

Understanding the Protective Factors among Mothers of Children with Autism

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Abstract: Innumerable studies have been conducted to understand the role that mothers play in the development and nurturance of the child. The role of mothers is further enhanced in the care of children with Autism Spectrum Disorders. There is a wide amount of research has been conducted in the field of Autism. A lot of the research has focused on the stress associated with bringing up a child with Autism and the comorbidity of depression, emotional problems, poor mental health etc among parents of children with Autism. Very little, if any, research has been conducted on the positive aspects, namely the protective factors. Hence, this research aims to focus on the protective factors associated with the mothers of children with ASD and the role these protective factors play in the development and growth of the child. The study was conducted on 41 mothers (20 mothers of children with Autism and 21 mothers of typically developing children) by administering three questionnaires viz. the Sense of Coherence Scale, the Brief COPE, and the BU Resilience Scale. The results were computed using an independent sample t-test. The results of the study showed that there was no significant difference between the two groups of mothers on any of the three protective factors. This shows that in today's day and age, mothers of special children are capable of successfully handling the challenges that come their way. Some of the other protective factors that appear to have played a role include age of the child, the socio-economic status of the parents, and social support.

Key words: Autism, coping, coping strategies, mothers, protective factors, resilience, social support.

1 Introduction

Autism has become a well researched area of study. According to the Autism and Developmental Disabilities Monitoring (ADDM) Network 1 in 68 children has been identified with Autism. The research also showed that there is a higher incidence of Autism in boys as compared to girls: 1 in 42 boys have Autism while 1 in 189 girls have Autism (CDC, 2010). The researchers at CDC conducted research about the prevalence of Autism over a duration of eight years (2000-2008). Among the children born between the years 1992-1994, 1 in every 150 children had Autism. However, with children born in 2002, 1 in every 68 children was diagnosed with Autism. This increasing incidence rate has given way to a huge body of research that has been conducted on children with Autism and their parents.

A large amount of the research conducted on the parents of children with Autism has focused on the role the parents play in the life of the child with Autism. As children we tend to spend most of our time with our primary caregivers, who in most situations are our mothers. Mothers play a role in the care and nurturance of the child. This role is enhanced further in the case of mothers who have children with special needs. Factors that are internal to the mother will directly influence how her child adapts to the environment and adjusts with autism. Children with autism typically have deficits in the areas of social interaction, verbal and non-verbal communication, and they engage in repetitive behaviours. The outlook of both the child and society will be directly influenced by whether the mother has a positive or negative outlook towards autism. While looking at children with autism, it is necessary to focus on the factors that are internal to the mother and how those contribute to the care she provides for her child.

It is a well known fact that looking after a child with special needs brings with it its own set of challenges. A research conducted by Diamant in 2009 shows that the mothers of children with Autism face stress that is comparable to combat soldiers. These mothers faced a constant level of chronic stress associated with a lower level of stress hormone. These mothers spend more time in care-giving than mothers with typically developing children, and are more prone to fatigue and work stress. In another study conducted by Zablotsky, Bradshaw and Stuart (2012) found that mothers of children with Autism are at a higher risk for poor mental health and increased stress. Another study found that home based care of a child with Autism is directly related to the compromising of the mental health of the caregiver (Sawyer et al, 2009). Due to the nature of ASD, children with ASD tend to have anomalous behavioral, emotional and social problems that directly impact the stress and mental health of their parents. Mothers of children with special needs tend to be more stressed than mothers of typically developing children. Hence, they are more prone to depression, anxiety and stress related problems. This can directly affect their ability to look after their child. Therefore, it becomes important to focus on the factors that are internal to the mother to understand the role they play in the development of children with autism (Thompson, 2014).

While the stress associated with having a child with special needs has been highlighted with a lot of research, there is also substantial research which throws light on the positive aspects of having a child with Autism. In a study conducted in 2007, the researchers found that parents of children with Autism were more likely to tolerate the differences in others, along with being more patient as compared to the parents of typically developing children. They were also more likely to choose a helping career. In a study

comparing the sense of competence between parents of children with Autism and typically developing children, researchers found that parents of children with Autism were positively associated with social support and self-control and negatively associated with accepting responsibility (Pisula & Kossajowska, 2010).

This is where the role of protective factors comes in. Protective factors are conditions or attributes in individuals, families, communities, or the larger society that, when present, mitigate or eliminate risk in families and communities, increase the health and well-being of children and families. Protective factors help parents to find resources, supports, or coping strategies that allow them to parent effectively, even under stress. Some of the common protective factors that have been identified include normal pre- and post natal history, secure parental attachment, high intellectual ability, involvement with peer group (Gupta, 2008).

Protective factors help the child with autism achieve a more positive outlook towards their future and life. A study conducted by Raskin (2014), the risk and resilience factors in children with learning disability were identified. Werner identified "supportive adults who fostered trust and acted as gatekeepers for the future" as an essential component in promoting positive life outcomes for children with Learning Disability. Whereas, Gerber and colleagues revealed that supportive and helpful people played a critical role in achieving success. This study identified five major protective factors that help children with learning disabilities. These were temperamental characteristics, skills and values that help them achieve their potential, parental care-giving styles, supportive adults, timely opportunities at critical points in their lives.

Resilience is one area that has been widely researched in terms of families with children with special needs. A study was conducted to understand the role of resilience in families with children with Autism Spectrum Disorders. Family connectedness, closeness, personal growth and spiritual growth have all been linked to family resilience. The results of the study found that families of children with ASD display resilience showing that the disability brings the family closer (Bayat, 2007). Resilience helps parents improve their self-efficacy, and has a positive effect on the parent-child relationship. However, there may be situations where toxic stressors are present. Toxic stress indicates that the child faces frequent and prolonged adversity without the buffering protection of adult support. Hence, these parents may display signs of anxiety, depression, hypertension etc. By helping manage their stressors, we can automatically help their children cope and manage stressors better (Centre for the study of Social Policy, 2006).

Research already shows that protective factors play a major role in most psychological illnesses. Similarly, protective factors also play a role in autism. Since children with autism tend to most time with their primary care-givers (usually their mother), it is important to focus on what are the protective factors of the mother that directly impact her child. By understanding and identifying the

protective factors in mothers, we will be in a better position to predict positive outcomes for the child as well. Also, by identifying the role these protective factors play, modules can be developed for intervention in the future. It will also have implications for therapy for both parents and children in the future.

The idea of this research is to highlight the positive aspects of autism and to understand how protective factors contribute to this. By focusing on the positive aspects, we can understand how to develop modules and learning techniques to best help children. Each child is unique, and in order to bring out their uniqueness, we need to focus on their strengths and continue to build on those strengths.

2 Methods

2.1 Objectives

- The role of demographic variables on resilience in mothers of children with autism
- The role of demographic variables on coping strategies in mothers of children with autism
- To understand the differences in protective factors between mothers of typically developing and children with Autism.

2.2 Hypotheses

H1 There will be a significant difference between the resilience of mothers of typically developing children and mothers of children with Autism.

H2 There will be a significant difference between social support of the mothers of typically developing children and mothers of children with Autism.

H3 There will be a significant difference between the coping strategies employed by mothers of typically developing children and mothers of children with Autism.

2.3 Research design

A quantitative research design was used for the purpose of this research. Quantitative research is 'Explaining phenomena by collecting numerical data that are analysed using mathematically based methods (in particular statistics)' (Aliaga & Gunderson, 2000).

2.4 Sample

For the purpose of the study, 20 mothers of children with Autism and 21 mothers of typically developing children were taken from Bangalore city. The mothers were chosen through purposive sampling from organizations in Bangalore that cater to the needs of children with autism.

Table 1

Table showing sample distribution

Number of mothers with a child with Autism	Number of mothers of typically developing children	Total
20	21	41

2.5 Tools

- Demographic sheet- the variables that will be focused on include age, socio-economic status, and occupational status.
- Bharatiar University Resilience Scale (Form A) (Annalakshmi, 2008; 2009). The questionnaire consists of 30 Likert-type statements designed to assess capacity of people to cope with stress and catastrophe, and also used to indicate a characteristic of resistance to future negative events. Positive Items are 1-5, 8-9, 12, 14-15, 18-23, 25, 27, 29 and 30. The negative items are 6-7, 10-11, 13, 16-17, 24, 26, and 28. The minimum and maximum possible on this scale is 30 and 150.
- Brief COPE (Carver, 1997) is a self report questionnaire that assesses coping behaviors and thoughts in response to specific situations. This scale has 28 items with 14 subscales. Each item is then rated on a 4-point Likert Scale, 1 being "I haven't been doing this at all" and 4 being "I have been doing this a lot". Internal reliabilities for the 14 subscales range from $\alpha = 0.57-0.90$ (Carver, 1997), and similar results have been found with a population of parents of children with ASDs ($\alpha = 0.54-0.93$) (Benson, 2009).
- Parenting Sense of Competence Scale by Jonathan Gibaud-Wallston & Lois Wandersman it is a 17 item scale that looks at two dimensions- namely efficacy and satisfaction. It was found to have high internal validity, with a Cronbach alpha coefficient of 0.79-0.9. The internal consistency for the scale was also established.

2.6 Procedure

Centers that work with children with autism in Bangalore city were approached with the research and its objectives. Once this was done, 20 mothers were chosen at random and matched with both the inclusion and exclusion criteria of the research. After this, a general demographic sheet was given to each of the mothers, along with informed consent, and confidentiality forms. After this, each participant was given three different questionnaires measuring each of the three different protective factors, and a short interview was also conducted with them. The same procedure was followed for mothers of typically developing children by approaching mothers in apartment buildings in Bangalore. Then, the results of the study were analyzed in order to establish the role of these protective factors and their impact on children with autism.

2.7 Data analysis

Descriptive analysis was used to understand the interplay between the protective factors and demographic factors. First a normality test was done for each data set. Based on the results of the normality test, parametric tests were chosen for the analysis. Independent sample t-test was then used to understand the differences between mothers of children with Autism and mothers of typically developing children, as the sample was normally distributed.

3 Results

3.1 Sample description

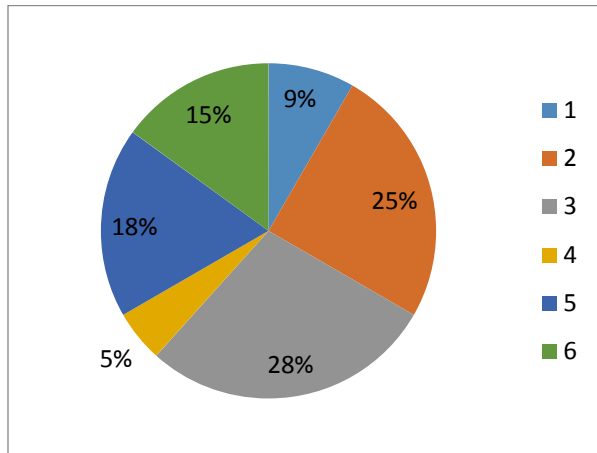
Table 1 showing the sample characteristics

Categories	Mothers of children with Autism	Mothers of typically developing children
Total number	20	21
Working	5	14
Home-makers	15	7
Nuclear families	17	15
Joint families	3	6
Single children	11	6
2 or more children	9	15

The total sample consisted of 42 mothers ($N_{\text{autism}} = 20$; $N_{\text{typical}} = 21$). The mothers were required to give their demographic details which were used for further classification. Out of the total sample of 20 mothers of children with Autism, only 5 mothers were working; while 15 mothers were home-makers. 17 of the mothers of children with Autism were residing in nuclear families, while 3 belonged to joint families. 11 mothers had only one child (i.e. a child with Autism), and 9 mothers had more than 2 children.

The total sample of mothers of typically developing children was 21. From the total sample, 14 mothers were working, while only 6 were home-makers. 15 of the mothers were residing in nuclear families and 7 lived in joint families. 16 mothers had 2 or more children while only 6 had a single child.

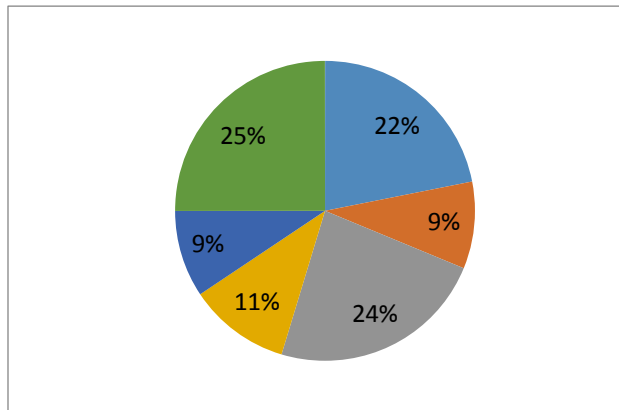
Figure 1 showing sample characteristics of mothers of children with autism



- 1- Working
- 2- Home-makers
- 3- Nuclear family
- 4- Joint family
- 5- Single child
- 6- 2 or more children

Figure 1 is a pictorial representation of the sample characteristics. The figure shows the distribution of the mothers based on their occupation (working/ home-makers), type of family (joint family/ nuclear family), and number of children (single child/ 2 or more children) specifically in terms of mothers of children with Autism.

Figure 2 showing sample characteristics of mothers of typically developing children.



- 1- Working
- 2- Home-makers
- 3- Nuclear family
- 4- Joint family
- 5- Single child
- 6- 2 or more children

The figure is a pictorial representation of the sample characteristics of mothers of typically based children based

on their occupation (working/ home-makers), type of family (joint family/ nuclear family), and number of children (single child/ 2 or more children). The figure also shows the proportion of each category in terms of the total population of mothers of children with typically developing children.

3.2 Hypothesis 1

H1 There will be a significant difference between the resilience of mothers of typically developing children and mothers of children with Autism.

Table 1 showing normality scores for Coping

Variable	W	df	Sig.
Brief COPE	.91	20	.07
	.97	21	.74

As the results of the Shapiro-Wilk test of normality showed that the sample was normally distributed, parametric independent sample t-test was done for the data. The results of the same are given in the table below ($p > 0.05$).

Table 2 showing independent sample t-test for coping

Variable	N	M	S.D.	T	df	P
Brief Cope	20	63.70	9.36	.93	39	.36
	21	60.76	10.76			

The results of the study indicated that there was no significant difference in terms of coping among mothers of children with Autism ($M=63.70$, $S.D.=9.36$) and mothers of typically developing children ($M=60.76$, $S.D.=10.76$); ($t=.93$; $p > 0.05$). Hence hypothesis 1 was rejected.

3.3 Hypothesis 2

H2 There will be a significant difference between social support of the mothers of typically developing children and mothers of children with Autism.

Table 3 indicating normality scores for Parental sense of competence

Variable	W	df	Sig.
PCOS	.98	20	.91
	.95	21	.27

The results of the Shapiro-Wilk normality test showed that the sample was normally distributed. Thus an independent sample t-test was conducted for the data. The results are given in table 5 ($p > 0.05$).

Table 4 indicating independent sample t-test for parental sense of competence

Variable	N	Mean	S.D.	T	df	P
PCOS	20	68.80	8.91	-.20	39	.83
	21	69.43	10.22			

The results of the study showed that there was no significant difference in the dimension of parental competence and social support between the mothers of typically developing children ($M = 68.80$, $S.D. = 8.91$) and mothers of typically developing children ($M = 69.43$, $S.D. = 10.22$); ($t = -.20$; $p > 0.05$). Hence hypothesis 2 was rejected.

3.4 Hypothesis 3

H3 There will be a significant difference between the coping strategies employed by mothers of typically developing children and mothers of children with Autism.

Table 5 showing normality scores for resilience

Variable	W	df	Sig.
Resilience	.09	20	.98
	.12	21	.96

The results of the Shapiro-Wilk normality test showed that the sample was normally distributed. Thus an independent sample t-test was conducted for the data. The results are given in table 7 ($p > 0.05$).

Table 6 showing independent sample t-test for resilience

Variable	N	Mean	S.D.	T	Df	P
Resilience	20	105.45	16.45	.78	39	.44
	21	101.33	17.32			

The results for the t-test indicated that there was no significant difference in the levels of resilience found between mothers of children with Autism ($M = 105.45$, $S.D. = 16.45$) and mothers of typically developing children ($M = 101.33$, $S.D. = 17.32$); ($t = 0.441$, $p > 0.05$).

4 Discussion

While all three hypotheses were disproven, these are heartening results. The fact that there was no significant difference between the two groups shows that mothers of children with Autism are coping and dealing with stress almost as well as (if not better than) mothers of typically developing children. Research shows that mothers of children with Autism use various coping strategies (not different coping styles) to deal with the challenges that come their way when working with a special child. Mothers of children with Autism face a lot of difficulty in coping with the fact that their child is different and that they need to change their expectations from their child. They end up investing greatly in a creating the future that they had envisioned for their child, while accepting the child for who they are (based on their special abilities). Most mothers also tried to keep a positive outlook towards their child in an attempt to cope with the challenges that came their way (Safe, Joosten & Molineux, 2012). This shows us that one of the main reasons for the lack of difference between the two groups was because the mothers of special children have had time to adjust their expectations of their child based on the strengths of their child. They have also had time to understand and come to terms with the challenges of having a child with special needs. As a majority of the mothers included in the study had older children (the youngest child was 7 years old), mothers had a longer time to use various coping strategies and to also start seeing the effects of various coping strategies.

The results of the research also showed that mothers of children with Autism do not lack social support nor do they feel less competent in handling the challenges that come their way. Researchers have found that family support was strongly associated with optimism. Higher optimism was in turn associated with more positive maternal outcomes and fewer negative outcomes (Ekas, Lickenbrock & Whitman, 2010). In the current research, all the mothers were married and hence there was a strong network of spousal support and familial support. This in turn contributed to a strong sense of social support for the mothers. Social support has been identified as one of key factors that reduces the negative psychological impact of raising a child with ASD (Bishop et al. 2007).

In terms of resilience, there was no significant difference between mothers of children with Autism and mothers of typically developing children. In terms of resilience, one commonly used theory states that family can be present for an individual in two major ways. The first being- family acts as a risk factor by increasing the vulnerability of the individual. However, the other side to

family is that it acts as a protective factor to boost the resilience of the individual (Hawley & DeHann, 1996).

Family resilience refers to the characteristics, dimensions, and properties of families which help families to be resistant to disruption in the face of change and adaptive in the face of crisis situations. (McCubbin & McCubbin, 1988). Hence, resilience is seen as a developmental process rather than an innate tendency. Family resilience is influenced by a variety of factors like the context of the family, the coping strategies of the family, the risk and protective factors, developmental factors, as well as the families adaptability (Hawley & DeHann, 1996).

While there is research to show why there was no significant difference between the two groups of mothers based on the protective factors that were identified. There are other protective factors that came up in the study that could have contributed to the results.

One of the major reasons behind there being no significant difference between the two groups is the age of the children. While the sample consisted of children between the ages of 6-15, a majority of the children were older than 10 years. There is research that shows that mothers of older children with Autism tend to with ASD tend to have better maternal health and lower caregivers burden when compared to mothers of younger children (Fitzgerald et al. 2002).

Another important factor that could have contributed to the lack of significant differences between the two groups was that the mothers were all married. There is sufficient research which shows that spousal support acts a major protective factor especially in families with a specially abled child (Zlabotsky, Bradshaw & Stuart, 2012; Bishop et al, 2007; Tunali & Power, 2002).

A majority of the sample belonged to the middle class and upper middle class in terms of socio-economic status. Hence the availability and access to special schools, special educators, and institutions catering to the needs of children with Autism was much better. This could be an important factor in helping us understand why there was no significant difference between the two groups. Research also indicates that a higher socio-economic status acts as a protective factor when dealing with a child with special needs (Greef & van der Walt, 2010).

While collecting the data, it was found that a majority of the mothers of children with Autism were home-makers. This is an important aspect as it throws light on the high levels of resilience and coping experienced by these mothers. As they spend more time with their child, they are more equipped to handling the challenges that could come up, and hence their resilience is bound to increase. Research shows that mothers of children with Autism are most likely to believe that career success is not of primary importance and that mothers of young children should not work outside home. Mothers also placed less importance on others opinions of their child's behavior and emphasized on spousal support (Tunali & Power, 2002).

Hence, it is clear to see that though the results of the study are not significant, there are a number of contributing variables in this matter. These variables are mainly demographic variables like being married, the age of the child, socio-economic status etc.

5 Conclusion, Implications and Recommendations

The results of the study show that there was no significant difference between the two groups of mothers based on resilience, coping and social support. These results are indicative of mothers of children with Autism being more equipped to handle the challenges that come their way. As education and awareness increase, the capability of the mothers is also on the rise. A majority of the mothers who were part of the study belonged to a higher socio-economic status and had a large amount of resources at their disposal. This is a major factor that contributes to a higher amount of resilience and coping. The mothers of children with Autism were part of a special school; hence their children were getting the special attention that they needed. When a parent knows that their child is being given the best education that they can get, they find it easier to manage the other aspects of their child's needs because they have someone teaching them what to do and how best to help their child.

Mothers of children with Autism, now have a lot more resources available at their disposal. By focusing on married mothers, the researcher has found that social support played an important role in the life of these mothers. Social support comes in the form of both spousal support and support from other parents. Since special schools cater to the needs of children with similar issues, it is easy for their mothers to find someone else who is in the same boat as them. Connecting and talking to someone else who is going through the same thing helps in increasing resilience as well as giving one a sense of hope. Thus, these mothers had ample social support that played a crucial role in their life.

Thus this research has helped bring to the fore the fact that while mothers of children with Autism have high levels of stress, with social support and the right coping strategies, they are just as resilient (if not more) as mothers of typically developing children.

5.1 Implications and Recommendations

Further research can be conducted to understand the exact effect that these protective factors have on mothers of children with Autism. Qualitative studies will be useful in understanding the mother's perceptions of Autism and the challenges that it brings. A qualitative research would explore each individual factor based on the first-hand experiences of the mothers.

Special schools could work on including programs for parents of children with Autism as part of their curriculum. This will help the parents interact with one another and also have a common platform to discuss their challenges. Interacting with people who are in the same situation will help them get a different perspective on their situation. Also, sharing common experiences brings about a sense of

togetherness that will further harbor social support. By providing counseling and support groups, parents will be better equipped to deal with any challenges that come their way.

All the children with autism in this study belonged to special schools. As the results showed that mothers of children with Autism had no significant differences in the level of social support and resilience, more and more parents should be encouraged to put their children into special schools. Educating parents on the benefits of giving their child formal and specialized education. Hence researchers need to further explore the benefits of special schools and spread this knowledge to ensure that more children are getting the quality care that they need.

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