Demographic Characteristics, Coping Strategies and Parents with Autistic Children in Nigeria

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Abstract: **Primary caregivers of children living with Autism Spectrum Disorder carry the larger burden of care and they may feel a need to be with their child at all times so they experience stress, related to coping with the heavy load of care giving. The study assessed the relationship between the demographic characteristics of parents of autistic children and the Family Crisis Oriented Personal Evaluation Scales (F-COPES). The study employed a cross-sectional design. The respondents comprised of all the parents of autistic children at the autism centres. The parents demographic characteristics assessed are age, level of education, religion and marital status. Therefore four null hypotheses were generated and T-Test was used to analyse the relationship between the family oriented evaluation scale and the demographic characteristics. The results revealed that for the null hypothesis of no significant relationship between utilization of FCOPES and respondents age, the calculated p-value and r revealed 0.215 > 0.05 and -0.156< 1 respectively. Therefore the null hypothesis is upheld. Conclusively the study found no association between the demographic characteristics and the utilization of the family oriented evaluation scale. The implication being that regardless of the differences in the respondents' demographic characteristics, parents of autistic children can benefits from the use of reframing, passive appraisal, spiritual support, and mobilizing social support in child care.**

Keywords: **Autism spectrum disorder, FCOPES, reframing, passive appraisal, social support**

I. INTRODUCTION

National institute of mental health (2016) defined Autism spectrum disorder as a neuro developmental disorder that includes a wide range of symptoms, skills and levels of disabilities. People or children with autistic spectrum disorder are characterized by repetitive behaviors, difficulties in communicating and interacting with others, inability to function well at school and also inability to cope with other areas of life. Autism spectrum disorder (ASD) is an ailment associated with the development of the brain, with symptoms such as inadequacy in communication and the presence of restricted and monotonous behaviours and interests (McPartland, Reichow & Volkmar 2012; Volkmar, & Pelphrey 2014). Symptomatically autism children have developmental delay, attention deficits/ hyperactive or sleep disorders which requires them to be assisted in relation to education, health and social services (Sun, Allison, Auyeung, Baron-Cohen, & Brayne, 2013). Furthermore Baio (2014), reports that 1 in 68 children today are diagnosed with autism with an estimated 78% increase from only a few years before. Between age 3 to 5 years autism disorder is established in a child, though the symptoms could have been noticed at 9 to 15 months (Filipek, Accardo, Baranek, Cook, Dawson, & Gordon, 1999).

According to American Psychiatric Association, (2013) children with autism spectrum disorder have a continuous challenge interacting and communicating socially and are usually glued to a particular interest or concentrate on a particular behaviour or interest at the exclusion of all other interest. Repetitive behavior such as hand- flapping, repetitive movement of object may serve as indicators of autism spectrum disorders. Symptoms also result into deficiency in functioning in occupational areas, and skills needed to make, develop, and maintain relationships. McLuckey, (2013) states that, symptoms may vary amongst individuals, but they are usually classified into three, namely: social impairment (little eye contact, unable to make and/or maintain relationships with peers), communication difficulties, and repetitive and stereotyped behaviors (the need to have an unyielding routine. Symptoms also result into deficiency in functioning in occupational areas, and skills needed to make, develop, and maintain relationships.

These can make care of an autistic child quite overwhelming, since parents of children living with Autism Spectrum Disorders are responsible for their wards as regards basic tasks such as eating and functioning in their environment. National Alliance for Care giving, (2009) reports that of every four caregivers of autistic children, three reported giving up benefits, resigning from work, or cutting down on working hours and changing work . This is probably due to habitual absence from work creating a restriction on choice of career. All these place a challenge on families of children with Autism Spectrum Disorders and impede upon the families' socialization within their community. Family most times need to adjust and are faced with a need of family financial support (Bristol and Schopler 2012; Gray 2002; Marcus 2012). Moreover, costs for raising a child with autism is three times more than those for a typical-developing child (Scheffer, Didden, Korzilius, & Matson, 2012).

Caring for autistic children requires adjustment in the day to day activities of their parents because of the special medical and educational requirements of ASD children. Therefore such parents experience psychological and physical health challenge (Lovell, Moss, & Wetherell, 2012). Such as stress,

depression and anxiety (Estes, Olson, Sullivan, Greenson, Winter, Dawson, & Munson, 2013; Thompson, 2000; James & Ashwill, 2007; Peters & Jackson, 2009)) they have also being known to be stigmatized (Mak & Kwok, 2010). This stigma creates difficulties to find information and service system related to child's disabilities resulting in more and more stress and depression in parents as well as pressure in relationships, especially, between all family members (Mak & Kwok, 2010). Additionally, Benson and Karlof (2009) reports decreased marital satisfaction, lower self-confidence, increased helplessness and increased negative emotions including fear, anger and resentment among parent or caregivers of children with autism. Autistic children usually have difficulty with self-help, communicating with people and social interaction skills (Matson, Hess, & Mahan, 2013), which can lead to dependency on their caregivers all day. Thus parents and caregivers spend most of their time helping their children adjust to the challenges associated with autism.

Several studies have noted that coping strategies have been functional in assisting parents to cope with the overwhelming stress accompanying raising a young child with an Autism Spectrum Disorder (Baker-Erczen, Brookman, Franze, & Stamher,., 2005; Montes & Halterman, 2007; Schieve., 2007), with no scope of reducing or eliminating the sources of stress, such situations require strategies where one changes the self to fit the situation. When parents receive their child's Autism Spectrum Disorder diagnosis, parents must adjust to their own feeling and the way society reacts to their child (Vidyasagar & Koshy, 2010). As described by parents in a study by Altiere and Kluge (2009) "Every parent who participated in the study viewed the discovery that his or her child has autism as a life-altering event". While some studies report parents do not experience an increased level of stress, others studies have shown having a child with an Autism Spectrum Disorder may cause additional stress (White, McMorris, Weiss, & Lunksy, 2012).

Passive appraisal (Luther 2005; Twoy Connolly & Novak 2007) and acquiring social support (Lee 2009), is uniquely related to Autism Spectrum disorder parental coping strategy. This is because that parents of children with ASD differed most from the normal population on their rankings of these coping strategies (Wei Wei Lai & Tian Po S Oei, 2014). Having daily positive affect and passive appraisal are important components for families (Greef & van der Walt, 2010). When parents have more daily positive experiences with the child, this serves as a buffer or protective factor against stress (Bayat, 2007; Ekas & Whitman, 2011).Also, Hastings & Taunt, (2002) prior study have indicated that acceptance and positive reframing can promote improved mental health among parents of children with autism and other disabilities.

Frequent use of formal social support in child care has been noted among parents when raising a young child with an Autism Spectrum Disorder (Altiere & Kluge, 2009). There are two types of social support used by parents of children with Autism Spectrum Disorder. One type of support is received support which refers to receiving assistance from others which has been found to be most useful the day the support is received, the other type of support is perceived support, which refers to "one's perceptions of the availability of support and satisfaction with the support which is provided" (Pottie, Cohen & Ingram, 2009). Pottie, Cohen & Ingram (2009) also hypothesized that objectively, received support can yield more practical implications for is more useful for interventions than perceived support. Received support is concrete, realiable, and will can be better serve for a parent with autistic children of a young than perceived support, which is superficial. Twoy, , Connolly & Novak (2007) concluded in their study that parents gets a source encouragement from and support from family, friends, informal form of support from other families who are facing similar problems and formal support from agencies and programs. Therefore, it is a necessity for parents with autistic children to get and accept help from their social network and organisations. Thus the study demographic characteristics and family coping strategies among parents of autistic children.

II. GENERAL OBJECTIVE OF STUDY

The general objective of this study is to assess the relationship between the demographic characteristics of parent of children with Autism spectrum disorder and their coping strategies.

Specific Objectives: This study seeks to:

1. Assess the relationship between the Family Crisis Oriented Personal Evaluation Scales (F-COPES)FCOPES and the parent's age
2. To examine the relationship between the Family Crisis Oriented Personal Evaluation Scales (F-COPES) and the parent's level of education
3. To examine the relationship between the Family Crisis Oriented Personal Evaluation Scales (F-COPES) and the parent's marital status
4. To examine the relationship between the Family Crisis Oriented Personal Evaluation Scales (F-COPES) and the parent's religion

III. RESEARCH HYPOTHESES

Hypothesis One: There is no significant relationship between the FCOPES and the parent's age

Hypothesis Two: There is no significant relationship between the FCOPES and the parent's level of education

Hypothesis Three: There is no significant relationship between the FCOPES and the parent's marital status

Hypothesis Four: there is no significant relationship between the FCOPES and the parent's religion

IV. METHODOLOGY

Research design: A descriptive cross-sectional study was conducted among parents of autistic children in selected autistism homes and centers in Ibadan, Oyo State Nigeria.

Population of the study: The population of the study in total was the parents with autistic children at the autistic center. The respondents are the parents of all the autistic children at the selected autistic centers and homes in Ibadan, Oyo State.

Sample and sampling technique: A total of 65 respondents were used because they were purposively selected. This study was done based on purposive sampling because the researcher carried out the study using all the parents of autistic children as the respondents in the four selected autistic centers in Ibadan north local government area in Oyo state part of Nigeria so all respondents were used from the selected centers.

Instrument for data collection: It comprised of a questionnaire divided into two sections. Section A was designed to assess the demographic characteristics of the respondents, while section B was an adapted version of a validated scale. Which is the (F-COPES) Family Crisis Oriented Personal Evaluation Scales by McCubbin, Olson and Lasen, (1981). The F-COPES addresses specific coping strategies, namely:Acquiring social support, reframing, seeking spiritual support, mobilizing family to acquire and accept help and passive appraisal. The respondents were asked to respond to a four point questions ranging from; strongly agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD)

Procedure for Data Collection: Questionnaires were distributed by the researchers. The respondents were informed about the purpose of the study and were also assured of strict confidentiality. Informed consent was obtained from each respondent.

Procedure for Data Analysis: The demographic section was analyzed with simple percentage frequency distribution and T.Test was used to test the relationship between the Family Oriented Personal Evaluation Scale (FCOPES) and the parent's demographic data such as age, level of education, birth order of the child and marital status of the parents having children with autism.

V. RESULTS

Table 1.: Respondents Demographical data

Variables		N=65	(%)
Age:			
	20-24years	6	9.2%
	25-29years	26	40%
	30-34years	25	38.5%
	35-39years	7	10.8%
	Over 40years	1	1.5%
Marital status			
	Single	10	15.4%
	Married	43	66.2%
	Divorced	9	13.8%
	Widowed	3	4.6%
Level of education			
	Primary	3	4.6%
	Secondary	27	41.5%
	Tertiary	35	53.8%
Religion:			
	Christianity	38	58.5%
	Islam	24	36.9%
	Others	3	4.6%

Hypothesis Testing

5.1 Hypothesis One

There is no significant relationship between the FCOPES and the parent's age

Table 1.1: Correlation between utilization of FCOPES and Respondents age

		Respondent Age
FCOPES (Family crisis oriented personal evaluation scale	Pearson correlation Sig. (2-tailed) N	-.156 0.215 65

**. Correlation is significant at the 0.01 level (2-tailed).

The table (1.1) below showed no significant relationship between respondents age and FCOPES. The calculated p-value and r revealed $0.215 > 0.05$ and $-0.156 < 1$ respectively. Therefore, by this the findings the null hypothesis is hereby accepted, there is no significant relationship between respondents age and FCOPES.

5.2 Hypothesis Two

There is no significant relationship between the utilization of FCOPES and the parent's level of education.

Table 1.2: Correlation between utilization of FCOPES and parent's level of education

		Parent's level of education
FCOPES Family crisis orientation personal evaluation scale	Pearson correlation Sig. (2-tailed) N	.007 0.957 65

**. Correlation is significant at the 0.01 level (2-tailed)

The table (1.2) below showed no significant relationship between respondents level of education and FCOPES. The calculated p-value and r reveal $0.957 > 0.05$ and $0.007 < 1$ respectively. Therefore, by this the findings the null hypothesis is hereby accepted, there is no significant relationship between respondents level of education and FCOPES.

5.3 Hypothesis Three

There is no significant relationship between the FCOPES and the parent's marital status

Table 1.3: Correlation between utilization of FCOPES and Respondents marital status

		Parent's marital status
FCOPES (Family Oriented Personal Evaluation Scale)	Pearson correlation Sig. (2-tailed) N	.240 0.054 65

**. Correlation is significant at the 0.01 level (2-tailed).

The table (1.3) below showed no significant relationship between respondents marital status and FCOPES. The calculated p-value and R reveal 0.054 > 0.05 and 0.240 < 1 respectively. Therefore, by this the findings the null hypothesis is hereby accepted, there is no significant relationship between respondents marital status and FCOPES.

5.4 Hypothesis Four

There is no significant relationship between the utilization of FCOPES and the parent's religion

Table 1.4: Correlation between utilization of FCOPES and Religion

		Parent's Religion
FCOPE (Family crisis oriented personal evaluation scale)	Pearson correlation Sig. (2-tailed) N	**-.022** **0.861** **65**

**. Correlation is significant at the 0.01 level (2-tailed).

The table (1.4) below showed no significant relationship between respondents religion and FCOPES. The calculated p-value and r reveal 0.861 > 0.05 and -0.022 < 1 respectively. Therefore, by this the findings the null hypothesis is here by accepted, there is no significant relationship between respondents spirituality and FCOPES.

VI. DISCUSSION

This study reports no significant relationship between parents' demographical data (age, level of education, marital status and religion) and their ability to utilize the coping strategies (FCOPES). Numerous studies also report that parents of autistic children shows elevated level of stress, which necessitate interventions such as increasing family support, which translates to use of coping strategies to help overcome stress associated with raising a young child with an Autism Spectrum Disorder (Baker-Erczen, Brookman – Franze & Stamher, 2005; Montes & Halterman, 2007; Schieve, Blumberg, Rice, Visser & Boyle, 2007).While, Twoy, Connolly & Novak (2007) in their study titled coping strategies used by parents of children with autism, used the FCOPES to measure if family demographic data made a difference in the coping with the stress that comes with autism spectrum disorder. They concluded in their study that the father gets to adapt quickly to their child's current situation more than the women. This means that since the father gets to adapt more, the mother gets more support in every aspect of taking the burden of that child.

In a study carried out by Wei Wei Lai & Tian Po S Oei (2014) they revealed that reframing as a part of the FCOPES was influenced by the parent's demographic data. However, this study has revealed that parent's age, level of education, marital status and religion have no significant relationship with their use of reframing as a family coping strategies for parents with autistic children. Wallander & Varni (1998) stated in their study that peadiatric chronic disorder often lead to psychosocial adjustment problems among children and their mothers. Understanding the ways of family coping is very important, as these are central to cognitive models of stress and coping often applied to families of children with disabilities interventions.

VII.CONCLUSION

Carrying the burden of an autistic child is a very big task and some parents find it difficult to cope with the care of the child, so getting help from other parents who already have been caring for autistic children for a longer period of time should be the first thing to do for parents who are newly facing the challenge and learn new coping mechanism which have no relationship with personality. Thus, parents with autistic children, irrespective of the age, education, religion and marital status can utilize passive appraisal, spiritual support, acquiring social support and reframing (FCOPES) to help ease the stress associated with caring for autistic children.

VIII. RECOMMENDATION

- Autistic centers should make it a responsibility on their part to introduce parents who are finding it difficult to cope with the burden of care of their child, to the use and importance of the acquiring social support, accepting help, passive appraisal, seeking spiritual support and reframing. Since it has been established that demographic characteristics does not hinder the utilization of the FCOPES
- Mass campaign is essential to educate the public on Autism and the need for social support for families with autistic children.
- Parents should try as much as possible to adopt the use of all the coping strategies in the FCOPES because one way or the other, they still have to take responsibilities of taking care of their children

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