

REVIEW ARTICLE

Mental Health Studies on The Coping Strategies of Muslim Parents of Children with Autism Spectrum Disorder in Malaysia (A Narrative Review)

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ABSTRACT

Poor mental health can affect a person's quality of life and well-being, impacting cognitive, emotional, social, and physical functioning. Mental health difficulties have been found commonly in parents of children with autism spectrum disorder (ASD), who often struggle to cope with a range of challenges. These parents tend to have reduced overall wellbeing. This review study targeted an under-researched area, aiming to review mental health studies on the coping strategies used by Muslim parents of children with ASD in Malaysia, focusing on psychospiritual strategies. Journal articles were searched via Google Scholar, Science Direct, and Mendeley software online databases using relevant keywords. This narrative review identified 5 studies that examined parental coping, but only 4 reported the inclusion of Muslims. This review identified a gap in published knowledge regarding coping from a spiritual perspective in Muslim families of children with ASD in Malaysia and recommended future research from a biopsychosocial-spiritual perspective.

Keywords: Mental health, autism, coping strategies, Muslim, Malaysia

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INTRODUCTION

The World Health Organization (WHO) defines mental health as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (1). Although the absence of mental illness is good for mental health, the WHO also emphasizes the positive dimensional focus of mental health where health is "not merely the absence of disease or infirmity" (1). Other researchers argued that the definition of good mental health should be the capability of typical human beings to remain positive in all situations despite the reality of challenges and burdens in work life, relationships, and responsibilities (2). For example, Galderisi and colleagues suggested a definition of good mental health as "a dynamic state

of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society" (2). Elaborating upon these abilities, they describe: "Basic cognitive and social skills; ability to recognize, express and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium" (2).

Emotional, psychological, and social well-being are a few examples of important indicators for good mental health. Poor mental health suggests an interference of these aspects of well-being, which often leads to an imbalance in thinking, feeling, and action (3). This state can also lead to mental illness if it is not wisely controlled (4). Various factors can lead to a deterioration in mental health, especially when the demands or burdens on physiological, or emotional and psychological needs cannot be supported.

From an Islamic perspective, however, man cannot

escape from the norm of the reality of life of facing problems and adversities. Muslims believe that this world is a trial from Allah SWT (*Subhanahu Wa Ta'ala*) as He mentioned in The Quran (The Quran: English Meanings and Notes by Saheeh International. United Kingdom: Al-Muntada Al-Islami Trust).

"Indeed, We have made that which is on the earth adornment for it that We may test them [as to] which of them is best in deed." (Quran 18:7)

A common practical way to address difficult circumstances and to maintain good mental health is to share and discuss with others or professionals. Studies have increasingly reported on the use and possible benefit of religious or psychospiritual therapies in mental health care (5,6,7,8). This review study targeted an under-researched area, aiming to review mental health studies on the coping strategies used by Muslim parents of children with ASD in Malaysia, focusing on psychospiritual strategies.

MENTAL HEALTH STUDIES

The word *mental* from the Online Etymology Dictionary means *pertaining to the mind* (9). Mental health concerns our mental processes, and researching mental health helps to understand the state of the mind and identify ways to address mental illness or disorders (10). The study of mental health can be considered a component of the field of psychology, which emphasizes on the scientific study of behaviour and mental processes (11). While behaviour is comprised of the actions of an individual that can be observed, mental processes are the internal, subjective, unobservable components, such as thoughts, beliefs, feelings, sensations, and perceptions that can be inferred from behaviour (12).

Mental health and well-being from the islamic perspective

From the Islamic perspective, mental health and well-being in its purest existence results from the submission of mankind as slaves to the Creator (Allah SWT) (13). Discussions on mental health by Muslim scholars have often been related to the 'self-knowledge' or '*ilm al-nafsiah*' (10) because the mind/mental is part of a self (soul). An article by Rahman (2015) elaborated on the concept of mental health from the Islamic perspective, which mentioned three intertwined aspects of humans: the *jismiah* aspect (physical, biological), *nafsiah* aspect (mental, psychology) and *ruhiah* aspect (spiritual, transcendental) (14).

Past research showed the different concepts of Islamic and Western psychology; with the latter largely refusing integration of religion or spirituality in psychology, following the separation of science and religion (15). In general, Western psychologists have been said to be less religious in comparison to the general population

(16). However, Muslims believe that Islam is a *syumul* (complete) religion; thus, the study about the soul, which is an important component in psychology (the study of psyche or soul), cannot simply be abandoned (15).

Utz (2011) in her book, *Psychology from the Islamic Perspective*, defined psychology from an Islamic view as "the study of the soul; the ensuing behavioural, emotional, and mental processes; and both the seen and unseen aspects that influence these elements" (13). A Muslim physician, Ahmed Ibn Sahl Al-Balkhi (850-934), has been recognized as introducing the concept of mental health in his book *Sustenance for Body and Soul*, where he emphasized the interrelation of body and mind: "*If the nafs (psyche) gets sick, the body may also find no joy in life with the development of a physical illness*" (17). Other prominent Muslim physicians who contributed to the knowledge of psychology are Ibn Sina, Al-Razi, Al-Khindi, Al-Tabari, etc. (10).

Mental health challenges of parents of children with ASD

Mental illness or a mental disorder is characterized by abnormal thoughts, perceptions, emotions, behaviours and relationships with others (1). This condition, which affects personal functioning, is influenced by various factors (4) such as genetics, imbalance of chemicals in the brain, like neurotransmitters or endorphins (18), stressful circumstances in the person's life, the way a person is raised and God's will (19).

Some examples of mental problems are anxiety disorders, mood disorders, personality disorders, psychotic disorders, and trauma- and stressor-related disorders. Extreme and chronic fatigue, either mental fatigue and/or physical fatigue, are common examples of symptoms of a depressive or anxiety disorder. Mental fatigue also affects a person's quality of life by decreasing cognitive and skilled performance and also disrupting the physiological system (20). This altered, reduced state of optimum cognitive capability is commonly seen in parents of children with ASD, who face many struggles to maintain their family welfare (21). The rising numbers of individuals with ASD as reported by the United States Centers for Disease Control and Prevention suggests a corresponding increase in the number of parents with mental fatigue (22, 23). Generally, the presence of children's challenging behaviour and other autism-related symptoms as well as receiving less support from family members and the society are among the factors that contributed to the mental state of parents of children with ASD (24, 25, 26, 27).

Besides the high intensity task of taking care of children with ASD, parents' additional stress came from coping with the child's cognitive impairment, lack of self-care abilities, language deficits, inappropriate eating, toileting, and sexual expression, and broad social difficulties or altered mood or irritability (28, 29). Many researchers

have also stated other related factors contributing to the stress are lack of social support, financial difficulty, worries about their child's future, parents' own perception based on a lack of understanding about ASD, and spiritual beliefs or stigmatizing cultural lay beliefs (30).

Parents of children with ASD, tend to have a higher level of mental fatigue and reduced overall wellbeing; e.g., experiencing greater stress, anxiety and depression, compared to parents of typically-developing children or children with other disabilities (31,32), with mothers having a higher tendency to be more sensitive and affected by their child's condition and even their partner's mental health (27, 32). In a study, maternal stress was associated with regulatory problems, whereas, paternal stress was more associated with the behaviours of their children with ASD, such as tantrums and aggressive behaviours (26). In addition, a few health problems experienced by parents of children with ASD are sleep problems (33, 34) and physical health impairments (35, 36)

Even though individuals with a mental health disorder are encouraged to seek treatment from psychiatrists or medical practitioners or clinical psychologists, many including parents of children with ASD (37), may neglect to do so because of stigmatization (38, 39). In Malaysia, such unpleasant feelings of being labelled, rejected, facing social exclusion and also employment difficulties, in relation to mental illness may discourage the individuals to get help and impede their coping (38).

AUTISM SPECTRUM DISORDER (ASD)

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder and individuals with it can be diagnosed from early childhood, as early as one year old (40), and its symptoms can remain throughout their lives. Kanner's report was one of the first to clarify the symptoms of individuals with ASD such as lack of social interest (41). Diagnostic criteria for ASD as mentioned in American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM-5) include problems in social communication and social interaction and restricted, repetitive patterns of behaviour, interests, or activities. The Centers for Disease Control and Prevention (CDC) Autism and Developmental Disabilities Monitoring (ADDM) Network reported a prevalence of 1 in 68 children diagnosed with ASD, and most of them are males compared to females (4.5 times higher) (42). However, a new study through a systematic review and meta-analysis found the ratio of male-to-female children diagnosed with ASD is 1:3 (43) and the prevalence of children having ASD at the age of 8 years old is 1 out of 59 (44).

Research areas on ASD in Malaysia

In Malaysia, a few important areas for researchers are

education, healthcare, family and society and long term-planning (45). All these areas would include research on topics related to ASD. Persons/children with ASD are not the only ones affected by the condition and symptoms, but also individuals related to them such as parents (46), siblings (47, 48), and teachers (49, 50) are impacted.

Hence, in addition to the research studies conducted to improve the level of skills, behaviour and/or education for individuals with ASD, Malaysian researchers have also highlighted aspects of parents of children with ASD, including their psychological well-being (51, 52), coping strategies (52), and challenges faced (53). The presence of the ASD phenomenon in Malaysia, a country located in Southeast Asia, is not well reported, and the dearth of research and prevalence data could be because ASD is generally classified under the broad category of Learning Problem (54). However, autism awareness has been seen recently to increase progressively, partly due to the celebration of Autism Awareness Month and other campaigns carried out by organizations, such as The National Autism Society of Malaysia (NASOM) and Permata Kurnia (55, 56).

The Department of Statistics Malaysia stated that the total population of Malaysia, a multicultural country, in 2016 is 32 million with 58 newborns delivered per hour (57). From this population, current statistics extrapolated from the CDC ADDM Network figures suggest approximately one newborn is born with ASD each hour in Malaysia (58). Recent efforts highlight the need to move from the autism awareness to the acceptance phase (58).

COPING STRATEGIES IN MENTAL HEALTH STUDIES

Coping strategies are the conscious steps taken by a person when dealing with stressors. The human capability to identify stressors and related issues is crucial for the outcome. Thus, it is important for an individual to have better self-efficacy to deal with the prospective situation (59). Therefore, coping strategies could be a significant moderating factor/ determinant of various outcomes even when facing similar stressors (60).

In mental health studies, various coping strategies have been used by psychotherapists to help their patients such as problem-focused strategies or emotion-focused strategies (61, 62, 63). Age may influence the choice tendency of an individual coping with their problems; i.e., young adults may prefer problem-focused strategies, whereas, middle aged adults tend to use emotion focused strategies (64). Four hundred coping strategies were already being analysed, but yet to be systematized for the homogeneity (65). Among all the strategies used, some patients with mental health problems do not consider religious coping strategies as helping them solve their problems as some mixed findings have emerged on the benefits of religious coping (5, 66). Yet,

overall, past study results generally have supported that positive and negative forms of religious coping are related to the positive and negative psychological adjustment to stressors (5, 66). Additionally, religious coping strategies have been widely seen to help patients with chronic disease to obtain a better quality of life (67, 68, 69, 70, 71)

Religious coping Strategies in mental health studies

Religious coping strategies have been used to tolerate stressful events, and physical (72,73) or mental disorders (66). In Islam, the relationship between religion and mental health cannot be separated because the concept of *fitrah* (one’s nature) is to believe in the Oneness of Allah with no partners and that to Allah a person relies and seeks for help (Quran 13:18) (13).

Meanwhile, a comparative research study on religious coping was conducted comparing Muslims and Christians. Results showed two different coping styles were adopted when faced with adversity or hardship between the two sample groups of study. Muslims preferred interpersonal (collective) coping strategies, while Christians were more likely to pick intrapersonal (individualistic) coping mechanisms (74). An example of interpersonal coping is seeking social support, while cognitive restructuring is a result of intrapersonal coping (74). A traditional Muslim scholar, Al-Farabi, also stated that an isolated person cannot be on his own but to accept help from others (10). The Prophet (PBUH), himself, said:

“The rights of one Muslim over another are six.” It was said: What are they, O Messenger of Allah? He said: “If you meet him, greet him with salaam; if he invites you, accept the invitation; if he asks for advice, give him sincere advice; if he sneezes and praises Allah, say ‘Yarhamuk Allah’ (may Allah have mercy on you); if he falls sick, visit him; and if he dies, attend his funeral.” (Al-Kutub al-Sittah. Istanbul: Cagri Yayinlari. (1981-1982). [Kitab: As-Salam; Bab: Min Haqqil Muslim Lil Muslim Raddus Salam; No: 2162]. Pg 1063.)

Literally, these hadiths emphasized the relationship of a Muslim towards another; specifically, when one of them is facing problems, then others should show their concerns by enquiring how they could be of help, to a point of facing the situation as if it is also their problems, too.

Coping strategies implemented by parents with ASD

Previous studies on coping strategies in parents of children with ASD have analysed the factors and the most effective strategies to reduce parents’ burden and, thus, increase quality of life. Although, psychospiritual therapy has been used by practitioners dealing with mental health issues, information on whether Muslim parents of children with ASD depended on Islamic

traditions or beliefs in coping with poor mental health and stress is lacking. Figure 1 illustrates the strategy used to track the studies on religious coping of Muslim parents of children with ASD in Malaysia.

To support this statement, first related papers on coping strategies in general in parents of children with ASD were explored and then a focus was given to explore articles on coping in Muslim parents of children with ASD. It was noted studies exploring coping strategies of parents of children with ASD have been conducted in a range of countries internationally; this research has identified a range of diverse parental coping strategies. Table I illustrates a summary of several select studies as examples of the international perspectives of the research. Malay and English articles were searched using software online databases such as Google Scholar, ScienceDirect and Mendeley Desktop, for studies until Dec 2017, utilizing relevant keywords.

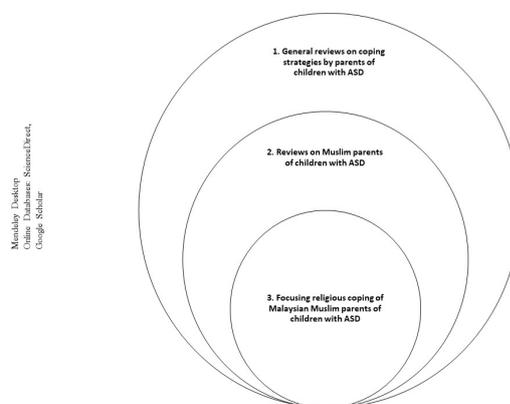


Figure 1: General strategy on searching religious coping in Malaysian Muslim parents of children with ASD. General reviews on Malay and English articles of coping strategies by parents of children with ASD were looked at. By reducing the scope of coping to the religious or spiritual coping, only limited papers were analyzed and the final in-depth review step was conducted focused on Malaysian Muslim parents of children with ASD.

Review on religious coping among muslim parents of children with ASD in Malaysia

A relevant systematic review was also noted from an initial general literature review on the topic (30). From the systemic review paper of studies on parenting stress and resilience in South-East Asia in parents of children with ASD by Ilias et. al (2018), 12 studies of the 28 studies reported on the well-being (the stress and coping) of parents in Malaysia (30).

Even though research found that Malaysian parents of children with ASD are reporting psychological and emotional distress (90), only five studies were found to have examined coping strategies in parents of children with ASD in Malaysia (from 2010-2017) (52, 91,92,93), including a paper by Isa et. al (2017) (94) that was not included in the systematic review by Ilias et al. (2018) because the systematic review only included articles published latest July 2016. One of the five articles exclusively focused on a Chinese Malaysian sample and

Table 1: Select papers on coping strategies of parents of children with ASD
(Sources: Mendeley Software, Google Scholar, Science Direct)

Research	Region	Factors/ Problem Influence for Coping Used	Solution/ Result of Coping Used
Coping strategies as mediators and moderators between stress and quality of life among parents of children with autistic disorder (75)	Jordan	1. Stress 2. Quality of Life	1. Positive reappraisal 2. Confrontive coping 3. Planful problem solving 4. Seeking social support 5. Distancing 6. Self-control 7. Escape avoidance 8. Accepting responsibility
Coping strategies, caregiving burden, and depressive symptoms of Taiwanese mothers of adolescents with autism spectrum disorder (76)	Taiwan	Caregiver burden	1. Problem focused coping - active coping, planning, positive reinterpretation and growth, and suppression of competing activities 2. Emotion-focused coping - denial, venting of emotions, mental disengagement, and behavioral disengagement.
Parenting stress and coping styles in mothers and fathers of pre-school children with autism and Down syndrome (77)	Poland	1. Child characteristic 2. Gender 3. Type of disabilities 4. Stress level	1. Task-oriented coping 2. Emotion-oriented coping 3. Avoidance-oriented coping 4. Social diversion coping 5. Distraction coping
Coping, distress, well-being in mothers of children with autism (78)	Eastern and Central Massachusetts.	1. Child related stressors (autism symptoms & maladaptive behavior) on maternal psychological distress and 2. Well-being	1. Engagement coping - use of instrument support, active coping planning, and use of emotional support, 2. Distraction coping - self-distraction, humor, self-blame, and venting 3. Disengagement coping - substance use, behavioral disengagement, and denial 4. Cognitive reframing coping - acceptance, use of religion, and positive reframing
Coping mechanisms of parents of children recently diagnosed with autism in Taiwan: a qualitative study (79)	Taiwan	Not mentioned directly in this research	1. Adjusting to self-change- adjusting parental cognition, adjusting daily routines and life plans, participating in autistic parents' groups or relevant courses 2. Developing treatments for the autistic child - arranging for professional treatment, changing interactions in parental guidance of the child with autism, planning for the child's future 3. Seeking support - seeking support from relatives outside the nuclear family, adjusting demands on and expectations of the siblings of the child with autism, seeking support in social networks
Coping strategies used by parents with autism (80)	California	1. Ethnicity, 2. English as second language	1. Acquiring social support 2. Reframing 3. Seeking spiritual support 4. Mobilizing family to acquire and accept help 5. Passive appraisal
Coping over time: the parents of children with autism (81)	Brisbane, Australia	1. Child poor living skill 2. Psychological adaptation to child's disabilities	Fewer parents coped through reliance on service providers, family support, social withdrawal and individualism and relatively more parents coped through their religious faith and other emotion-focused strategies
Coping strategies in mothers and fathers of preschool and school-age children with autism. (82)	United Kingdom	1. Parent gender 2. The age of the child in the family	1. Active avoidance 2. Problem-focused 3. Positive coping 4. Denial/religious coping
Gender and coping: the parents of children with high functioning autism (83)	Brisbane, Australia	Gender	1. Practical coping - anticipating the difficulties, planning appropriate response, taking things 1 day at a time, keeping child busy, working with their child 2. Emotional coping - suppress or express feelings, talking to friend and family 3. General coping - religion as an important coping
Family system and coping behaviors: A comparison between parents of children with autistic spectrum disorder and parents with non-autistic children (84)	Kronoberg in Southern Sweden	Level of strain	1. Confrontation 2. Distancing 3. Social support 4. Accept responsibility 5. Escape 6. Problem solving 7. Reappraisal
Coping strategies and parental attitudes: A comparison of parents with children with autistic spectrum disorders and parents with non-autistic children (85)	Kronoberg in Southern Sweden	Parental attitudes- loving care, worry, stress, guilt-feelings	1. Sense of coherence- comprehensibility, manageability, meaningfulness 2. Purpose in life
Impact of stress, coping, social support, and resilience of family having children with autism: A north east India-based study (<i>Asian Journal of Psychiatry</i>) (86)	North East India 35 parents (Hindu :31, Muslim: 2 & Christian: 2)	1. Parents' limited time 2. Consume energy 3. Embarrassment	1. Support from family and friends 2. High religious activities 3. Parents statements: ● "Try other solutions to your problems if your first solutions don't work" ● "Stop yourself from being upset by unpleasant thoughts" ● "Do something positive for yourself when you are feeling discouraged" 4. Stand your ground and fight for what you want
Resolution of the child's ASD diagnosis among Arab-Israeli mothers: Association with maternal sensitivity and wellbeing (<i>Research in AUTISM spectrum disorders</i>) (87)	46 Arab-Israeli mother-son dyads (40 Muslim, 5 Christian, 1 Druze)	Resolutions and acceptance of a child's diagnosis Parent psychological distress	Examined maternal resolution of the child's diagnosis, and its associations with mothers' sensitivity to the child, maternal psychological distress, parenting stress, social support, and also family demographics. Even though paper did not directly specific coping strategies, the identification of resolved or unresolved mothers presented a strategy to fight the psychological distress. Parents' resolution of their child's diagnosis referred "to the process of coming to terms and accepting a diagnosis". "Unresolved mothers show little recognition of positive changes in their thoughts and feelings since receiving the diagnosis".
The impact of a child with autism on the Bruneian family system (<i>International Journal of Special Education</i>) (88)	40 parents (10 fathers and 30 mothers) All Muslims	1. Increase economic need because: ● lack of government funds ● children's needs 2. Disruption of social relations ● stigmatization ● children with autism need more attention, parents spend less time with society Overthinking about future of children with autism	Having faith in Allah to accept their children's condition
Autism from a religious perspective: a study of parental beliefs in south Asian Muslim immigrant families (<i>Journal Focus on Autism and other developmental disabilities</i>) (89)	3 Muslim families		Spiritual coping Statements by parents: ● "Found God in their lives" ● "I think Allah found that we have the capability to handle it. We have the strength to deal with it" ● "This is a kind of test for us."

Table II: Research on religious coping in Malaysian muslim parents of children with ASD

(Source: Google Scholar, Mendeley, Science Direct)

Article Title	Research Design and Aim	Participants	Eligibility	Theme Related with Spirituality/ Religiosity Coping	Factors Negatively Affecting Parents' Quality of Life
Seeking social support on Facebook for children with Autism Spectrum Disorders (ASDs) (91).	Deductive Content-Analysis Approach, where the qualitative data were analysed for social support related themes adapted from the Social Support Behaviour Code (SSBC). Aim: Examine the type of social support messages exchanged among parents and caregivers of children with ASD on online Facebook groups.	3637 messages (381 postings and 3256 comments) were collected from August to November 2013 from two online autism support groups on Facebook (i.e., Autism Children Club and Autism Malaysia). The membership size of the two Facebook groups were 3,972 for Autism Malaysia and 4,094 for Autism Children Club. The race and religion of the participants were not mentioned. It is commonly known though that the groups contain Muslim members, but it is unknown the percentage of members or number of messages from or to Muslims.	Published in peer-reviewed journal, full-text in English	The results demonstrated that the highest number of messages concerned informational support (30.7%), followed by Emotional support (27.8%), Network support (20.97%), and Esteem support messages 20.2%. Prayer as a coping support was listed under Emotional Support occurring in 1.3% of postings and 2.7% of comments). Other related possible religious or spiritual coping supports occurred under the Emotional Category, e.g., encouragement, gratitude, and relationships (e.g., with the example of companionship during Muslim festive seasons). For comments, the messages mostly fell into the category of offered advice (25.4%) and requested advice (18.9%) sub-themes. It was noted by the authors that these requests were especially important for parents whose children were newly diagnosed and this was identified as a time when parents most needed factual support and spiritual support to help them cope.	Messages focused on the challenges in raising a child with ASD, including issues such as their child's social lives and self-care routines.
Parents' recognition of autistic behaviour and their coping strategies: a case study at Sarawak Autistic Association. (92)	Qualitative: In-depth face-to-face semi-structured interviews. Aim: Explore the experience and coping strategies among parents in raising a child with ASD in Kuching, Malaysia.	Of the 35 children with autism registered at the Association, the parents of 12 children (including 8 mothers and 4 fathers) participated in interviews. The parents were from different socio-economic, educational and ethnic backgrounds and it was not stated how many Muslims participated, but it was mentioned that 1 Muslims directly cited the importance of spiritual coping.	Published in peer-reviewed journal, full-text in English	The main two coping strategies for parents were through religious means and family support. Five parents reported that they learnt to accept their child with autism as a gift from God. Among the five, three were Christian, one Muslim, and one Buddhist. They expressed similar beliefs for their being a divine reason for them to have their child with autism. Highlighting the present of stigma, one Muslim participated shared seldom socializing with other parents due to embarrassment and the fear of negative reactions.	1. Speech impairment 2. Lacking social interaction 3. Behaviour problems, hyperactivity, sleep problems, for example 4. External challenges highlighted (e.g., other parents who blamed them for their child being autistic, dealing with negative reactions from people around them, the lack of information on autism, the lack of understanding from day care centres which refused to accept their child, and the lack of speech therapists).
Wellbeing of mothers of children with "A-U-T-I-S-M" in Malaysia: An interpretative phenomenological analysis study (93)	Qualitative: semi-structures interviews with interpretative phenomenological analysis study. Aim: Explore how mothers gave meaning to their experiences of raising a child with autism spectrum disorder (ASD) in Malaysia	8 mothers of children with DSM-IV-TR autistic disorder. Participants were recruited through the distribution of flyers at treatment centres, schools, and online support groups. Three participants were Muslim and all three had boys.	Published in peer-reviewed journal, full-text in English	The third theme of the interviews related to coping strategies and was named: Resilient overcoming: Climbing Mount Kinabalu. One of the subthemes was entitled spiritual beliefs. This subtheme described the participants' sense of purpose for having a child with autism, which often related to their religious beliefs. Faith and religious beliefs provided a framework that offered a sense of meaning. Several aspects of their religious practices were mentioned as helpful, including praying and reading the Quran. Both external and internal spiritual supports were identified as important. Six participants from different religious backgrounds reported being exposed to stigmatizing traditional cultural beliefs, e.g., one Muslim participant described the Malay culture fears that the child with autism may have a mystic ghost or spirit following him.	1. Lack of resources and need for more support 2. Daily challenges of autism and behavioural symptoms 3. Worries for the future 4. Reduced social life
Perceived Stress and Coping Styles among Malay Caregivers of Children with Learning Disabilities in Kelantan (94)	Quantitative: Survey Cross-sectional study with guided self-administered questionnaires. Aim: Determine the level of perceived stress and the most common coping styles used by the caregivers of children with learning disabilities in the Malaysia setting. Determine the associations between perceived stress and socio-demographics and child's disability related factors. Answer the question of whether coping styles are predictors of caregivers' perceived stress.	190 Malay caregivers of children with learning disabilities registered with community-based rehabilitation centres in Kelantan. All participants were Malays, thus likely Muslims. Types of Diagnoses: Down syndrome (52.6%), ADHD (1.1%), Autism, (11.6%), Global developmental delay (8.4%), Intellectual disability (21.6%), and Specific learning disability (4.7%). 22 of the children had autism.	Published in peer-reviewed journal, full-text in English	This article used The Brief COPE inventory to evaluate coping mechanisms; 14 subscales are classified and include a general concept of acceptance, religion, active coping, etc. The most frequently used coping styles were religion, followed by acceptance and positive reframing, while substance use and behavioural disengagement were least frequently used. Higher perceived stress was significantly predicted by caregivers with fewer children, frequent use of instrumental support and behavioural disengagement coping, and lack of emotional support and lack of religious coping. Mean perceived stress scores were higher for parents of children with autism than other diagnostic groups, although this difference was not statistically significant.	1. Fewer children in family 2. Lack of emotional support 3. Use of instrumental support 4. Behavioural disengagement 5. Lack of religious coping

it was not mentioned that any Muslims were included (52), so this article was not included in Table II. To clarify, by searching relevant keywords, for example, 'Muslim', 'Malay', 'Malaysia', 'coping', 'parental coping', 'spiritual', 'religious', 'faith', 'autism", and "ASD', four papers reported the inclusion of Muslim parents of children with ASD in Malaysia (Table II). Thus, four papers are reviewed in greater depth in Table II. The systematic review was not included as a paper in Table II since it was a review article and it was published

in 2018.

Only limited information regarding coping from a spiritual perspective in Muslim families of children with ASD in Malaysia was included in the identified articles. Information on the religion of the participants in terms of their unique coping strategies were not detailed. Future research is recommended to more clearly detail the participants' religion and focus on the role of spiritual coping as part of a broader biopsychosocial-

spiritual perspective. The information about religion and the Muslim faith was not gathered systematically in past studies in the context of coping. One article, (52), made an effort to narrow the scope focusing on coping in Chinese Malaysian parents of children with ASD, yet there remains a gap of research for Muslim Malaysian parents of children with ASD. Furthermore, the underlying theoretical mechanisms of spiritual coping are also under-researched in Muslim parents of children with ASD, especially in Malaysia. A better understanding of the role of spiritual coping in Muslim parents of children with ASD in Malaysia could help foster enhanced evidence-based interventions and improve well-being.

CONCLUSION

A growing number of studies have been conducted on the coping strategies adopted by parents of children with ASD to cope with their stress and other mental health challenges. Malaysia, which is also affected with the reported increase prevalence of ASD, also recorded past studies on parents of children with ASD. However, although Muslims comprise the majority in Malaysia, little has been published about the coping strategies used specifically by Muslim Malaysian parents of ASD children. It is possible that the works completed so far did not consider that it is relevant to categorize the religious activities or beliefs of the Muslim parents of children with ASD when considering the religious/spiritual therapy supports possible or the parents' coping strategies. No published studies so far focused on the spiritual coping processes of Malaysian Muslim parents of children with ASD. It is recommended for future research to adopt a biopsychosocial-spiritual perspective to explore the coping of Muslim Malaysian parents of children with ASD. Ilias et al. (2018) noted that in the South-East Asian context, religious belief stood out as a very salient culturally related factor. Lastly, given the past use of qualitative or quantitative studies to research this area, future research is recommended to utilize a mixed-methods approach.

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