

Determination of Parents' Resilience with Autistic child in Baghdad City

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Summary:

Background: Many parents of autistic child do well despite their child's disability, they have the ability to withstand hardship and rebound from adversity, and becoming more strengthened, parents have managed to overcome the constant challenge by using their resilience to adapt well in the face of adversity.

Objectives: The study aimed to assesses the level of parents' resilience with autistic child and to find out the relationship between parents' resilience and some child characteristics such as child gender, child age, child age at diagnosis, type and place of treatment; also to the parents characteristics such as parents' gender, age, mother age at child birth, educational level, marital status, occupation, income, number of children in the family, and number of autistic children in the family.

Patients and Methods: A Descriptive analytical study was carried out from May 25, 2009 to June 20, 2010 in order to determine parents' resilience in dealing with the impact of raising a child with autism. A purposive (non-probability) sample of (100) parents raising a child with autism who was attending the out patient psychiatric clinic at Child's Central Teaching Hospital in Baghdad City. Data was collected by filling the questionnaire. The questionnaire form consist from two parts; the first part is concerned with the demographic characteristics of the child and demographic characteristics of the parents; the second part consists of six domains of resilience and contains 34 items that describe the parents' resilience.

Results: Results of the study indicate that parents of autistic child experience moderate level of resilience level of resilience; also there were significant differences between parents' resilience and types and place of treatment, mothers' age at child's birth, level of education, and income.

Conclusions: The study concludes that parents have to face burden to provide necessary care for their child; despite the many difficulties associated with autism; they can maintain a solid familial life style.

Key words: Parents' Resilience, Autistic child.

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Introduction:

Autism is a complex brain development disorder characterized by impaired social interaction and communication and it affects all of mental development[1]. Autism is considered to be a severe disability because of the intense lifelong effects it has on the individual and his or her family[2]. Children with autism have often been considered strains on family life, but recent studies demonstrate the resiliency of families who have a child with autism. Parents face a world of challenges with everything from keeping themselves healthy and happy[3]. Having a child with autism also influences family functioning and life changes, parents are more likely to use coping strategies that may have negative impact on the family relationship. Many families make a remarkable adjustment to this situation, but still suffer from their autistic child[4]. Harris and Glasberg (2003) explain that several families of children with autism demonstrate an impressive sense of resilience and strength in their experience, learning to balance hard demands with grace and humor[5]. Resilient parents of a child with autism invariably seek to develop the necessary skills to deal with their

child's atypical behaviors. To succeed or to surpass the risk associated with adversity parents must draw upon all of their resources: biological, psychological, and environmental[6]. Therefore, the researcher highlights the family role to find themselves dealing with additional challenges to cope and accept modification, and minimizing the impact of autism on parents by helping them to adjust their expectation to their child.

Patients and Methods:

A Descriptive analytical study was carried out from May 25, 2009 to June 20, 2010 in order to identify the parents' resilience in dealing with the impact of raising a child with autism. A purposive (non-probability) sample of (100) parents raising a child with autism who were attending the out patient psychiatric clinic at Child's Central Teaching Hospital in Baghdad City. Prior to actual collection of data, formal approval was obtained to conduct the study from Ibn- Rushud Psychiatric Hospital and Child's Central Teaching Hospital. Data were collected through the use of the questionnaire was designed and constructed after reviewing related literatures, clinical background, previous studies and based on Family Resilience Scale (FRS) by (Sixbey, 2005) [7]. Family Adaptation and

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Cohesion Evaluation Scale III (FACES III) by (Olson et al., 2004) [8].The questionnaire form consist of two parts; the first part is concerned with the demographic characteristics of the child and demographic characteristics of the parents; the second part consists of six aspects of resilience and contains 34 items that describe the parents’ resilience. The result of the resilience aspects was measured according to the following mean of score (< 1.5) low, (1.5-1.9) Mild, (2- 2.4) moderate, and (2.5-3) high. The items of the present study questionnaire were selected from different above instruments were translated to the Arabic language. Translation validity was achieved through the process of forward and backward translation and forward to the expert from College of Languages /University of Baghdad.The validity of the questionnaire was obtained

through a panel of experts and the reliability was achieved through the application of alpha Correlation coefficient (r=72) which was statistically acceptable. Data was analyzed through the application of the descriptive statistical analysis (frequency, percentage, mean, and mean of score) and inferential statistic (person correlation coefficient, stepwise regression).

Person’s Correlation =
$$r = \frac{n\sum x_i y_i - (\sum x_i)(\sum y_i)}{\sqrt{[n\sum x_i^2 - (\sum x_i)^2][n\sum y_i^2 - (\sum y_i)^2]}}$$

Regression Equation(y) = $a + bX$
 Slope (b) = $(N\sum XY - (\sum X)(\sum Y)) / (N\sum X^2 - (\sum X)^2)$
 Intercept(a) = $(\sum Y - b(\sum X)) / N$

Results:

Table (1), Distribution of Child’s Demographic Characteristics

CHILD CHARACTERISTICS	NO. (%)
1.Age (years) Mean= 6.12 , SD (2.72)	
• 3-7	63 (63.0)
• 8-12	34 (34.0)
•13-17	3 (3.0)
2.Gender	
•Male	84 (84.0)
•Female	16 (16.0)
3.Age at Diagnosis(years) M=3.59 ,SD (1.99)	
•3-7	94 (94.0)
• 8-12	5 (5.0)
•13-17	1 (1.0)
4.Type of Treatment	
• Drugs	30(30.0)
• Drugs and Training	70(70.0)
5.Place of treatment	
• Governmental	31(31.0)
• Governmental and Non –Governmental	69(69.0)
Total	100

No. Numbers, % = Percentage, M=Mean, , SD=Standard Deviation

Table (1) indicates that (63 %) of Autistic children are at age group (3-7) years old, and the majority of them (84 %) are male, most of them (94 %) are diagnosed at age 3-7 years old.

Also the table shows that (70 %) of the Autistic children have drugs and training treatment, and (69%) of them were attending Governmental and non- Governmental place for treatment.

Table 2: Distribution of Parents Demographic Characteristics

PARENTS CHARACTERISTICS	NO.(%)
1.Age (years) M =39.11 , SD (7.85)	
• 20-29	11(11.0)
• 30-39	49(49.0)
• 40-49	37(37.0)
• 50-59	3(3.0)
2.Gender	
• Male (father)	31(31.0)
• Female (mother)	69(69.0)
3.Mother Age at Child Birth (years) M=30.71,SD (5.86)	
• ≤ 20	11(11.0)
• 21-30	47(47.0)
• 31-40	37(37.0)
• ≥ 41	5 (5.0)
4.Marital Status	
• Married (still live together)	97(97.0)
• Widowed	3(3.0)
5.Educational Level	
• Primary school	5(5.0)
• Intermediate school	6(6.0)
• Secondary school	14(14.0)
• Institution	18(18.0)
• Bachelor	46(46.0)
• Postgraduate	11(11.0)
6.Income	
• Sufficient	12(12.0)
• Barely sufficient	42(42.0)
• Insufficient	46(46.0)
7.Occupation	
• Employee	50(50.0)
• Retired	10(10.0)
• Earner	7(7.0)
• House wife	33(33.0)
8.Number of Children in the Family	
• 1-2	40(40.0)
• 3-4	40(40.0)
• 5-6	20(20.0)
9.Number of Autistic Child in the Family	
• One child	98(98.0)
• Two children	2(2.0)
Total	100

No. Numbers, % = Percentage, M=Mean, SD=Standard Deviation

Table (2) shows that (49 %) of Autistic parents are at age group (30-39) years old, (69 %) of them are female (mother), and the majority of mother age at child birth (47 %) are at age group (21-30) years old, (97 %) are marriage, (46 %) are at bachelor level of education, (46 %) have insufficient income, (50 %) are Employee, (40 %) of them have (1-3) and (3-4) children, and (98 %) have one Autistic child in the family.

Table 3: Distribution of the Sample according to Level of Parents> Resilience by Mean of Score.

No.	Response Resilience aspects	MS	Level
1	Family cohesion	2.48	Moderate
2	Social resources	1.81	Mild
3	Positive outlook	2.39	Moderate
4	Financial resources	2.17	Moderate
5	Spiritual beliefs	2.49	Moderate
6	Making meaning of adversity	2.60	High
Average mean of score		2.32	Moderate

MS=Mean of score (< 1.5) low, (1.5-1.9) Mild, (2- 2.4) moderate, and (2.5-3) high.

Table (3) reveals that parent>s experienced resilience in family cohesion is at moderate level MS: (2.48) .In regard to resilience in social resources MS: (1.81) which means that their resilience is at mild level , this result reflects that parents have no support from human organization. While the positive outlook is at

moderate level MS: (2.39) According to the resilience in the financial resources the sample represent moderate level of resilience MS: (2.17). Spiritual beliefs are also at moderate level MS: (2.49) . Making meaning of adversity has more resilience than other resilience domains; MS: (2.60) .

Table 4: Pearson's Correlation Coefficients for the variable underlying the present study

Independent Variables	Parents' resilience
Child gender	.149
Child age	.108
Child age at diagnosis	.092
Type of treatment	.273**
Place of treatment	.283**
Parents gender	.005
Parents age	.008
Mother age at child birth	.256*
Parents educational level	.106
Marital status	.073
Income	.030
Occupation	.012
NO. of children in the family	.097
NO. of autistic children in the family	.093

**Correlation is significant at the 0.01

*Correlation is significant at the 0.05

Table (4) indicates that there were significant correlation between type and place of treatment with parents> resilience, and there were significant correlation between mother ages at child birth with parents> resilience.

Discussion:

Parents of children with autism frequently experience a higher level of emotional distress due to providing care to these children, Even though many researchers have studied children with autism and their impact on parent's well-being[5]. In consistent with pervious study of (Bromely et al., 2004,) who mentioned that 80 % of their sample was male, 20% were girls, 59% of them at age 5-11 years [9]. Strock et al.,(age and symptoms of Autism may be observed in children by 18 months or even on year[10]. This fact emerges due to that children with some forms of Autism, such as Asperger's syndrome, may not be identified at a young age and instead receive a diagnosis at later age when their symptoms become more sever. Also

Table 5: Stepwise Regression for Predict the Effect of demographic variable on Parents' Resilience

Model	Un standardized Coefficients		Standa-rdized Coeffi-cients	t	Sig.
	Beta	Std. Error	Beta		
Constant	82.863	1.291		64.202	.000
Place of treatments	1.476	.505	.283	.2.920	.004
Adjusted R. Square: .071 F: 8.529 P-Value: .004					

- a) Predictors (constant), Place of treatments
- b) Dependent variables: Parents> Resilience

The findings reveal that there are significant relationships between place of treatments and parents' resilience at $P \leq 0.05$. 2004) who affirm that Autistic children can often be reliably diagnosed in children by the two or three years ,

this finding suggests that may be include changes in diagnosis criteria increase a awareness of condition mong parents, medical, and education professionals. Table (1); showed agreement with pervious study of Montes and Halterman (2008) found that (97 (%of diagnosed preschool-aged children with autism were cared for in community settings ,often with multiple arrangements that typically included preschool, nursery ,school ,or kindergarten[7]. Table (2); is consistent with pervious study of Tomislav et al., (2003) who found in their survey that arents of autistic children were younger than fifty ears old [11] . Yuen &Wai (2003) indicated that 77.5% of their sample were females (mothers)[12] .DeNoon (1010) stated that women aged 35- 39 years are 30%more likely have a child with

autism[13]. Ann (2002) found that 61% of parents with autistic child were married, and had both parents at home[14]. Bayat (2007) pointed out that 64% of parents with Autistic child were at college degree[15]. Jarbrink et al., (2003) reported that out of pocket educational expenditures paid by parents (private schooling, occupational and behavioral therapy services) [16]. Bromley et al., (2004) reported that 69% of parents had working full time, 32% of them had working part time, and 54% had looking after family[9]. Amy et al., (2001) mentioned that 36% of the parents had one child 38% had two children, and 2-7 had 3-4 children[17]. Jennifer et al., (2006) found that 15% of their sample has more than one autistic child in the family[18]. Several families of children with autism were demonstrated sense of resilience and strength in their experience, learning balance hard demands with grace and humour [5]. Resilience does not come from rare and special qualities but is drawn from an inner strength[19]. Analysis of the current study shows that family cohesion is at moderate level; (table 4) This results of current study may be due to that coming together as family might promote their ability to overcome hardship, these findings are inconsistent with studies of (Nassef, 2006; Hallahan&Kauffman, 2006); which demonstrate the independent of positive effect of resilience, which protect family from maladaptive response to distress[20,21]. Sivberg (2002) inferred that a strong sense of cohesion would assist parents to better cope with daily task in parenting a child with autism[4]. Family functioning, cohesion and adaptability for the majority of the families were moderately balanced and rather healthy, on the other hand Hutton and Carron (2005) mentioned that some level of dysfunction existed in the families, specifically in relation to cohesion, and rated these families high in conflict and control[22]. Social support plays an important role in reducing strain experienced by parents of autistic child. In present study we found that social resources are at mild level of resilience. A previous study has shown that respite care can provide a temporary break for long-term parents to reduce their burden and stress [23]. Dunlap and Fox (1999) have confirmed that family support providers can deliver extremely valuable assistance; they maintain that programs designed for children with autism and their parents have facilitated their confidence and improved their effectiveness in parenting[24]. The overall family process for positive outlook is the belief of hope, that a positive future is possible[25]. Parents of children with autism were found to find the resilience of believing in positive things, because they began to understand they were not limited to only negative choices in life[26]. Our findings regarding (table 3) depicts that financial resources are at moderate level. Furthermore Herman and Marcenko (1997) mentioned that utilitarian resources, such as money greatly increase the coping options available to any person[27]. The findings of the present study may be due to that many families of children with autism have likely reported full-time (Long hours) employment especially father of these children; also they are financially planned for the future. The level of parents' spiritual beliefs as a resilience factors (table 3) shows that the level of this area is at moderate level. Having

a spiritual beliefs system appeared to be a component of resilience. Previous studies have found the power of believing in something greater than themselves is key to overcoming various adversities. Greeff and Joubert (2007) found that the most common theme identified as helping the family resilience process was taking part in the serenity prayer (family perceived Allah to have power to influence positively the outcome of traumatic events) is described as a surrendering process that allowed them to begin to trust others [28]. Table (3) shows that parents' resilience regarding making meaning of adversity is at high level of resilience and parents' of autistic child accept their problem as occurring unexpectedly. Orsmond and Seltzer (2007) found that there were a number of key factors which were associated with resilient functioning in a family, one of this factor was establishing in some meaning of adversity, and they will look at the disability as unfortunate, but they also will look at the positive impact the child with a disability has had on their family. This event may generate psychological growth and family togetherness [29]. Table 4: shows that there were significant differences between parents' resilience and types and place of treatment, mothers' age at child's birth, and there were no significant differences with other variables. This result agrees with Leskovec et al. (2008) who stated that various medications were used to treat problems associated with autism. Scientific evidence appears to matter less to service provider than programs marketing, training unavailable, and parents request [30]. Families of children with autism face many challenges, including access to a valued medical care; they have more difficulty and less satisfaction with their medical care [31]. One of the explanations for these, is that parents may be more likely to choose the governmental treatment especially drugs instead of involved their children in educational, recreational or any organizations, which need care expenditure.

The study findings demonstrate that there are highly significant differences in parents' resilience and mother's age at child's birth (table 4) This findings suggest, that young mothers who define having a child with a disability in a positive way had more successful a adaptation; they use a wide range of coping strategies, such as reaching out people, and openly expressing their feelings. Stepwise Regression for Predict the Effect of demographic variable on Parents' Resilience (Table 5) shows that there are significant relationships between place of treatments and parents' resilience at $P \leq 0.05$. Children with autism are significantly more likely to have problems regarding access to health care and unmet needs, and their parents have greater financial, employment, and time burdens. .

Conclusion: Having a child with autism is not a catastrophe for a family system and does not have to be devastating for the parents with autistic child.

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