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Beyond the Clinic: Parental Experiences and Developmental Outcomes of Home-Based ABA Intervention for Autism in Nepal

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ABSTRACT

The purpose of this study was to explore the personal experiences of families with autism in Pokhara Metropolitan City, Nepal, especially dealing with their challenges and child developmental outcomes during the implementation of a home-based Applied Behavior Analysis (ABA) intervention. As a developing country, Nepal has significant gaps in the localized application and research of ABA. For this reason, this study used an interpretive sequential mixed methods approach to integrate quantitative and qualitative data by administering questionnaires to 30 parents of children with autism in a phased manner and conducting in-depth semi-structured interviews with two of these typical families. The results of the study showed that although parents generally recognized the role of ABA in improving family organization and daily norms, the overall satisfaction with the intervention was extremely low, with 76.67% of the families expressing "dissatisfaction". Children showed some progress in eye contact and behavior management, but very limited development in language and communication. Families generally faced multiple pressures: heavy financial burdens, overburdened mothers as primary interveners, lack of training resources, and weak social support systems. Qualitative interviews further revealed that insufficient financial subsidies, a disconnection between training and practice, and a lack of ongoing professional guidance are major barriers for families in implementing ABA. The findings of this study suggest that a direct transplantation of the internationally utilized ABA intervention model in Nepal would face significant adaptation deficits. The future support systems should be more focused on developing adaptive programs that fit into Nepal's cultural, economic, and family structures. As the first exploratory study of family-based

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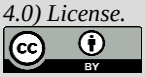

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ABA interventions in the region, this study provides an important empirical basis and direction for subsequent research and practice.

KEYWORDS: Autism Spectrum Disorder, Applied Behavior Analysis, family intervention, parental experience

INTRODUCTION

Over the past few decades, the researchers in many countries have begun to realize the seriousness of autism as a developmental disorder that cannot be cured. In April 2023, the Centers for Disease Control and Prevention (CDC) released the latest version of its survey data, which shows that the prevalence of autism has reached 3.23 percent, and that the prevalence rate is increasing rapidly year by year. This means that autism is becoming a developmental disorder that requires a significant investment of medical and special education resources in the Western countries.

In developing countries, especially Nepal, which is recognized as a “least developed country” by the United Nations Committee for Development Policy, research on autism is very limited. In particular, there are no official statistics on the number of people with autism as of 2025, and only private organizations, NGOs, and independent researchers have made projections. For instance, Shrestha et al. (2024) selected 4,098 Nepali respondents for AQ-10 screening in the South Asian autism prevalence study. The results showed that there were 14 individuals with autism in this sample, with a prevalence of approximately 0.3% (p. 6). A rough estimate of Nepal's total population of 30 million would put the number of individuals with autism in the country at more than 90,000 individuals.

With such a huge number of autism, its accommodation by public educational resources is not high, mainly due to the low level of awareness of the autistic community among public school teachers. Acharya and Baral (2023), in their study on the level of knowledge of autism among public school teachers in Pokhara Metropolitan City, provide a set of data. According to them, "The study revealed that 46. 5 percent had medium level of knowledge, 43.9 percent had low level of knowledge and only few 9.6 percent had high level of knowledge" (p. 1), which implies that half of the teachers in public schools had only low level of knowledge about autism. It is not conducive to equity in the cause of universal autism education in Nepal. This is a reflection of the lack of capacity to popularize Autism Spectrum Disorder (ASD) basic science for teachers in public schools in Pokhara Metropolitan City. In addition to this, the same findings are also found in the study by Bagale et al. (2025). They state, “Many parents reported facing rejection from mainstream educational institutions, which often cited a lack of resources or expertise to accommodate children with special needs” (p. 12). This directly highlights schools' lack of preparedness and awareness.

However, the lack of teachers' knowledge in public schools has given rise to another new problem, which is the popularization of knowledge that has been forcibly shifted to individual parents with autism. Rana and Das (2024) assessed the level of psychological resilience of 174 parents with autism in Kathmandu, using the CD-RISC-25 scale. They argue, “Interventions on the part of community leaders, political leaders and mental health professionals may be necessary” (p. 3). Meanwhile, regarding the data on mental toughness, they further mentioned: “Majority (59.7%) of the respondents had intermediate level while the remaining (40.3%) had highest level of resilience. Meanwhile, none of the respondents had low level of resilience” (p. 3). This means that the autistic parents in Nepal had intermediate level of mental toughness and still can support the parents in their autistic child rearing. However, the group

of parents with autism still needs support from the community and grassroots administrative units. The conclusion of this study can also be found in the study of Kunwar et al. (2025). The study assessed the level of depression, anxiety, and stress among autistic parents through the DASS-21 scale. The study stated that "42.6% of caretakers had depression, 55.3% had anxiety and 33% had stress" (p. 3). This means that parents of Nepali with autism suffer from both significant psychological stress and more severe depressive moods, but due to the psychological resilience they possess, their depressive moods are less likely to lead to negative social events. Under this psychological stress, Nepali autistic parents are seeking solutions to their dilemmas, with a central focus on how to empower their children, the individuals with autism. Based on this need, Applied Behavior Analysis (ABA), an internationally recognized intervention theory, began to emerge in Nepal.

ABA, as the main internationally recognized autism intervention theory and its extension, the Directed Turns Teaching (DTT) method has now been shown to be relatively effective in intervening with some autistic groups. Yu et al. (2019) stated, "Long-term, comprehensive ABA-based interventions were beneficial to lifelong development of children with ASD" (p. 10). The findings of this study corroborate the effectiveness of ABA. However, there is still a gap in this field in Nepal.

Currently, among the intervention agencies in the capital region of Nepal, the ABA research is mostly monopolized by private agencies and international non-governmental organizations (INGOs). In the non-capital region of Nepal, Pokhara Metropolitan City, the second largest city in terms of population, there is no theoretical research related to ABA. Therefore, rapidly filling the theoretical research on ABA in the study area is the first issue that needs to be addressed by the existing autism intervention practitioners and related scholars in the mid-western region of Nepal.

Therefore, this study aims to fill the gap in the applied behavioral analysis research on autism in the study area by investigating and analyzing the reported practical experiences of ABA interventions for parents with autism. The study is based on behavioral analysis and developmental perspectives, providing a preliminary reference base for subsequent related studies.

RESEARCH METHODS

This study utilized a mixed-methods approach, combining questionnaires and in-depth interviews in an explanatory sequential design to investigate the satisfaction, challenges, and intervention effects of home-based ABA interventions for parents with autism in a phased manner. The study site was selected in Pokhara Metropolitan City of Nepal, which has a concentrated population and is a representative population center in the mid-western part of the country. The main purpose of selecting this region as the study geography was to fill the research data gap in the region because people with autism are available for this study. In addition, the data from the study in this region can reflect, to a lesser extent, the current status of home-based ABA interventions for the autism community in Nepal. Although it is expected that the findings of the study will have some errors and cannot be directly extrapolated to the intervention situation in all of Nepal, it still has research value.

This study is exploratory in nature. Given that there is only one autism intervention organization in the study area. It is the only place where the autism community meets, while other scattered autism families are largely disconnected in the Pokhara region. Therefore, the sample for this study consisted of autism parents within this institution. The questionnaire

was distributed using the convenience sampling method and the sample size selected was 30. The sample was selected to be universal and broad in coverage, considering that the parents of the institution come from various areas of Pokhara Metropolitan City with a wide range of family environments and personal backgrounds. In addition, considering the expected language ability of the parents with autism, the questionnaire of this study was written in Nepali language to eliminate as much as possible the impact of language barriers on the data of the study.

The questionnaire belongs to the category of applied research questionnaires focusing on cross-sectional surveys. It was designed by mixed methods and contains both quantitative and qualitative parts. The main body of the questionnaire consists of seven main sections: basic information about the respondent, family and environment, use of home-based ABA interventions, parental experience, observed changes in child development, satisfaction and challenges, and open-ended questions that play a complementary role.

In terms of specific questions, the questionnaire employs a standardized measurement tool using a five-point Likert scale as the primary measure to understand attitudes, perceptions, and degree of change in individuals with autism. It allows subjective experiences to be quantified and comparable. In addition, the questionnaire possesses ethical and research transparency, stating at the beginning of the questionnaire what the study is about and how the data from the questionnaire will be used, and at the end of the questionnaire asking for consent for further interviews, reflecting the principle of informed consent.

The data collected from the questionnaires have been statistically analyzed by IBM SPSS Statistics (v27.0). The analysis process follows the following steps: data preparation and cleaning, descriptive statistical analysis, and inferential statistical analysis. Of these, descriptive statistical analysis focuses on the demographic characteristics of the respondents, such as age, education level, and family situation; as well as the characteristics of the respondents, such as the duration and regularity of the ABA intervention. Inferential statistical analyses focused on correlation analyses, using Spearman's rank correlation to analyze the degree of association between variables. Overall, given the limitations of an exploratory study and sample size, this researcher was cautious of conducting complex multivariate statistical analyses, focusing primarily on descriptive and inferential analyses to provide a direction of focus for the qualitative phase.

During the qualitative interview phase, this study utilized an interpretive sequential mixed-methods design. Based on the quantitative questionnaire phase, which initially identified the main challenges of implementing ABA in families, this study moves to the second phase and begins with in-depth semi-structured interviews. Interview participants were recruited from respondents who completed the questionnaire and voluntarily left their contact information in the first phase, and a purposive sampling strategy was used to ensure the informational richness and diversity of the sample. As this study is exploratory in nature and is limited by the degree of information convergence due to the geographical area of the study and the distribution of the subjects, only two participants were selected for the qualitative interview stage. The selection of participants was prioritized in favor of autistic family members with autism who are less able to take care of themselves.

Regarding the outline design, the outline of the qualitative interviews was designed in a semi-structured format, containing six dimensions: in-depth

description of the situation, micro-analysis, access to resources and barriers, family system interactions, experience of emotions and identity, and visualization of the recommendations. Qualitative interviews were always conducted with high credibility, reflectivity, and ethical requirements. In addition, the bias of the interview questions were strictly limited to deepening and interpreting the questionnaire questions in the first phase. This requirement allows for a high degree of linkage between the qualitative interview phase and the quantitative questionnaire section at all times, preventing isolation of the various phases of the study.

In the qualitative research phase, interview data were mainly used in the mixed methods integration node. Based on an integrative sequential design, this study integrates at two nodes: the first is the connecting node. In this node, quantitative results are used to focus the qualitative interview outlines and delve into the reasons and experiences behind them. Second, at the interpretation node, quantitative and qualitative analyses are completed separately, and then the two are combined for presentation and interpretation so that the qualitative results complement and validate the quantitative results.

Through this mixed research strategy, this study aims to systematically explore the challenges, experiences, and effectiveness of implementing home-based ABA interventions for families of children with autism in the resource-limited context of Pokhara Metropolitan City, Nepal.

RESULTS AND DISCUSSION

This study utilizes the questionnaires and in-depth interviews to collect data. Quantitative analysis focuses on the respondents' demographic characteristics, the ABA intervention characteristics, and correlation matrices; qualitative analysis extracts interview themes and cases to validate quantitative results. The data from the qualitative research section demonstrates the verifiability of the data from the quantitative research section.

Results of Quantitative Research

In the quantitative section, this study focuses on 30 samples within the sample size. Demographic characteristics, sources of ABA information, frequency of ABA training, and several other sub-analyses were described. Some of the data from the data matrix were used to establish a theoretical foundation and were discussed further in the qualitative section. Furthermore, given the thematic relevance, the presentation of research data in this section has been selectively curated to some extent to avoid redundant repetition of data across multiple sub-analyses.

Table 1

Demographics of Respondents

SN	Indicators	Category	Freq.	Percent
1	Adult Age	Under 20	1	3.3
		20-30	8	26.7
		31-40	15	50.0
		41-50	4	13.3
		Over 50	2	6.7
		Total	30	100.0
2	Gender	Male	3	10.0
		Female	27	90.0
		Total	30	100.0
3	Education	Middle school	3	10.0
		High school	12	40.0
		Bachelor	9	30.0
		Postgraduate or above	6	20.0
		Total	30	100.0
4	Relation	Mather	26	86.7
		Father	3	10.0
		Caregiver	1	3.3
		Total	30	100.0
5	Family Structure	Nuclear family	18	60.0
		United Families	12	40.0
		Total	**30**	**100.0**

Table 1 uses descriptive statistics from quantitative research to analyze the demographic characteristics of the respondents. The data covers the five

sections of the respondents' age, gender, education level, relationship to the person with autism, and their family structure.

First, in the section of respondents' age, the age stratification shows a clear predominance of 31-40 years old, which accounts for 50% of the total age ratio, while the younger age stratum of 20-30 years old accounts for only 26.7%, which is the second largest ratio. The age stratum of those under 20 years old and those over 41 years old account for a smaller proportion. This means that the group of respondents is dominated by young people and middle-aged people of younger ages.

In addition, in the analysis of the gender of the respondents, females accounted for 90% of the total sample capacity, which suggests that females are more involved in the educational process of ABA in families with autism and dominate the direction of interventions in ABA in families. However, it is not excluded that this phenomenon is due to the fact that men need to take on more social work.

In the analysis of education levels, 40% of the respondents had a high school education, 30% had a bachelor's degree, and the rate of graduate students also accounted for 20%. This indicates that the overall distribution of respondents' education levels is relatively even. Although the rate of Bachelor's and graduate students is higher than expected from the survey, the group does not show a clear distribution of education levels.

In the analysis of the relationship with autistic people, the Caregiver's share is only 3.3%, which means that almost all of the home ABA performers are mothers or fathers of autistic people. Of these, mothers accounted for 86.7%, and this data fits well with the results of the gender analysis. Finally, in the survey of respondents' family structure, nuclear families accounted for 60% while joint families accounted for 40%, which implies that the family rearing structure with a predominantly small family is gradually becoming the main preference of parents with autism.

Therefore, the abstract image of the respondents of the quantitative questionnaire can be initially categorized as gender is predominantly female and the identity is mostly that of a mother of an autistic person. This finding serves as the main image preference in the researcher's discussion of the ABA intervention group

Table 2

Year Diagnosed and Child Age Cross-tabulation

Age		4	5	6	7	8	10	16	17	20	Total
Year diagnosed	2010	0	0	0	0	0	0	0	1	0	1
	2019	0	0	0	0	0	1	1	0	0	2
	2020	0	0	0	0	0	0	0	0	1	1
	2021	0	0	3	2	3	0	0	0	0	8
	2022	1	4	1	2	0	0	0	0	0	8
	2023	0	5	2	1	0	0	0	0	0	8
	2024	1	0	0	0	0	0	0	0	0	1
	2025	0	0	1	0	0	0	0	0	0	1
Total		2	9	7	5	3	1	1	1	1	30
Percent (%)		6	30	23	16	10	3	3	3	3	100

for autistic families in Pokhara Metropolitan City.

Table 2 demonstrates a cross-tabulation of children's current age with the year of autism diagnosis. Here, 86.7% of individuals with autism were between 4 and 8 years old at the time of diagnosis, with the highest percentage of individuals with autism being 5 years old at 30%. This means that children with autism of primary school age and preschool age make up the majority of this sample size.

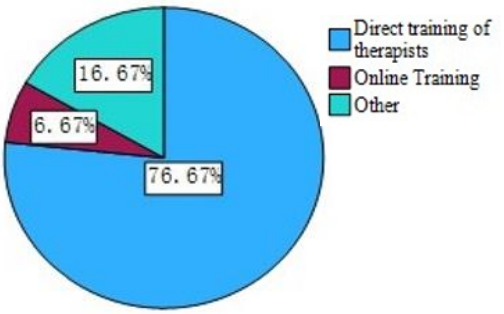
Secondly, most of the diagnoses in the sample occurred in the years 2021 to 2023 with a frequency of 24, which is much higher than that of 2010 to 2020 with a frequency of 4. This may indicate that there is a large increase in the awareness and diagnosis of autism in the Pokhara region from 2021 onwards as compared to the levels of 2010 to 2020. However, given that the sample was selected as the only autism intervention facility in the Boca Raton area and that older autistic individuals are more difficult to intervene with. Therefore, there may be objective effects of institutional management that make such age and time of diagnosis strata so significant. In addition, the frequency of diagnosis in 2024 for 2025 was only 2, which may be due to the fact that autism is not easily recognized at an early age, leading to misjudging behaviors on the part of their parents or caregivers, which in turn leads to a lower number of diagnoses.

The data in this table suggests that people with autism are generally younger in this sample size. The younger autistic individuals are more likely to be intervened with by ABA and have easier access to intervention outcomes compared to the older autistic individuals, which in turn affects parental satisfaction and skews it to the positive side.

Figure 1 shows the sources of ABA training for respondents' families. The largest percentage, 76.67%, came directly from therapists, which was the main source of training for the respondents' families. Given that for the "other" training sources, the respondents filled in the names of NGOs or individual interventionists, which also belonged to the direct training from therapists. In addition, there is also 6.67% of online training, which is a relatively small percentage, but confirms that online training is sprouting as a new type of training in the Pokhara region.

Figure 1

Sources of ABA Training



The data presented suggest that the families with autism within the current sample size are accustomed to direct training, which means that these families are more reliant on the interventionist's professionalism, which can be a significant factor in the respondents' satisfaction.

Figure 2

Source of ABA Information

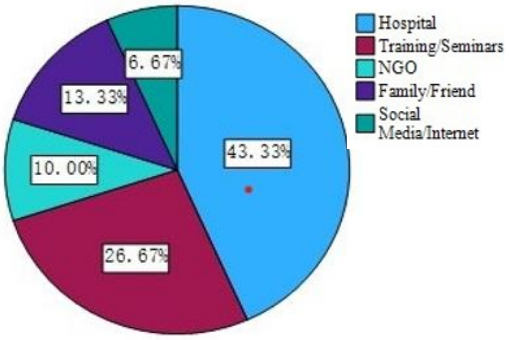


Figure 2 shows the sources of information for households within the sample size. Hospitals and training have the largest share of 43.33% and 26.67%. In addition, the share of NGOs reaches

10%. Whereas, in the Pokhara region, ABA training can only be obtained within the NGO. Therefore, it can be considered that hospitals, trainings, and NGOs together comprise the main source of information about autistic families within the sample capacity.

In contrast, the internet and social media as a source of information is only 6.67%, which indicates that these autistic families have not yet resorted to the internet on a large scale to obtain information. The disadvantage of its inflexibility reduces the satisfaction of these families with home-based ABA.

In addition, information from family or friends is also a non-negligible part of the sample. It accounts for 13.33% within this sample size. However, when this item is used as a source of information, the information it produces is mostly second-hand and has a high degree of error. The use of this source is usually not advocated due to the destructive nature of false or exaggerated information on autism in the autism intervention community.

Figure 3

Duration of ABA Training

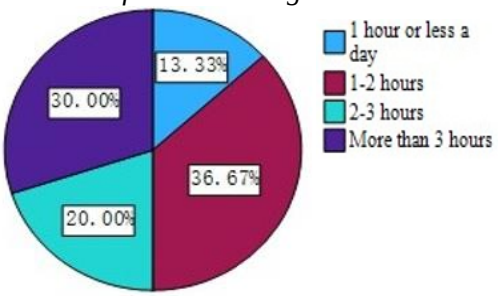


Figure 3 shows the daily hours of family intervention using ABA for families within the sample volume. Its data is relatively even, with no major differences in rates across time strata. Only 13.33% of the total sample capacity was comprised of samples that only intervened for 1 hour or less per day, indicating that the majority of families with autism within the sample capacity intervened for at least 1 hour or more per day. Among them, the time period of intervention training in the range of 1-2 hours accounted for 36.67% of the total sample capacity, which is the time period with the highest rate.

However, the time period of 2-3 hours accounted for only 20% of the total sample capacity. In contrast, 30% of families with autism existed who intervened for more than 3 hours per day. The reason for this phenomenon may be that there is a severe polarization in autism, and the duration of intervention needs an increase with decreasing autism ability.

Such a long intervention time indicates the urgency of the sample families to improve the abilities of their autistic individuals. Under this hypothesis, if their parents are unable to achieve a meaty enhancement of the autistic person after a long period of intervention, their psychological tendency will change from positive to negative, which in turn will affect the satisfaction and experience of the ABA intervention.

Figure 4

ABA Training Intervals

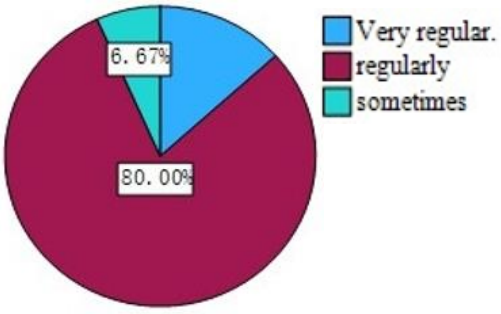


Figure 4 shows the ABA training intervals for families with autism within the sample size. 80% of these families reported regular training, while only 6.67% reported occasional ABA training for individuals with autism. This indicates that home-based ABA has become a daily behavior and habit for families within the sample capacity.

Table 3

Likert Scale: Autism Ability Enhancement Data

Variables	N	Minimum	Maximum	Mean	Std. Deviation
Eye contact ability	30	2	5	3.47	1.137
Language and communication skills	30	1	4	2.30	.952
Behavior management	30	1	5	3.13	.819
Self-care capacity	30	1	5	2.83	1.053
Social skill	30	1	5	2.40	.932
Ability to learn or follow instructions	30	1	5	3.30	.988

The fact that ABA has become a daily behavior for families with autism is beneficial to their children's abilities, but it also tends to be exhausting for families with autism. From However, it does not directly lead to a decrease in family satisfaction, but rather attaches to the degree of child competence enhancement. Gradually, this exhaustion can also become a secondary factor that affects satisfaction and experience.

ABA has become an everyday behavior for families with autism, which is beneficial to the child's abilities, but also often exhausting for the autistic family. However, this does not directly lead to a decrease in the family satisfaction, but rather correlates with the degree to which the child's abilities improve. The similar findings appear in a study by Eckes et al. (2023). They emphasized that the intervention may alleviate the parental stress by reducing child symptoms (p. 3). That is, the increased child competence leads to higher stress tolerance in the parents with autism. However, it is unavoidable that over time, unrelenting fatigue will also become a secondary factor affecting fulfillment and experience.

Table 3 categorizes the data on children's empowerment into six main sections and categorizes the respondents' answers into five indicators. They are: 1 for strongly disagree, 2 for relatively disagree, 3 for average, 4 for relatively agree, and 5 for strongly agree. The table shows the responses of the respondents in the form of counts made.

In terms of mean scores, the eye contact ability had the highest score of 3.37. Behavior management and ability to learn or follow instructions were closer with scores of 3.13 and 3.30, respectively. This suggests that these three abilities are improving relatively well among the families with autism within the sample size. However, it should be noted that the standard deviation of eye contact ability is larger, reaching 1.137, which implies that there is a large discrepancy in the degree of improvement in this direction among some families, which may be related to the innate neurodevelopmental condition of autism.

In contrast, the mean scores for language and communication skills, self-care capacity, and social skill were only 2.30, 2.83 and 2.40 respectively, indicating that the magnitude of improvement in these three competencies was relatively small. In particular, language and communication skills had the lowest mean and a low standard deviation of 0.952. This means that most parents were not able to achieve good intervention results and the data fluctuated more gently. It is also worth noting that the maximum value for “language and communication skills” was only 4, with none of the sample choosing the maximum score of 5 in a survey with a sample size of 30. This in itself suggests that there is an insurmountable ceiling in language and communication for individuals with autism within the sample size of families with autism, with none of the samples

indicating that their child had made significant gains in language.

This may reflect the long-term and complex nature of language development in autism interventions, and suggests possible deficiencies or challenges in communication skills training in current ABA interventions.

Figure 5 illustrates the distribution of families' overall satisfaction with the in-home ABA intervention within the sample size. As can be seen from the data results, there is a highly concentrated negative trend in the ratings of the families interviewed. Among them, 76.67% of the sample families chose “dissatisfied,” 20% chose “fair,” and none of the families chose ‘satisfied’ or “very satisfied” among all the respondents. This result clearly indicates that the majority of families of children with autism in this study's sample had a relatively negative attitude toward the current implementation of home-based ABA intervention and generally had expectations for improvement in the effectiveness of the intervention and the quality of the service.

This centralized data distribution, which is obviously biased in one direction, suggests that there may be some degree of systemic problems in the actual implementation of home-based ABA intervention. Its potential causes need to be further analyzed in conjunction with the subsequent relevant data. This is essential to gain a more in-depth understanding of the realities behind this extreme distribution, as well as the actual needs and core concerns of the sample families in the process of home-based ABA intervention.

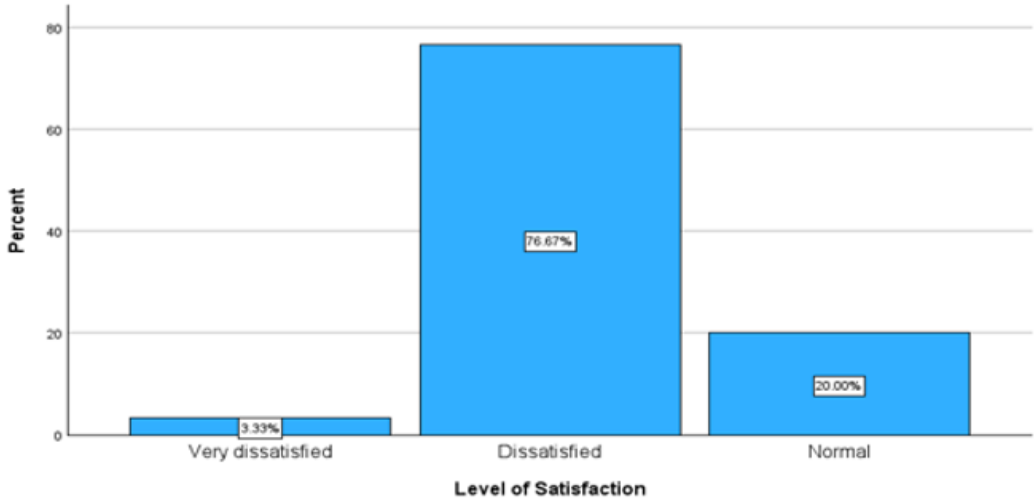
The Likert scale used in Table 4 was analyzed in the same way as in Table 3. The purpose of Table 4 was to identify deep-rooted parental needs and satisfaction. The data was divided into six sections covering the role of ABA and commonly encountered problems.

First, in terms of the mean, the item “ABA improves family organization and daily routines” is the highest at 3.73, while its standard deviation is low at 1.143, which means that the majority of the sample families agree that ABA improves family organization and daily routines. The mean for “I feel adequately equipped to teach ABA.” was 3.63, with a low standard deviation of 1.159. This proves that the majority of families in the sample size were well trained in ABA, which is consistent with previous survey data.

In contrast, the item “Other members of the family will cooperate with ABA activities” had not only the lowest mean

Figure 5

Overall Satisfaction for Home-Based ABA



but also the highest standard deviation. At 3.17 and 1.416, respectively, this may be related to the unique family structure of autism, where one person must be responsible for the care of the child with autism at all times. Typically, this role is the mother, and this data result is also consistent with the previous sex ratio.

In addition, there was little fluctuation in the data between the remaining three items, except for "Time management is difficult when implementing ABA," which had a large standard deviation of 1.377. This may be related to the high demands that parents with autism place on their child's rate of progress. This may be related to the high expectations of parents with autism for their children's progress.

Results of Qualitative Research

The qualitative part of the research was based on the data from the quantitative part of the research. Two more special sample families were selected as special samples.

The first special sample family was Family A. The child of this family belongs to the red level of autism as recognized by the regional government of Nepal, i.e. autistic child without self-care ability. The child is currently undergoing intervention at Autism Care Society Gandaki. The child's mother said that their red standard autism family receives about 4,000 Nepali rupees per month. But the problem is that one person has to be accompanied at all times for autism, so she gave up her job like other autism parents and chose to take care of her child full time.

Regarding this, Family A said, "This small government subsidy alone cannot cover our household expenses, I feel so stressed that the money just flows away like water and I have to save from food and clothing." In addition, she added,

> We need help, the resources for education are simply not enough now. While NGOs can provide us with intervention sites and parent training services, resources for good teachers are also in short supply. There are too many inexperienced teachers. Sometimes, in order to find a qualified intervention teacher, our children have to wait their turn for lessons or attend group classes. Either way, the burden on the teachers is too heavy, and it also significantly affects the quality of instruction.

Regarding the parent training program, the parents in Family A expressed a relatively positive attitude: "The intervention agency trains parents in the most basic sensory integration exercises, which is very helpful." However, based on observations following the interviews, the effectiveness of interventions for Family A is generally poor. For instance, during parent-child intervention sessions, the interventionist must remain on hand to assist. This results in the parents of Family A serving as a secondary form of teaching resource, yet they do not make a discernible contribution toward conserving core teaching resources.

Furthermore, due to the increased number of interventionists, a certain degree of chaos emerged in the classroom setting. For instance, the child was forced to repeatedly shift their attention between the teacher and the parent. This caused the child to feel insecure, leading to loud screaming and shouting, and even instances of running away. Faced with such chaotic scenes, Family A stated: "We don't know what to do, we can only rely on the teacher to control the situation."

It is worth noting that regarding the gender imbalance among caregivers, Family A stated that because the husband had to go out to work, she was the only one able to take on the role of caregiver. During the interview, the respondent from Family A did not express strong negative feelings regarding this gender imbalance.

The second special sample family is Family B. The child in this family is relatively young, only 4 years old. The

child was perceptually oversensitive and did not react violently in a quiet environment. However, as soon as someone comes to the house, its cries and yells. His mother stated, “We don't know what to do at all. Although the organization teaches ABA, I don't know how to do it at all. I don't even know how to give my child basic toilet training skills.” At the same time, she also said that although NGOs provide a considerable degree of parent training, the lack of expert services and remote guidance is also an important constraint to the current development of ABA for families with autism.

The challenges faced by Family B are similar to those of Family A, both of which center on “insufficient teacher resources” and “poor training outcomes.” However, Family B expressed their negative emotions and critical attitudes in a more subtle manner—something that did not emerge in the interview with Family A.

Furthermore, regarding financial issues, Family B’s response was rather brief. They simply said, “Yes, it’s a problem,” and nodded repeatedly. They seemed puzzled by further questions, unsure why they needed to elaborate. It was as if the issue itself did not warrant further discussion. This suggests that, in Family B’s cognitive system, financial problems have become an accepted part of life, requiring no further discussion. However, Family B provided more detailed comments regarding the gender of caregivers. She noted that in most Nepalese families with autistic children, the primary responsibility for care falls on women. This is not only due to the wage gap between men and women in Nepal but also reflects cultural norms to some extent.

The problems that emerged in these two particular sample families basically cover the problems that exist in most typical autistic families. Among them, high economic pressure is the most important problem. The unique family structure of autistic families allows only one person to work, and although the intervention is not too expensive, costing only 7,000 to 8,000 Nepali rupees, it is still considered to be a large expense component. In addition, the low number of experienced teachers in the region, the low level of awareness of autism among citizens, and the lack of parental training are also important constraints to the development of home-based ABA interventions in the region.

Discussion

This study explored the experiences, challenges, and developmental outcomes of families with autism in Pokhara Metropolitan City of Nepal during the implementation of home-based ABA intervention through a mixed research methodology. The study found that although ABA is widely recognized internationally as an effective autism intervention, its practical application in a city such as Pokhara Metropolitan City, where resources for autism special education are limited, faces multiple challenges.

First, in the quantitative research section. This study found that the majority of families with autism in the sample size had low overall satisfaction with home-based ABA interventions, with more than two-thirds of the sample indicating that they were “dissatisfied”. The reasons for this finding are diverse.

Second, the children's language and communication skills were slow to develop. The data in Figure 1 show that in 76% of the families where parents were directly trained by interventionists, their children made limited progress in the core developmental areas of language and communication skills and social skills. In particular, language skills generally did not improve significantly. According to the data in Table 3, the mean value of their language skills was only 2.30, which may

reflect the limitations of ABA in language intervention or the lack of systematic support for implementing language training in the home environment.

Third, the gender role imbalance: according to the data in Table 1, 90% of the respondents in this study were female, of which 86.7% were mothers. It reflects that the responsibility of caring for children with autism is still predominantly female in the Nepali socio-cultural context. This distribution of roles not only increases the psychological and time pressure on mothers, but may also limit the psychological or other support from family members.

The phenomenon was also documented by Pandey and Sharma (2018). They stated that "out of the sample size of 60 studied consisting of autistic relatives, 58 respondents were female" (p. 185). The gender statistics of the respondents of that study were similar to the present study, Furthermore, Shrestha et al. (2019) also stated, "Mothers of autistic children failed to recognize developmental problems in their children and they waited till the child was three years until seeking help for language delays" (p. 3), implying that mothers of autistic children experience a dramatic increase in stress as a result of attempted exertion. The conclusions of these scholars prove that the findings of this study are not isolated.

Fourth, fatigue is a significant problem: according to the data in Table 3, 30% of the families spent more than 3 hours per day on the intervention. Prolonged and intense training may lead to family members' fatigue, which in turn affects their perception of the intervention's effectiveness. Especially for those families whose children's abilities are slow to improve, the long-term commitment may bring frustration.

Fifth, the narrow sources of information: According to the data in Figure 2, the families' access to ABA information is still dominated by hospitals, training and NGOs. Internet and social media usage is low at 6.67%. This may limit families' ability to access diverse information. Meanwhile, the lack of awareness of autism in the community and public education system further exacerbates the isolation of families when implementing interventions. Guevara (2025) has stated that the Internet, as a tool of the new age, has seen a geometrical increase in the dissemination of information on autism compared to traditional media such as newspapers (p. 2). Therefore, autism parents who ignore new media are missing out on a valuable source of information.

In the qualitative research section, the findings confirm the reliability of the data from the quantitative research section, and the data from both sections overlap to some extent. The selected Family A and Family B discussed the challenges that they encountered during the intervention process and in their daily lives. Their accounts focused on three key issues: family financial problems, insufficient effectiveness of institutional intervention training, and the issue of gender imbalance among caregivers.

Both Family A and Family B expressed the concerns about the family financial issues. However, Family B expressed a confusion regarding this issue, stating that there was no need to discuss it and that they had already grown accustomed to it. This highlights the financial pressures commonly faced by the families with autistic children.

Regarding the institutional intervention training, Family A held a positive attitude but reported the poor intervention outcomes. Family B did not undergo on-site intervention but expressed the subtle negative sentiments toward the training and indicated that they still lacked the necessary skills. This further corroborates the findings from the quantitative studies regarding the economic and resource-related pressures

faced by the families of children with autism.

Regarding the gender imbalance among the caregivers, respondents from Families A and B did not express the negative emotions and described the situation in a calm tone. They demonstrated a high degree of acceptance, which may be influenced by Nepal's traditional cultural norms regarding the gender roles. Additionally, the gender pay gap in Nepal may also be a significant factor contributing to the gender imbalance among the caregivers.

Through the validation of qualitative research, some of the conclusions from the quantitative research were repeatedly mentioned. Furthermore, the participants showed high enthusiasm during the interviews and did not display any obvious resistance. This indicates that they hold a positive outlook on the future prospects of intervention for children with autism within their families, and their psychological resilience exceeds the study's expectations.

The findings of the present study echo those of Rana and Das (2024) and Kunwar et al. (2025) that the parents with autism in Nepal face the significant psychological stress and resource shortages despite their psychological resilience. In addition, the parents in quantitative research were positive about the positive effects of ABA on the "family organization and daily routines," which suggests the value of ABA in providing family support, but its effectiveness in promoting the children's core competence development needs to be further optimized. These findings were also confirmed in the qualitative research section. They revealed that an inadequate training is one of the key factors limiting the development of children's core competencies.

The present study was an exploratory study with a sample size of 30 and was limited to the autistic community in Pokhara Metropolitan City. Therefore, the results may not be fully representative of other districts in Nepal. In addition, the study relied on the parents completing questionnaires and interviews, which may have some bias. Future studies may expand the sample to include the multi-district comparisons. An incorporate multi-perspective assessment by the legal practitioners, interventionists, etc. to more fully understand the effectiveness of home-based ABA implementation in the areas with the limited special education resources. Meanwhile, it is recommended to develop the home-based ABA training materials that are more locally adapted to Nepal and have stronger language support. It is also recommended that a community-based low-cost support model be explored to reduce the financial pressure on the families in the autism community.

CONCLUSION AND RECOMMENDATIONS

This study provides the preliminary insights into the real effects of family ABA interventions implemented locally through a survey of families with autism in Pokhara Metropolitan City, Nepal. The study found that although ABA is recognized by the parents in improving family structure and daily norms. However, its effectiveness in promoting the core competencies of children with autism, especially particularly in the development of language and social skills, was limited, resulting in the low overall satisfaction. In addition, the families with autism generally face the multiple challenges such as the financial pressure on the family, shortage of teacher resources, insufficient social support, and the problem of imbalance in the mother's role as the primary interventionist.

This suggests that direct transplantation of the internationally recognized ABA model in the resource-limited areas may face a poor adaptation. The future autism intervention support systems should focus more on developing the South Asian ABA programs that are compatible with Nepal's local culture,

economy, and family structure. Secondly, it is important to strengthen the training of grassroots intervention organizations in the area of language and communication. Finally, the establishment of a multi-level community and government support network is a good way to reduce the psychological and economic burden on these families.

As an exploratory study of family-based ABA interventions in the study site, this study provides the preliminary data and direction for future research. Further studies should expand the sample to include the multiple perspectives and to promote the sustainable development of ABA and related intervention concepts in Nepal and other South Asian regions.

CONFLICT OF INTEREST

I hereby declare that I do not have any conflict of interest to disclose.

AUTHOR CONTRIBUTIONS

I declare that this manuscript is my original work. All stages of the research, including but not limited to the collection of data and the writing of the paper, were done by me.

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