gave consent to participate in the study were included. Conversely, caregivers of newly diagnosed children with autism less than 6 months ago were excluded.

Sampling technique and size calculation:

A purposive sampling technique was employed to recruit participants for this study. The sample size was determined based on the study parameters from previous research by **Otefy, Al-Rafay, and Thabet (2024)** using the following formula: n = (Z^2 * σ^2) / (d^2). In this formula, n denotes the sample size, Z1-α/2 equals 1.96, σ indicates the standard deviation of the autistic children is 0.345, and d is the rate of precision at 5%. Consequently, a sample size of 181 subjects is expected. Considering a dropout rate of 10%, the overall necessary sample size is 200.

Study tools

Tool (I): A structured self-administered questionnaire developed by the researcher after reviewing related literature, and consists of two parts:

Part (1): Sociodemographic characteristics of family caregivers, including age, sex, marital status, education, occupation, income, relationship to the child, and number of children.

Part (2): Sociodemographic characteristics of autistic children and autism history, including age, sex, duration of autism diagnosis, frequency of attendance at the autism center, and presence of additional disabilities

Tool II: Perspectives of family caregivers of autistic children about the community support services. It was a semi-structured interview questionnaire developed by the researcher. It contained eight questions, which were closed-ended, including: awareness and utilization of community support services, type of service used, source of information, presence of health insurance, distance between home and services, and two open-ended questions, including challenges and suggestions for improvement.

Tool (III): The Client Satisfaction Questionnaire (CSQ-8)

It was a self-reported instrument adopted from **(Attkisson & Zwick, 1982)**, commonly used to assess client or patient satisfaction with services received, particularly in healthcare, mental health, and social services settings. It consists of eight sub-items. Each item has 4 possible responses, scored from 1 to 4, and the total score ranges from 8 to 32, and interpreted as 8 – 16: low satisfaction, 17 – 24: moderate satisfaction, and 25 – 32: high satisfaction.

Tool IV: The Coping Competence Questionnaire (CCQ-12) is a self-report instrument adopted from **Schröder and Ollis (2012)**. It consists of 12 items designed to assess coping competence across three domains: achievement, social, and emotional coping, with four items allocated to each domain. Responses are rated on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Several items are reverse-scored (1 ↔ 5, 2 ↔ 4, 3 ↔ 3) to ensure higher values consistently reflect greater coping competence. After reverse coding, domains scores are obtained by averaging the four items within each domain. A total coping competence score can be calculated either by summing all 12 items, producing a possible range of 12 to 60. The total scores are interpreted as 12 – 27: low coping competence, 28 – 43: moderate coping competence, and 44 – 60: good coping competence.

Tool V: Multidimensional Scale of Perceived Social Support (MSPSS). It was a self-report instrument adopted from Zimet, Dahlem, Zimet, and Farley (1988). It consists of 12 items, divided into three subscales: family support (4 items), friend support (4 items), and significant other support (4 items). Each item was rated on a 7-point Likert scale ranging from 1= very strongly disagree, and 7 = very strongly agree. Scores were calculated for each subscale, and as a total score, the subscale score range was 4–28, and the total score range was 12–84. The total scores are interpreted as 12–35: low perceived social support, 36–60: moderate perceived social support, and 61–84: high perceived social support

Ethical considerations

Written initial approval was obtained from the Research Ethics Committee of the Faculty of Nursing, Mansoura University (IRB, 0814). An official letter clarifying the purpose of the study was obtained from the Dean of the Faculty of Nursing, Mansoura University, and submitted to the head of the child psychiatric outpatient clinic and the private autism centers for permission to carry out the study. Each caregiver was given a written informed consent form after being informed about the study's purpose and procedures. They were assured that their participation involved no physical, social, or psychological risks and that they could withdraw from the study at any time during data collection without penalty. To maintain confidentiality and anonymity, each participant was assigned a unique code number used only for data analysis. No incentives or rewards were offered to participants for completing the questionnaire.

Validity and reliability

The researchers developed the questionnaires following a comprehensive literature review to guarantee validity. To evaluate content validity, these were then evaluated by a panel of five academic experts, two professors in community health nursing and three in psychiatric health nursing. According to the panel's feedback concerning the material's appropriateness and the phrases' clarity, only minor revisions were made to the self-administered questionnaire. After that, a translator with expertise in medical texts and research translated the questionnaire into Arabic. Subsequently, the Arabic version was back-translated into English to ensure accuracy, and the translation was examined in comparison with the original text by the same team. Any minor discrepancies detected between the original and back-translated versions were resolved through group consensus. The validated tools were adopted to assess family caregivers' satisfaction, competence, and perception of social support regarding community support services. It was selected due to its reliability and wide use in similar studies. It was translated into Arabic and back-translated to ensure accuracy of meaning.

Pilot study

A pilot study was carried out on 20 family caregivers (10% of the sample) to evaluate the clarity and completeness of the tools and estimate the time needed to complete the questionnaire. The results showed that no refinements and modifications were needed, so the subject was included in the actual sample. On average, the structured questionnaire took 15-20 minutes to complete.

Cronbach's Alpha test was used to determine the internal consistency and homogeneity of the tools used. The reliability of the Client Satisfaction Questionnaire was 0.91, the Coping Competence Questionnaire was 0.93, and the Multidimensional Scale of Perceived Social Support was 0.92.

Fieldwork

The fieldwork was carried out in one phase over three months, from April to July 2025. Data collection occurred three days a week during clinic hours from 9 AM to 2 PM. Each participant was interviewed individually, which lasted approximately 15–20 minutes. During this time, the purpose of the study was explained, informed consent was obtained, and the data collection forms were completed within the predetermined time frame.

Statistical analysis

The collected data were coded and entered into the Statistical Package of Social Sciences (SPSS) version 20. After the complete entry, the data was explored to detect any errors. Subsequently, they were analyzed using the same program to present frequency tables with percentages. Qualitative data were presented as numbers and percentages, while quantitative data were described as mean/SD as appropriate. The study data were tested for normality using the

Kolmogorov-Smirnov test. Pearson correlation (r) was performed to measure the strength and direction of the relationship between the main study variables. The linear regression model was used to determine whether coping competence and perception regarding social support are predictive variables for caregiver satisfaction.

Additionally, one-way ANOVA was used to indicate an actual difference between more than two unrelated groups of participants. An independent t-test was conducted to test the difference between only two unrelated groups of participants. All tests were conducted at a significant level (P-value) of 0.05 or less, which was considered statistically significant.

Results

Table 1 shows family caregivers' socio-demographic characteristics. It was observed that 37% were between 40 and 50 years old, with a mean age of 39.30±9.77. It was also found that 63.5%, 79%, and 73% were females, married, and had secondary education, respectively. Regarding their occupation, 64% were retired. About kinship to autistic children, 64.5% were mothers. Furthermore, the monthly household income for 57.5% of them was not enough, and 43% had four or more children.

Table 2 reveals that 35% of autistic children were between five and ten years old, with a mean age of 10.65±4.56, and 62% of them were females. It was found that 38.5%, 78.5%, and 77% of them were diagnosed with autism for one to three years, continually attended autism centers, and had additional disabilities, respectively.

Table 3 summarizes the family caregiver perspectives regarding community support services. It reveals that 80% were aware of and utilized community support services. It was found that 64.5% of them were using Psychiatric intervention as one of the community support services, and 70.5% of them sourced information about community support services through other parents of children with autism. It was found that 75.5% of them have health insurance that covers autism-related services. Additionally, 58.5% reported difficulty reaching service centers, 59.5% reported that the distance between their homes and the nearest support service is more than 10 kilometers, and 63.5% suggested expanding autism services to rural and underserved areas for improving community support services.

Figure 1 illustrates the family caregivers` total satisfaction levels, coping competence, and perception of social support regarding community support services. It highlights that 53%, 57.5%, and 47.5% had a moderate level of satisfaction, coping competence, and perceived social support regarding community support services, respectively.

Table 4 presents highly significant positive correlations between total satisfaction levels, coping competence, and perception of social support regarding community support services (P ≤ 0.001).

Table 5 clarifies a significant regression model with coping competence and perception of social support significantly predicting family caregivers' satisfaction regarding community support services (F=204.3, P <0.001). It is also revealed that coping competence and perception of social support were highly significant predictors of family caregivers' satisfaction (t=4.31, P<0.001, and t=5.58, P<0.001, espectively), explaining 68% of the variation in total caregivers' satisfaction regarding community support services.

Table 6 compares the mean scores of the total levels of satisfaction, coping competence, and perception of social support regarding community support services according to the socio-demographic characteristics of study participants. It revealed a statistically significant difference between the total levels of coping competence and perception of social support, with the educational level of caregivers (p <0.001 and p =0.005, respectively. However, there were insignificant differences between all levels of socio-demographic characteristics and the total levels of satisfaction, coping competence, and perception of social support (P>0.05).

Discussion

Autism spectrum disorder has a profound effect on family caregivers, changing interpersonal relationships and family dynamics. Effective treatment of ASD necessitates a comprehensive approach due to the emotional and physical demands of caring for this condition **(Sánchez & Luque, 2024)**.

Community support services are crucial to improving the cognitive, social, and emotional outcomes of autistic children. These services include behavioral therapies, speech-language pathology, and occupational therapy **(Sandbank, Bottema, Crowley, Feldman, Barrett, Caldwell, 2023)**. They equip autistic children with skills, social competencies, and emotional support, reducing disparities and promoting inclusivity. Additionally, these services offer support and guidance to families, empowering them to establish a supportive environment that fosters the child's needs **(Friedman, 2023)**.

Family caregivers of autistic children provide valuable insights into community support services, enabling the development of tailored programs and enhancing care quality **(Cherewick & Matergia, 2023)**. Engaging caregivers in assessing the community resources fosters a collaborative environment, highlighting gaps in existing support systems and prompting policy changes for better service **(Smith& Brown, 2023)**. Thus, this study aimed to explore the perspectives of family caregivers of children with autism about the community support services in Mansoura city through assessing their satisfaction levels, coping competencies, and perceived social support.

Regarding socioeconomic characteristics, it's noted that less than half of family caregivers are between 40 and 50 years old, and more than half are females. This age group and gender were insignificant criteria in the family coping competence, perception of social support, and satisfaction level. This was in contrast with **Sharabi & Marom-Golan (2018)**, who found a significant difference between parents' gender and involvement in autistic social support services.

Furthermore, it is observed that most of the current participants had a secondary educational level, with a significant relationship with the family's coping competence and perception of social support, but no significant relationship with their satisfaction level. This is in agreement with previous research in Baghdad city by **Lazam** & **Al-Hemiary (2013)**, and reported that the educational level of parents was significantly associated with their coping strategies, and contradicts with **Curval, Igreja, Viana and Guardiano (2023)** who examine the degree of satisfaction of the participants regarding their family, friends, intimacy, and social activities and found a statistically significant association between the parents' educational level and the degree of satisfaction as highly educated care giver is more satisfied.

This can be attributed to lower-educated caregivers, who may have modest expectations, limited access to information, and a focus on tangible support. So, their satisfaction is more likely influenced by practical accessibility, affordability, and interpersonal interactions with providers rather than their educational level. While highly educated caregivers are more likely to compare available services against international standards, guidelines, or peer experiences, they amplify their critical appraisal and satisfaction.

Perspectives are different viewpoints or ways of thinking about something. Personal beliefs, life experiences, or situations shape them. It was observed that the majority of participants are aware of and utilize community support services, with psychiatric intervention services being the most frequently used by more than two-thirds of them. However, this finding contradicts, to some extent, the results of **Marsack- Topolewski (2019), which** addressed the perspectives of parental caregivers of adult children with ASD about social support services—indicating that the majority of them utilize a variety of formal and informal social support services, with emotional and informational support being the most common. These variations in the services utilized by families may be attributed to the availability and accessibility of services, socioeconomic status, and cultural context.

In terms of challenges and suggestions for improvement, numerous factors obstruct the utilization of community support services. It indicated that more than half of the present participants stated that the inaccessibility of services due to a lack of transportation is the main barrier, and about two-thirds of them suggested providing mobile or home-based services for improvement. Our results are in line with those of **Stahmer et al. (2019); Wallace-Watkin, Sigafoos & Waddington (2022)** who examined family perspectives on perceived barriers and facilitators to accessing ASD-related services for underserved families and reported that underserved families face barriers to accessing autism support services such as geographic location, financial pressures, service flexibility, and stigma and overcoming these obstacles is the way to improve and reduce these disparities.

Additionally, **Brookman et al. (2012)** investigated parents' perspectives on community mental health services for children with autism spectrum disorders. Noted that the lack of specialized ASD knowledge and training among providers is a primary barrier to effective services, and their training is the key to improvement. Furthermore, an Indian study conducted by **Jain, Ahmed, Mahour, Agarwal, Chandra, and Shrivatav (2019)** explored the burden of care perceived by caregivers of autistic children regarding the external support and reported that the majority of them are burdened to some extent, suggesting universal availability, easy accessibility of autism facilities, and raising parental awareness about autism.

Moreover, **Eskow (2018)** summarizes parents' views about home and community services for a child or young person with autism and proposes that improved outcomes are achieved through well-trained and flexible service providers who offer parents multiple service delivery options.

Also, according to research in London by **Galpin et al. (2017)** that aimed to investigate parental wellbeing, self-efficacy, and the extent to which they felt supported, existing support services are insufficient for their children's needs. Accordingly, they call for a relational, family-centered approach to support that understands the specific needs of the whole family and builds close relationships. Consequently, it is concluded that healthcare planners and decision-makers must integrate their efforts to address these barriers and develop solutions.

For the perception level of social support regarding community support services, less than half of family caregivers had a moderate perception level of social support. This aligns with the key findings of **Lei and Kantor (2021)**, who examined the social support and family quality of life among caregivers of children with ASD in Sichuan province of China. They reported that caregivers of autistic children perceived moderate social support.

Additionally, an American study by **McIntyre & Brown (2016)** examined the utilization and usefulness of social support and highlighted that mothers used autism support services and perceived them as helpful. This moderate perception may be ascribed to the support services' simultaneous availability and limitation. On one hand, the presence of some services and parents' support groups provides some assistance. On the other hand, there are possible gaps in accessibility and sufficiency in meeting their needs.

Unlike previous American research, **Hall (2012)** addresses community support services for families with autistic children and their coping patterns, which revealed the adoption of families to high-level coping strategies. Our findings showed that more than half of the participants experienced a moderate level. The discrepancy between results may be explained by the influences of several factors, such as accessibility, quality of community services, socio-demographic characteristics, and cultural factors that enhance one's ability to cope.

Concerning satisfaction with community support services, the Present findings highlighted that more than half of caregivers mediated satisfaction. Previous research reveals mixed findings across different healthcare settings. In Malaysia, caregivers showed varying satisfaction levels depending on care level and waiting times **(Nik Adib et al., 2019)**. Studies in low-resource settings found moderate satisfaction among caregivers of children with neurodevelopmental disorders **(Okwara & Donald, 2024)**. These findings call for the necessities of the critical need for improved service accessibility, provider training, and family-centered approaches to enhance caregiver satisfaction with community support services.

This study conducted a correlation analysis to explore how participants' satisfaction levels, coping competence, and perception of social support toward community support services were interrelated. The results revealed a highly significant positive correlation between the three levels ($p < 0.001$), indicating that the others tend to increase as one variable increases. Largely consistent with our results, **Wang et al. (2022)** conducted a meta-analysis of 29 studies, revealing that positive coping significantly correlated with social support. The positive interrelation among the variables suggests that future interventions should adopt a holistic approach rather than addressing each factor alone.

Regression analysis revealed that coping and perception of service support were significant predictors of satisfaction level ($t=4.31$, $P<0.001$, and $t=5.58$, $P<0.001$). Research consistently demonstrates that social support and coping strategies are crucial predictors of family adaptation and satisfaction among caregivers of children with autism and developmental disabilities. **Hall (2012)** found a significant positive association between increased community support and enhanced family coping strategies ($r=.451$; $p=.005$) and acted as a predictor in families of children with autism. **Luque et al. (2017)** reported that coping **strategies and** self-efficacy are important predictors of life satisfaction among ASD caregivers.

Understanding the perspectives of caregivers regarding the autistic community support services is essential for improving the overall effectiveness of these resources. By assessing their satisfaction, coping competence, and perception of social support, we can identify critical gaps and areas for enhancement. This knowledge calls for policy adjustments and service design. Ultimately, prioritizing caregivers' insights will lead to more effective support systems that empower families and foster better outcomes for autistic children.

Table 1: Family caregivers' socio-demographic characteristics. (n=200)

Scio-demographic characteristics		**No.**	**%**
Age	< 30	47	23.5
	30 - < 40	44	22.0
	40 - < 50	74	37.0
	50 - < 60	35	17.5
	Mean (SD)	**39.30(9.77)**	
sex	Male	73	36.5
	Female	127	63.5
Marital status	Single	9	4.5
	Married	165	82.5
	Divorced	22	11.0
	Widow	4	2.0
Education	Secondary	146	73.0
	University	45	22.5
	Higher studies	9	4.5
Occupation	Employed	67	33.5
	Unemployed	5	2.5
	Retired	128	64.0
Relationship to the child	Mother	129	64.5
	Father	62	31.0
	Sister or brother	9	4.5
Income	Enough	85	42.5
	Not Enough	115	57.5
Number of children	One	38	19.0
	Two	53	26.5
	Three	23	11.5
	Four or more	86	43.0

Table 2: Autistic children's demographic characteristics and autism history. (n=200)

Demographic characteristics		**No.**	**%**
Age	<5	16	8.0
	5-<10	70	35.0
	10-<15	67	33.5
	≥15	47	23.5
	Mean (SD)	**10.65(4.56)**	
Sex	Male	76	38.0
	Female	124	62.0
Duration of autism diagnosis	Less than 1 year	52	26.0
	1–3 years ago	77	38.5
	More than 3 years ago	71	35.5
Frequency of attendance at the autism center	Occasionally	43	21.5
	continually	157	78.5
Presence of additional disabilities	No	46	23.0
	Yes	154	77.0

Table 3: Family caregiver perspectives regarding community support services (n=200).

Items	N	%
Awareness and utilization of community support services for children with autism in Mansoura City		
No	40	20.0
Yes	160	80.0
Type of autism community support services currently used*		
Speech therapy	18	9
Physical therapy	28	14
Psychiatric intervention	129	64.5
Special education services	123	61.5
Recreational programs	9	4.5
Financial support services	65	32.5
Source of information about community support services available in Mansoura City*		
Healthcare provider (doctor, nurse, etc.)	10	5
Peer parents of children with autism	141	70.5
Social media	134	67
Internet search	132	66
Family or friends	11	5.5
NGO or charity organization	21	10.5
Having health insurance that covers any autism-related services		
Yes, covers most services	151	75.5
Yes, covers some services	49	24.5
Distance between home and the nearest support center		
5–10 km	81	40.5
More than 10 km	119	59.5
Challenges in receiving community support services*		
Limited availability of specialized autism services in rural areas	149	74.5
Lack of transportation or difficulty reaching service centers	117	58.5
High costs of therapies	64	32.0
Lack of awareness among community members	34	17.0
Social stigma from the community	23	11.5
Suggestion for improving Community support services *		
Expand autism services to rural and underserved areas	127	63.5
Provide mobile or home-based services where possible	119	59.5
Increase insurance coverage for autism therapies	76	38.0
Offer financial assistance to those children	55	27.5
Conduct a public awareness program about disabilities on social media	32	16.0

***Multiple response**

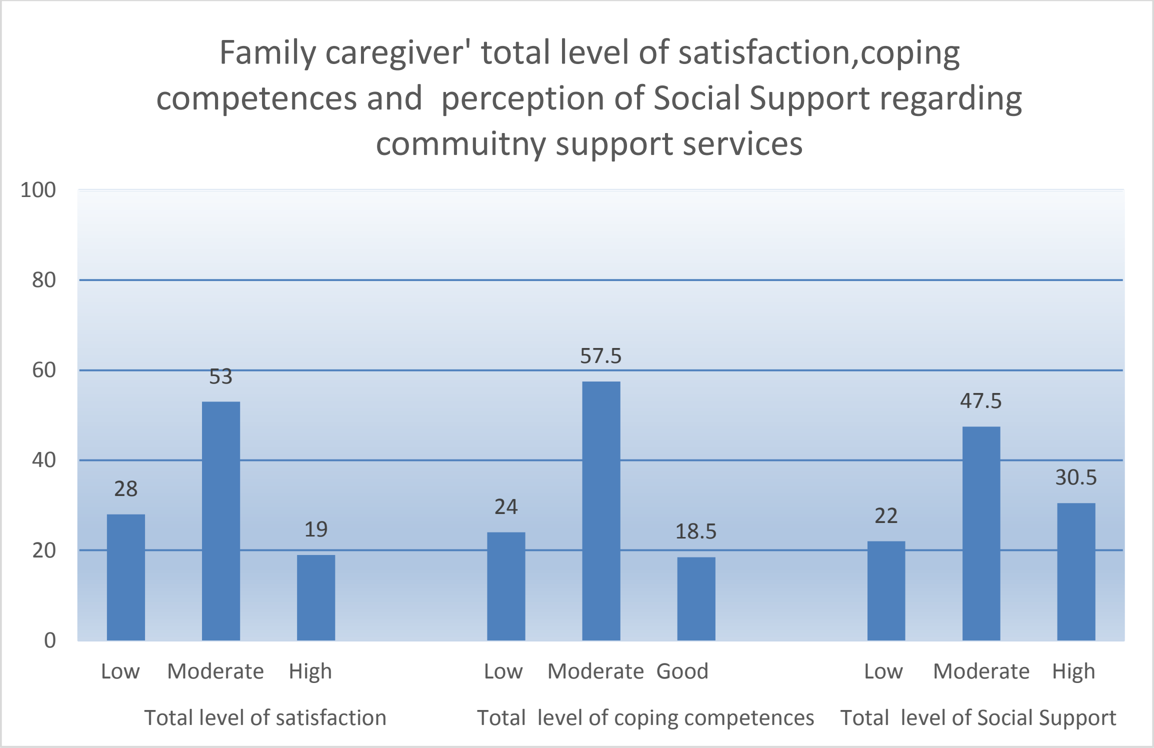

Figure 1: Family caregivers` total satisfaction levels, coping competence, and perception of social support regarding community support services**. (**(n=200)

Table 4: Correlation matrix between total levels of satisfaction, coping competence, and perception of social support regarding community support services. (n=200)

Items		***Total level of satisfaction***	***Total coping competence***
Total coping competence	r	$.789^{**}$	1
	P-value	.000	-----
Total Social Support	r	$.802^{**}$	$.880^{**}$
	P-value	.000	.000

**** A highly statistically significant difference (P ≤ 0.001)**

Table 5: Results of regression analysis for coping competence and perception of social support for predicting family caregivers' satisfaction with community support services. *(n=200)*

Criterion (dependent)Variable	***Independent variable***	***Constant***	***B***	***Standard error of B***	***Standardized coefficient Beta***	***t***	***P-value***
Caregiver satisfaction	*Coping competence*	*1.68*	.196	.045	.369	4.318	<0.001
	Perception of Social Support		.217	.039	.478	5.589	<0.001
R^2= 68%, F= 204.3, P =<0.001**							

Table 6: Comparison of mean scores of the total levels of satisfaction, coping competence, and perception of social support regarding community support services according to socio-demographic characteristics of participants (n=200)

Items	**Total coping competence**		**Total perception of social support**		**Total satisfaction**	
	Mean	SD	Mean	SD	Mean	SD
Age						
< 30	20.15	6.46	34.26	11.84	49.87	14.92
30 - < 40	18.89	7.36	33.64	14.67	47.70	16.69
40 - < 50	21.04	6.06	36.73	11.78	54.99	14.11
50 - < 60	19.06	7.46	39.09	12.56	52.12	12.37
F;P-value	***1.37;0.245***		***1.48;0.207***		***0.202;0.093***	
sex						
Male	19.89	6.99	37.21	12.08	51.99	13.86
Female	20.02	6.61	35.20	13.00	51.57	15.35
t; P-value	***0.130;0.899***		***1.07;0.284***		***0.193;0.847***	
Marital Status						
Single	19.19	6.49	32.38	11.75	48.38	14.33
Married	20.03	6.80	36.44	12.76	52.31	14.66
Divorced	19.50	7.01	33.82	13.55	48.45	16.70
Widow	23.50	3.32	42.00	2.16	59.75	6.40
F;P-value	***1.10;0.347***		***1.01;0.388***		***0.474;0.70***	
Educational level						
Secondary	20.39	6.74	35.46	12.83	52.10	15.04
University	20.18	6.31	34.80	12.05	49.69	15.09
Higher studies	12.11	3.33	49.33	2.00	55.78	6.48
F;P-value	***6.81;0.001***		***5.55;0.005***		***0.809;0.447***	
Occupation						
Employed	19.91	7.12	37.43	12.15	51.81	13.78
Unemployed	19.20	6.26	32.00	11.18	50.20	14.52
Retired	20.03	6.58	35.30	13.00	51.73	15.41
F;P-value	***0.04;0.961***		***0.865;0.413***		***0.027;0.973***	
Relationship to the child						
Mother	19.48	6.80	36.02	13.15	19.48	6.80
Father	20.82	6.73	35.26	12.00	20.82	6.73
Sister or brother	21.11	5.53	39.33	10.93	21.11	5.53
F;P-value	**0.968;0.381**		***0.414;0.663***		***0.968;0.381***	

F: for one-way ANOVA, t: Independent t-test, P Significance * Significant (p≤ 0.05)

Conclusion

The present study concluded that all research questions were adequately covered by analyzing family caregivers` perspectives, level of coping competencies, level of satisfaction, and the level of perception toward the community support services. The findings demonstrated that the majority of participants are aware of and utilize community support services, with psychiatric intervention services being the most frequently used by more than two-thirds of them. More than half had trouble accessing the service and suggested providing mobile or home-based services for improvement. With a slight increase or decrease, approximately half of the participants demonstrated a moderate level of satisfaction, coping competence, and perceived social support. A highly significant positive correlation was found between total satisfaction, coping competence, and perceived social support levels regarding community support services. Coping competence and perceived social support significantly predicted the satisfaction of family caregivers regarding community support services. A highly significant difference was observed between the educational level of caregivers and the total levels of their coping competence and perception of social support.

Recommendations

1. Expanding rural service delivery, enhancing accessibility, providing targeted support based on educational needs, and strengthening peer support networks.
2. More attention should be directed toward designing an integrated intervention to increase coping self-efficacy, improve family satisfaction, and foster a positive perception of social support among the target population.

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Conflict of interest

The authors state that there are no conflicts of interest.

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