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Social Support and Parental Stress as Factors Predicting Resilience among Caregivers of Autistic Children

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Abstract

This study determined if social support and parental stress as factors could predict resilience among caregivers of autistic spectrum disorder. The study further examined if gender, age, and religion of caregiver will predict resilience among caregivers of autistic spectrum disorder as well. Participants for this study include 34 caregivers from the Child and Adolescent Mental Health Services Centre (CAMHSC) of the Federal Neuropsychiatric Hospital, Yaba, and Lagos State. Caregivers' age ranged between 20-66 including both males and females, across different religions and ethnic groups. *Social support* was assessed through Multidimensional scale of perceived social support, *Parental stress* was assessed through the parental stress scale, while Resilience was measured through the Brief resilience scale. The result revealed that social support did not significantly predict resilience B= -.16, t= -.98, P> .05. Stress has a significant influence on resilience B= .40, t= 2.46, P< .05. It further revealed that both social support and parental stress jointly significantly predict resilience R= .209, F (2, 31)= 4.09, P<.05. There is significant influence of gender on resilience t(32) = -2.842, P<.01. Similarly, there was significant interaction influence of age and religion on resilience F(2,27) =19.33; P<.01. It is suggested that mental health awareness campaigns should be raised about autism and the challenges faced by caregivers among religious and community leaders.

Introduction

Autism spectrum disorder is considered to have severe influence on diagnosed individual and disability it cause is intense and has as lifelong effects on the individual (Dyches et al., 2004). As noted in Hodges et al., (2020), Autism spectrum disorders (ASD) is defined by the American Psychiatric Association in the diagnostics and statistical manual for mental disorder —5th edition (DSM-5) as "neuro-developmental disorders characterized by deficits in language and communication, social interaction, and play and imagination, with the presence of restricted interests and stereotyped behaviors" (APA, 2013). According to the Center for Disease Control and Prevention (2007), 1 out of every 110 children in the United States meets criteria for an autism spectrum disorder. Furthermore, there are other psychological and medical issues that may co morbid with this disorder and managing

these physical impairments and co-morbids for guardians and parents is always a major problem that is difficult to manage (Dumas, Wolf, & Culligan, 2001). The impact of this impairment is actually not limited to the individual diagnose of autism spectrum disorder, its impact present the family unit with a unique set of challenges that affect their general wellbeing, financial situation, health, and experience (Patterson and Turnbull, 2006). Studies have also shown that it is often difficult for parents of diagnosed individuals with autism spectrum disorder to predict their child's behaviour due to the uniqueness of the disorder and the communication patterns (Falk et al., 2014). Resilience which is the ability to bounce back from adversity can help the parents cope well with diagnosed child and maintain a functioning family.

Ghanouni & Eves (2023) defined resilience as a "dynamic process encompassing positive adaptation within the environment." Resilience also refers to "positive adaptation or the ability to maintain or regain mental health, despite experiencing adversity" (Wald, Taylor, Asmundson, 2006). Resilience can involve different factors that could enable an individual to be successful when faced with challenges and adversities. Individuals' resilience is however determined on how well an individual can actually balance both risk factors and protective factors (Luthar, Cicchetti, and Becker, 2000). It is the function of resilience when an individual manages to function well and come out stronger after facing adversity. Further studies have revealed that family cohesion, parental acceptance, and parental positive engagement are factors that enhance and support resilience among parents of diagnose individuals with autism spectrum disorder. Bayat (2007) research suggested that many families of children with autism display characteristics of resilience and report gaining strength as a result of the child's disability. Several studies suggest that families with a child with ASD become more resilient as a result of their coping with the illness (Wickham-Searl, 1992; Bayat, 2007). Furthermore, Bekhet, Johnson, & Zauszniewski (2012), concluded that those who possess indicators of resilience are better able to handle the challenge of raising a child with autism spectrum disorder.

When we put into consideration that autism has its influence on the patient's social life, communication, decrease social participation and perhaps also reduce life outcomes of the patients, the importance of resilience is not just limited to the parents but also further extend the children with autism disorder in other to be able to thrive and function as a human being (Tsankova, 2007; Tsai, Harpaz-Rotem, and Southwick, 2012). Moreover, children with autism spectrum disorder (ASD) are more likely than normal to experience bulling among peers and social isolation from their peers, couples with the inability to sustain friendship and relationships which further limit their social engagement (Troy, Wilhelm, and Mauss, 2010).

Social support is a likely factor that may contribute in reducing the negative outcomes/consequences of stress among ASD patients. Social support has being said by Boyd (2002) to "develop from the relationships and interactions between the individual, family, peer group, and larger social systems". Drageset, Kirkevold, &Espehaug, (2010) defined "social support as the perception or experience that one is loved and cared for by others, esteemed and valued, and part of a social network of mutual assistance and obligations". Helgeson (2003) also explained that "social support is a broad term, which includes the supportive ways that different people behave in the social environment". Social support is a variable that can improve parenting satisfaction as well as positively influence the quality of mother-infant relationship and interaction (Duis, & Summers, 2007). There are several mediums in which an individual may obtain social support which include friends, family, partner, members of a belonged association or group, coworkers, community ties, and even a devoted pet (Bondevik, & Skogstad, 2016). However, social support can simply be the perception that there is support and the resources is available for example, knowing that there is someone an individual can call when in need is satisfying on its own. Dean and Lin (2017) consider "social support as functions of primary groups that meet instrumental and expressive needs". Fischer & Corcoran (2007), social support has been found in a number of studies to be an important buffer against family crisis factors, and to be a factor in family resiliency promoting family recovery, and as a mediator of family distress.

Parenting Stress relates to "stressors that are a function of being in and executing the parenting role" (Davis, & Carter, 2008). In essence, Brobst, Clopton, & Hendrick, (2009) explained that parental stress tend to be exist for a long time and might result into chronic stress that may manifest psychologically or biologically. Research have shown that parental stress is related to the child's behaviour, parenting style, the parent's medical state and the child's physiological condition (Hoffman, Lopez-Wagner, & Looney, 2009). According to McStay and Dissanayake (2013), parental stress usually occurs when a parent have perceived that demands of parenting

outstrip (either psychological, physically or psychologically) his or her available resources. Parental stress is a type of stress that may occur as a result of different factors or situations such as financial troubles, marital issues, or lack/inadequate social support, medical condition, psychological disturbance (Estes, Munson, Dawson, & Koehler, 2009). Abidin (1992), the parents' beliefs and expectations are mediators between the events (potential stressors) and the perceived parental stress. However, studies revealed that parents of children diagnosed of ASD showed significantly higher levels of chronic stress than parents of children with typical relative normal development (Brobst, Clopton, & Hendrick, 2009; Lyons, Leon, Phelps, &Dunleavy, 2010; McStay, Dissanayake, Scheeren, Koot, & Begeer, 2013).

The resilience and mental health of these parents is not always in good condition, because they usually face different challenges while trying to care for the child that has being diagnosed of ASD. They usually face challenges such as financial crisis, stereotype, mental stress, psychological distress and the inability to live the kind of life they desire. Moreover, in our community today, parents of ASD patients/caregivers are generally isolated and stereotyped; there is little or no social support from anyone which led to more parental stress for the parents/caregivers. This tragedy and debilitating situation usually reduce the morale of parents/caregivers and do not help the resilience behavior of parents. Hence, it is paramount and necessary to investigate social support and parental stress as factors that may predict resilience among caregivers of autistic spectrum disorder. In more essence, stress, defined as a risk factor, can influence or offset the protective qualities of social support (Davis, & Carter, 2008).

The objective of the study is to determine if social support and parental stress as factors predicting resilience among caregivers of autistic spectrum disorder. To determine if gender, age, and religion of caregiver will predict resilience among caregivers of autistic spectrum disorder.

Methods
Design

This study used survey research design adopting expo-facto studies (this is because the researcher does not have absolute control on the Independent Variable). The independent variables are social support and parental stress, while the dependent variable resilience. Other independent variables in this research include Age, Gender, and religion. Structured questionnaire that contain sections that revealed the variables of this study was used to measure research participant's responses.

Participants

Participants for this study include 34 caregivers from the Child and Adolescent Mental Health Services Centre (CAMHSC) of the Federal Neuropsychiatric Hospital, Yaba, Lagos State. Caregivers' age ranged between 20-66 including both male and females, across different religions and ethnic groups.

Measures

Social support was assessed through Multidimensional scale of perceived social support which was developed by Zimet, Dahlem, Zimet and Farley (1988). The Multi-Dimensional Scale of Perceived Social Support (MSPSS) contains 12-items that is used to assess perceptions of social support adequacy. It is a self-rating scale scored on a 7-point Likert scale ranging from 1 "very strongly disagree" to 7 "very strongly agree". The sum is ascertained when the 12-items are added.

Parental stress was assessed through The parental stress scale which was developed by Berry and Jones (1995). The scale provides a measure that considers positive aspects of parenting as well as the negative. The scale is an 18 item self-report scale, the items represents positive (e.g emotional benefit, personal development) and negative (demands on resources and restrictions) themes of parenthood. The scale is scored on a five point Likert scale ranging from (5) strongly disagree to (1) strongly agree. The scale is reported to have good internal consistency with cronbach's alpha values ranging from 0.83 to 0.86. Also, the scale has good test-retest correlation of 0.81. The scale has strong validity of 0.46 for females and 0.53 for males.

Resilience was assessed through The Brief resilience scale which was developed by Smith, Dalen, Tooley, Paulette, Wiggins & Bernard (2008). It was developed to estimate an individual's capability to bounce back from or overcome adversity. It consists of three items which are phrased positively (e.g., "I usually come through difficult times with little trouble") and three items phrased negatively (e.g., "It is hard for me to snap back when something bad happens"). It is a 6-item scale, rated on a 5-point Likert, where 1 represents "strongly disagree" to 5 representing "strongly agree". We obtained total scores (ranging from 6 to 30) by adding up all responses for all 6 items after reversing 3 items on the scale. Higher scores are associated with high resilience while lower scores on the scale represent low resilience.

Procedure for Data Collection

The data for this study was collected with the use of Google form which was administered to the respondents online.

The researcher approached prospective respondent and introduced herself to them explaining her mission and assuring them of confidentiality of the information provided by their responses. After their consent had been gotten, the researcher shared the google form link to the participants through their social media platform and email. As they gave their responses on the form, their response was automatically stored on the Google form. The researcher then downloaded the responses directly from the form for analysis.

Statistical Analyses

The data gathered from this study was analyzed using Statistical Package for the Social Sciences (SPSS). Multiple regression was used to test hypothesis one and two, independent t-test was used to test hypothesis three, while 4X2 ANOVA was employed for hypothesis four.

Results

Socio-Demographics		n (%)
Gender	Male	9 (26.5)
	Female	25 (73.5)
Marital status	Single	1(2.9)
	Married	26(76.5)
	Separated	3(8.8)
	Divorced	4(11.8)
Age	20-35 years.	11(32.4)
	36-45 years	17(50)
	46-55 years	4(11.8)
	56-65 years	2(5.9)
Religion	Christianity	26(76.5)
	Muslim	8(23.5)
Ethnicity	Yoruba	27(79.4)
	Igbo	7(20.6)

Table 1: Distribute Table of Socio-Demographics Stratified by Gender, Marital Status, Age, Religion and Ethnicity.

Table 1 above shows that by gender distribution, the respondents comprised of males 9(26.5%) and female 25(73.5%).

Furthermore, only 1(2.9%) is single, 26(76.5%) are married, 3(8.8%) are separated while 4(11.8%) are divorced. By Age distribution, 11(32.4%) are aged 20-35 years, 17(50%) are 36-45 years, 4(11.8%) are 46-55 years old and only 2(5.9%) are 56-65 years old.

Regarding religious affiliation, 26(76.5%) are Christians while 8(23.5%) of the caregivers are Muslim. Finally, 27(79.4%) are Yoruba while 7(20.6%) are of Igbo ethnic extraction.

IV	B	T	R^2	df	F	P.
Social support	-.16	-.98	.209	2	4.090	<.05
Parental stress	.40	2.46		31		

Table 2: Multiple Regression Summary Table Showing Predictive Influence of Social Support and Parental Stress on Resilience among Caregivers of Patients with Autistic Spectrum Disorder.

Regression summary table in Table 2 above reveals that social support did not significantly predict resilience B= -.16, t= -.98, P> .05. This means that social support does not influence resilience among caregivers. Conversely, the table shows that stress has a significant influence on resilience B= .40, t= 2.46, P< .05. Finally, it further revealed that both social support and parental stress jointly significantly predict resilience R= .209, F (2,31)= 4.09, P<.05.

	Gender	N	Mean	SD	df	t	P
Resilience	Male	9	17.33	2.55	32	-2.842	<.01
	Female	25	19.40	1.58			

Table 3: Independent Samples T-test showing Gender Differences in Resilience among Caregivers of Patients with Autistic Spectrum Disorder.

Table 3 above showed that there is significant influence of gender on resilience t(32) = -2.842, P<.01. This implies that female caregivers (mean=19.40) of patients with autistic spectrum disorder reported greater resilience than their male counterparts (mean= 17.33).

Source	Sum of Square	Df	Mean Square	F	P
Age	42.82	3	14.27	4.746	<.01
Religion	31.64	1	31.64	10.524	<.01
Age X Religion	38.67	2	19.33	6.429	<.01
Error	81.19	27	3.01		
Total	12225.00	34			

Table 4: 4 X 2 ANOVA summary table showing main and interaction influences of age and religion on resilience among caregivers of patients with autistic spectrum disorder.

Results on Table 4 above showed that age significant main influence on resilience F(3,27) =4.746; P<.01. Also, it is shown that religion (Christianity and Islam) has significant main influence on resilience F(1,27) =31.64; P<.01. Similarly, there was significant interaction influence of age and religion in resilience F(2,27) =19.33; P<.01.

Discussion

The result of the analysis revealed that social support did not significantly influence resilience among caregivers of patients with autistic spectrum disorder. This study contradicts the findings that revealed that social support is important in promoting resilience (Fischer et al., 2007; Bayat, 2007; Ruiz-Robledillo et al., 2014; Karaman and Efilti, 2019). This finding also contradicts the idea that Africans put high regards and importance on the supportive roles of close relations in times of adversity, however, it is also possible that his importance eventually vanish when faced with rejection, stigmatization and discrimination which comes with having a child with ASD (Oti-Boadi et al., 2020). These discriminations and rejection suffered at the hands of close relations could potentially subdue

the perception of support from friends and family, thus affecting the resilience of parents/caregivers.

Result of data analysis further revealed that resilience was significantly influenced by stress among caregivers. The finding is in consistence with the findings of Hayes and Watson (2013) that discovered that caregivers with high stress levels tend to seek for ways to build coping strategies. This search leads them to finding all possible way of obtaining resilience.

Surprisingly, the direction of regression between stress and resilience showed that an increase in stress levels also predicted an increase in resilience. Studies have reported similar findings, that individual who exposed to higher levels of stressful situations had higher levels of resilient outcomes than those with stressful situations (Bonanno et al., 2007). Possibly, caregivers, consistent with human nature to adapt to stressful situations, may have developed routes to mobilize resilience enhancing resources. Perchance, parents may have higher expectations for their children, but the knowledge of their children's developmental limitations may reduce their expectations and thus lead to a level of acceptance and consequent ability to cope and manage the stress associated with catering for a child with special need. Supporting this thought is Opoku et al., (2020) who reported that "caregivers of children with intellectual disability in Ghana have lowered expectations and thus reported higher wellbeing compared with parents who have no children with special need". The diminished expectation of the children may have indirectly impacted the resilience of parents in this study. This calls for more future research to investigate the direct and indirect effect of parental expectations on wellbeing outcomes amongst parents of children with special needs.

Result also revealed that there is significant influence of gender on resilience among caregivers of autistic spectrum. The findings of the study are in tandem with findings of previous research that shows that gender differences in resilience factors are guided by the notion that men and women have different personality trait that influence the way they cope with adversity. For instance, men tend to communicate less during the time of adversity and they end up getting less help and empathy as compared to women who communicate more and earn empathy and other types of support (Sun & Stewart, 2007; Mann et al., 2004). Women tend to utilize familial and community protective factors, while men depend more on individual protective factors (J. Sambu & Mhongo, 2019). This gender difference in approach to building resilience may explain why women reported higher resilience in this study.

Further, there is a significant main and interaction influence of age and religion on resilience among caregivers of patients with autistic spectrum disorders. This finding is consistent with past perspectives on resilience by Adekanye (2018) who reported that "resilience is often a factor of different forces such as experience, personality, age and even spirituality". These could be that older people have experiences lots of adversities have leant better ways of coping with adversities and traumatic events findings could be explained by the indications that the older adults may have experienced other different forms of traumatic events as such, develop higher resilience. Similarly, it is not surprising that religion strongly influenced resilience in this study; Nigerians often draw strength from their religion and engage in more spiritual activities such as praying, reading of the holy books etc. Therefore, this finding seems to support this age long behaviour.

Conclusion

In conclusion, in the cause to investigate the factors impacting the resilience of caregivers of autistic spectrum disorder individuals, the following conclusions were made: While social support did not emerge as a strong predictor of resilience, parental stress played a significant role. Gender appeared to influence resilience, with females showing higher scores, possibly reflecting traditional caregiving roles. However, there was significant interaction influence of age and religion on resilience among these caregivers.

Recommendations

Based on the results obtained, the following recommendations were put forward: There is a need for government agencies to develop support programs specifically designed by psychologists and medical practitioners for caregivers of children with autism. These programs should consider the unique stressors and needs of caregivers, focusing on strategies to manage parental stress effectively. Government and non-governmental agencies should implement interventions that help caregivers enhance their resilience, particu-

larly female caregivers. Provide training and resources that address coping strategies, self-care, and stress management to help them meet the demands of caregiving. Raise mental health awareness about autism and the challenges faced by caregivers among religious and community leaders. Encourage supportive and inclusive practices within religious communities to offer emotional and social support to caregivers, regardless of their religious affiliation.

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