PERCEIVED SOCIAL SUPPORT AS A PREDICTOR OF PARENTING STRESS AMONG PARENTS OF CHILDREN WITH AUTISM IN LAGOS, NIGERIA

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ABSTRACT
Autism is a chronic condition characterized by deficit in social relations, communication challenges and a tendency to engage in repetitive behaviours. Parents caring for autistic children are overwhelmed and exposed to chronic stress exacerbated by psychological variables. Previous studies have investigated child and parents' factors in relation to abuse of these children. However, little is known about the influence of perceived social support on parenting stress of parents of children living with autism. Ex-post-facto, using the cross-sectional design was adopted and data was gathered from randomly selected parents of autistic children, attending Federal Neuro-Psychiatric Hospital Annex in Oshodi, Yaba, Lagos. Gender distribution of the parents revealed that most of them 71.4% were females, while the other 28.6% were males. Findings revealed that parents of children living with autism with low perceived social support (M=110.66, S.D= 5.88) were not significantly different in the level of parenting stress when compared to parents with high perceived social support (M=110.72, S.D =5.47). This demonstrates that there was no significant difference in the parenting stress as reported by parents of children living with autism with low and high level of perceived social support (t (47) = -.037, p>.05). Recommendations and suggestions were made from the findings of the study.

INTRODUCTION
Parenting stress is the conflict between the desire that parents have for themselves and her/his child in connection to the truth and this, along these lines, every now and again envelops troublesome circumstances which are made by convictions, needs and conduct (Crnic, Look & Hoffman, 2005). It is additionally the overabundance uneasiness and pressure that is specifically identified with the part of parenthood and the immediate care-giving collaboration. Parenting stress may likewise come about because of the recognition that the necessity of care-giving surpasses a few parents' assets (e.g. individual, physical, mental, and monetary assets) because of the mind-boggling care-giving obligations engaged with bringing up a child with a formative handicap.

The antecedents for the development of parenting stress are multidimensional and traceable to three major domains. The initial two includes either parental figures' distress and troublesome child qualities or both. These two spaces can likewise collaborate to make a third area and which is a broken parent-child interaction and any distress in these areas may trigger parenting stress as indicated by Abidin (1995).

Autism is a life-long formative disability of varying severity and is characterized by qualitative impairments in communication, reciprocal social interaction and the presence of restricted and repetitive behaviours and interest (Lin, Mazarati, Katsumori, Sankar & Wasterlain, 2011). A child with autism will have delay in speech and may have difficulty in learning language. Social relatedness is impaired which means that the child has difficulty in making eye contact and avoids social contact and is unable to take on the perspective of others or empathize. A child with autism can become distressed by changes in schedules and routines and physically, the children may have a distinctly repetitive body movement that incorporates pacing, hand-fluttering or finger-flicking and shaking (APA, 2005). Children on the autism spectrum may have fits of rage and imprudent practices with constrained security mindfulness (Shaffer, 2012). This social shortage in autism is set apart by absence of utilization of non-verbal practices, deficiency in peer connections, an absence of trying to share happiness, interests or accomplishment with others

and a general absence of social or passionate correspondence (Lasgaard, Ericksen, Goosens & Nielsen, 2009). They will require minding at a higher level and within an increased timeframe in contrast with normally developing children. The child's behavioural issues according to research are one of the indicators of parenting stress (Estes, Munson, Dawson,Koehler, Zhou & Abbott, 2009).

The child's challenging behaviours, apart from posing direct problems by endangering the safety of the child or others or causing material damage, may also lead to the parent's isolation by their community (Worcester, Nesman, Mendez & Keller, 2008). In addition, these parents often feel helpless when their attempts at calming their children during tantrum fits are met with completely unpredictable and incomprehensible responses. Impaired adaptive functioning, including lower daily living skills, may also add to the stress experienced by parents (Fitzgerald, Birkbeck & Matthews, 2002). These children with low level of self-mind abilities require care over an extended period in everyday duties such as getting dressed, eating and cleanliness.

The stress experienced by parents is additionally connected with problems affecting various areas that include their emotional and affective regulation, and circadian rhythm. Self-report studies have established that children with autism show more negative feelings than children with mental disability and typically developing children. A relationship has been found to exist between child attributes as touchiness, social withdrawal, hyperactivity and resistance, and the level of parenting stress in mothers (Tomanik, Harris & Hawkins, 2004).

In Africa, Kanner (1943) announced the primary occurrence of autism while after three decades, Longe (1976) and Lotter (1978) revealed rates of autism in Ghana, Nigeria, Kenya, Zimbabwe, Zambia and South Africa with the pervasiveness rates put at 0.7%. Pockets of concentrates in Africa, for instance, Seif, Habib, Noufal, Farrag, Bazaid, Al-Sharbati, Badr, Moussa, Essali, and Gaddour, (2008) have uncovered that the pervasiveness rates for Tunisia at 11.5 of children, Egypt at 33-6%. In Nigeria, be that as it may, there is no focal registry for autism; Bakare, Igwe, Odinka, and Iteke, (2011) completed a doctor's facility-based research which discovered 0.8% prevalence rate among clinic visits in one year.

Parenting autistic child(ren) alone comes with more than enough stress. However, all things being equal, there are salient factors that could either increase or decrease parenting stress. Social support has been considered as one positive variable that could reduce parenting stress (Tomanik, Harris & Hawkins, 2004). This study therefore identified perceived social support as a factor that could influence parenting stress of autistic children.

Social support is composed of emotional and instrumental support. As defined by Fischer, Corcoran and Fischer (2007), it is an advocative interpersonal process characterized by reciprocal exchange of information, it is context specific, and it results in improved mental health. Social support can also be described as relating to human society, the interaction of the individual and the group, or the welfare of human beings as members of society social institutions. Support is the perception and actuality that one is cared for, has assistance available from other people, and that one is part of a supportive social network. These supportive resources can be emotional (e.g., nurturance), tangible (e.g., financial assistance), informational (e.g., advice), or companionship (e.g., sense of belonging) and intangible (e.g., personal advice). Hence, social support can be measured as the perception that one has assistance available, the actual received assistance, or the degree to which a person is integrated in a social network.

Social support means having friends and other people, including family, to turn to in times of need or crisis to give you a broader focus and positive self-image (Bada & Fashola, 2017). Social

support enhances psychological wellbeing and provides a buffer against adverse life events. Social support can take different forms, which could be; emotional (sometimes called non-tangible) support refers to the actions people take to make someone else feel cared for; Instrumental support refers to the physical, such as money and housekeeping, and; Informational support means providing information to help someone.

High levels of parental stress have been associated with impaired mental health, poorer quality of life, and dissatisfaction with the social support perceived by the parents or primary caregivers of children with CP (Al-Gamal & Long, 2013; Guyard et al., 2011). Social support seems to both prevent and attenuate stressful situations, and its absence can lead to feelings of abandonment, sadness, and anger, which can have negative repercussions for the family's experience in the face of disability (Polita & Tacla, 2014; Whittingham, Wee, Sanders, & Boyd, 2013). The relevance of social support for families of children with CP was noted in a literature review conducted by Oliveira and Dounis (2012). These authors performed a search for Brazilian articles published from 2000 to 2010, and only 18 studies met the selection criteria.

Following the review of literatures therefore, the study will test whether parents of children living with autism who perceive low social support will significantly score higher on parenting stress than parents of children living with autism who perceive a high level of social support.

Another hypothesis will be tested on whether there will be a significant difference between high or low perceived social support scores on the different subscales of the parenting stress subscales.

METHODS

Research Design

This study adopted cross-sectional survey, through ex-post factor design. The study investigated the influence of perceived social support on parenting stress among parents of child(ren) living with autism. The independent variable was perceived social support, while the dependent variable was parenting stress.

Setting

Federal Neuro-Psychiatric Hospital was the setting of the study. Specifically, the study utilized psychology unit of the child and adolescent clinic of the federal neuro-psychiatric hospital, located in Oshodi, Lagos state. The center is dedicated to the care of mental health issues in children as well as adolescents.

Sampling Method

Random sampling method was the sampling choice as parents were randomly selected from the informal autism registry of the child and adolescent clinic of the federal neuro-psychiatric hospital annex in Oshodi, Yaba, Lagos state.

Instrument

Section A: Demographic information

Demographic factors: Section A contained the demographic variables of age, sex, employment status, and years of education, family type, length of time of autism diagnosis, prior psychological intervention and number of autistic children in the household.

Section B: Perceived Social Support

Social support was measured with the Multidimensional Scale of Perceived Social Support developed by Zimet, Dahlem, Zimet, & Farley (1988). It is 12-item self-reporting scale delineated into the sources of social support namely family, friends and significant other. The reliability coefficient as reported by the authors ranged between 0.81 to 0.98, however, the Cronbach Alpha for this study is 0.96. The Multidimensional Scale of Perceived Social Support is 7-point scale with responses ranging from very strongly agree to very strongly disagree.

Section C: Parenting children living with autism scale

Parenting stress among parents of children living with autism will be measured using the Autism Parenting Stress Scale that was developed and validated for this study. It was used to measure stress inducers leading to parenting stress in parents of autistic children. It is a 29-item self-report instrument with 5 subscales designed to measure stressors emanating from; General psychosocial distress, socio-emotional distress, hopelessness, disruptive physiological symptoms and long-term disruptive dependency. The Cronbach's coefficients are ranged from 0.94 to 0.94 to 0.89 to 0.8 to 0.79 respectively. The instrument achieved a 0.95 Cronbach Alpha for this study. Split half reliability of (r = 0.92) and (r = 0.93) were reported for all items i.e. (15 item) and (14 item) respectively. Scores below the norm indicated a low parenting stress score and a score above the norm indicated high parenting stress.

Procedure

The researcher undertook and completed the basic course on human subject research curriculum from West African Bioethics training programme and was certified by the Collaborative Institutional Training Initiative (CITI). A research proposal was written to the ethical board of the Federal Neuro-Psychiatric Hospital Yaba. Ethical approval and permission to undertake research was obtained. The psychological unit provided 2 NYSC graduates of psychology as research assistants on request of the researcher, who were trained on the mode of actualizing the study. The major areas covered during the training session included establishment of rapport, administration of scales, voluntary participation, empathy (not sympathy) as they were a vulnerable group, and respect for the parents. The last area (respect) was emphasized as the parents had communicated feelings of perceived stigmatization during the FGD sessions, hopelessness and being beaten down. The Research Assistants (RAs) were used only for data collection for initial screening for parenting stress among the parents of children living with autism.

RESULTS

This section covers the data analysis and interpretation of gathered data.

Table 1: Descriptive Statistics of Socio-Demographics

Variable	Response	Frequency	Percent (%)
Age	20-24 years	11	22.4
	25-29 years	16	32.7
	30-34 years	14	28.6
	25 years and above	8	16.3
Gender	Males	14	28.6
	Females	36	71.4
Employment status	Currently employed	27	54
	Self-employed	17	34
	Pensioner	1	2
	Unemployed	5	10
Length of autism diagnosis	1-3 years	28	55
	4-6 years	18	35
	Above 6 years	5	10
Years of education	0-6 years	5	10
	6-12 years	22	43
	Above 12 years	24	47
Family type	Monogamous	38	76
	Polygamous	8	16
	Single parent	4	8
Previous psychological intervention	Yes	19	37
	No	21	41
	Don't know	11	22
Number of autistic children	One	46	92
	Two	4	8
Total		**50**	**100**

Table 1 presents the socio-demographic information of respondents. According to age distribution, parents' of children living with autism who participated in the study were mostly young parents who are within ages 25-29 years (32%), the next group were participants who were 28.6% were within ages 30-34years and the youngest group of ages 20-24 had 22% of the parents being in the group while 16.3% 0f the group were parents that literature refers to as older parents or parents within the age range of 35 years and above. As regards gender distribution of the parents, most of them 71.4% were females, while the other 28.6% were males. Employment status frequency showed that more of the respondents 54% were currently employed by either a state owned or federal institution, while 34% were self-employed or owners of businesses, 10% are unemployed while the other 2% are pensioners.

As regards length of time of autism diagnosis, more of the respondents 55% indicated that they had their formal autism diagnosis in the last 1-3years, while 35% had their children formal autism diagnosis in the last 4-5years, while the other 10% of the participants had their children formally diagnosed as autistic in the last 6years. As regards years of education, more of the parents of children living with autism 47% had above 12 years of formal education, 43% had between 6 and 12 years of formal education, while the other 10% had between 0 and 6 years of formal education. Also, frequency distribution for family type showed that more of the parents 76% were in

monogamous married relationships, 16% were in a polygamous marriage, while the other 8% were single parents.

Further, as regards frequency distribution for psychological intervention, more of the respondents 41% indicated not to have heard any psychological intervention in the past, 37% indicated to have had previous psychological intervention, while the other 22% do not know. Finally, an overwhelming proportion of the respondents 92% had only a child living with autism while 8% had more than one autistic child in the household.

Hypothesis one stated that parents of children living with autism who perceive low social support will significantly score higher on parenting stress than parents of children living with autism who perceive a high level of social support. This was tested using t-test for independent groups. This hypothesis was tested and the result presented in Table 2;

Table 2: t-test summary table showing difference between Parents of children living with autism with low and high level of perceived social support on parenting stress

	Social support	N	$\overline{X}$	SD	df	T	P
Parenting Stress	Low	27	110.66	5.88	47	-.037	>0.05
	High	22	110.72	5.47			

The result in table 2 above shows that parents of children living with autism with low perceived social support (M=110.66, S.D= 5.88) were not significantly different in the level of parenting stress when compared to parents with high perceived social support (M=110.72, S.D =5.47). This demonstrates that there was no significant difference in the parenting stress as reported by parents of children living with autism with low and high level of perceived social support (t (47) = -.037, *p*>.05) . Thus, this result implies that perceived social support did not influence the level of parenting stress among parents of children living with autism in the study. The hypothesis is thus rejected.

Hypothesis two stated that there will be a significant difference between high or low perceived social support scores on the different subscales of the parenting stress subscales. This was tested using t-test for independent samples and the result is presented on Table 3;

Table 3: t-test summary table showing differences between respondents with low and high level of perceived social support on the subscales of parenting stress

	Social support	**N**	$\overline{X}$	**SD**	**DF**	**t**	**Sig**
Parenting stress	Low	27	107.59	5.9			
	High	22	107.64	5.8	47	-.03	>.05
General psychological distress	Low	27	31.26	4.30			
	High	22	30.41	4.27	47	.69	>.05
Socio emotional distress	Low	27	43.56	3.45			
	High	22	43.64	3.78	47	-.08	>.05
Hopelessness	Low	27	14.11	1.42			
	High	22	14.64	.66	47	-1.60	>.05
Disruptive physiological symptoms	Low	27	11.89	1.09			
	High	22	11.55	1.18	47	1.06	>.05
Long termed disruptive dependence	Low	27	9.85	2.57			
	High	22	10.50	2.15	47	-.94	>.05

The results shows that respondents with perceived low social support (M=107.59, S.D=5.87) were not significantly different in the reported level of parenting stress compared to those with high (M= 107.64, S.D=5.80) thereby, demonstrating that there was no significant difference in the parenting distress reported by respondents with either low or high perceived social support (t (47) = -.03,

p>.05). This result implies that perceived social support did not influence the level of parenting stress among the respondents sampled. This is more so independently with respect to general psychological distress, respondents with perceived low social support (M=31.26, S.D=4.30) were not significantly different in the level of parenting stress compared to those with high (M= 30.41, S.D=4.27) indicating that there was no significant difference in the prediction of general psychological distress by perception of low and high social support by respondents (t (47)= .69, p>.05). This result implies that perceived social support did not influence the level of general psychological distress.

Likewise, respondents with perceived low social support (M=43.56, S.D =3.45) were not significantly different as a predictor of parenting stress in the aspect of socio-emotional distress when compared to those with perceived high social support (M= 43.64, S.D =3.78). This indicated that there was no significant predictor of socio emotional distress as reported by respondents with low and high social support (t (47) = -.08, p>.05). The result implied that social support did not influence the level of general psychological distress.

Additionally, there was no significant difference in the hopelessness reported by respondents with perceived low or high social support (t (47) = -1.60, p>.05). The result implied that social support did not influence the level of hopelessness.

Also, there was no significant difference in the disruptive physiological symptoms reported by respondents with perceived low and high social support (t (47) = 1.60, p>.05). The result implies that social support did not influence the level of disruptive physiological symptoms.

Finally, there was also no significant difference in the long termed disruptive dependence reported by respondents with perceived low and high social support (t (47) = -1.60, p>.05). The result implied that social support did not influence the level of long termed disruptive dependence. The hypothesis is rejected.

CONCLUSIONS AND RECOMMENDATIONS

The study discovered that perceived social support was no significant determinant of parenting stress and its subscales. This finding may be because perception is not reality as aspects of cognition play a role in reality while with perception; there may be a flaw in processing of information. Social support is very dynamic and it fluctuates easily. Perception of the adequacy of social support is influenced by the intensity, durability, reciprocity, and frequency of contacts. The level of supportiveness and multidimensionality in relationship additionally help to shape perception of support. When informal support is deficient, parents can experience stress, isolation, depression, doubts, and experience less positive outcomes. According to Caplan, Cobb, Feench Van Harrison and Pinneau (1975), an inverse relationship between social support and stress was reported.

The findings are similar to that of Erguner- Tekinalp and Akkok (2004) who found that perceived social support was not implicated in stress and coping among parents of autistic children. In this study, the level of difference between both groups was not significant. This result also seem to agree with Kessler and McLeod (1985) who found that although the social support functions performed by significant others have strong influence on mental and emotional health, it does not buffer against the physical or emotional impacts of stressful life events. The interpretation of this finding is that since social support refers to the experience of being valued, respected, cared about, and loved by significant others, there is a significant negative relationship in the presence of an emotionally draining undertaking such as caring for a child living with autism and its attendant feelings of stigmatization and other debilitating symptoms of autism. Sarafino (2002) explains that the buffer social support provides may modify responses to a stressor after initial appraisal.

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