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## CONTENTS

- |   |   |    |
|---|---|----|
| ■ Oluwadoro, Jacob Oludare, PhD   | <i>Noise: Concept, Causes, Crises and Control</i>   | 1  |
| ■ Victoria Ifunaya Mbah<br>& Ayodele Osisanya, Ph.D                             | <i>Parenting styles and Socio-Economic Status as predictors of Social Adjustment of Children with Autism in Ibadan, Oyo State, Nigeria</i>            | 6  |
| ■ Abiodun T. Adewunmi, Ph.D<br>& Olaniyi Lawal                                  | <i>Efficacy of Hippotherapy on Verbal Communication Skills of Persons with Autism in a Residential Home Care Centre in Ibadan, Oyo State, Nigeria</i> | 15 |
| ■ Grace O. Bamigboye. Ph.D  | <i>Autism Spectrum Disorders: Developmental Challenges in the early years</i>   | 23 |
| ■ Olawale Ogundiran, Ph.D   | <i>Causes, Prevalence and Assessment of Hearing Disorders in Children</i>   | 26 |
| ■ Ahmed Olaitan Lawal<br>& Ayodele Osisanya, Ph.D                               | <i>Auditory and Non-Auditory Effects of Consistent-use of Mobile-telephone in Ibadan, Oyo State, Nigeria</i>  | 33 |
| ■ J. O. Isarinade;<br>O. K. Ogungbade, Ph.D<br>& Bolanle O. Olawuyi, Ph.D       | <i>Identification of Communication Disorders among Children with Autism</i>   | 40 |
| ■ Adegboyega, Damilola Funmilola  | <i>Relevance of English Language Oral Skills as Second Language in Twenty-First Century</i>   | 45 |
| ■ Chris M. Vandeh, Ph.D;<br>Isaiah S. Elemukan, Ph.D<br>& Eleri Winifred Ifeoma | <i>Universal Newborn Hearing Screening</i>  | 51 |
| ■ Ojetoyinbo Adewumi, Ph.D  | <i>Audiologist and Malingerer-Objectivity Route and Rehabilitation of Patients with Hearing loss at the National Hospital, Abuja, Nigeria</i>         | 56 |
| ■ Morufat Mojisola Olakojo<br>& Moji Oyebola                                    | <i>Self-Esteem and Psychological well-being of Stutterers: Interplay between Social Networking and Social Support in Nigeria</i>                      | 64 |

## PARENTING STYLES AND SOCIO-ECONOMIC STATUS AS PREDICTORS OF SOCIAL ADJUSTMENT OF CHILDREN WITH AUTISM IN IBADAN, OYO STATE, NIGERIA

BY

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### Abstract

*Autism spectrum disorders (ASD) is a neurobehavioural disorder characterized by difficulty in social and communicative impairments, which usually affect the ability to form relationships. Due to this, parents of children with autism encounter challenges in the process of parenting which influences the home-social adjustment of these children. Thus, the study examined parenting styles and parental socio-economic status as predictors of home-social adjustment of children with autism. This study adopted a descriptive research design of correlational type. Purposive sampling technique was used to select thirty children with Autism Spectrum Disorder. Questionnaires were further used to gather data on parenting style, parental socio-economic status and social adjustment of children with Autism Spectrum Disorder. Data collected were analysed using Pearson's product moment correlation and multiple regression analysis. The result revealed that parental socio-economic status ( $r = .811, p < 0.05$ ), authoritative ( $r = .546, p < 0.05$ ) and permissive parenting styles ( $r = .648, p < 0.05$ ) were significantly correlated with social adjustment. Authoritarian parenting style was negatively and significantly correlated with social adjustment ( $r = -.425, p > 0.05$ ) while permissive parenting style was negatively and not significantly correlated with social adjustment ( $r = -.073, p > 0.05$ ) among children with ASD. Thus, parenting styles such as authoritative and permissive parenting styles had significant contribution to social adjustment of children with autism while authoritarian and neglectful parenting styles had insignificant contribution to social adjustment of children with autism. Also, parental socio economic status had significant contribution to social adjustment of children with autism. Therefore, parents of children with ASD should adopt positive parenting in order to promote healthy social relationship. Also, parents should be their children advocate by making their needs known to the member of the public.*

**Key Words:** Children with autism, parenting styles, parental socio-economic status, social adjustment

### Introduction

All over the world, social communication and interaction are fundamental aspects of everyday life. From infancy, humans are social beings; they gaze at people, turn toward voices, grasp a finger, and even smile. For social relationship to become possible there is a need to take into consideration thoughts, beliefs, and feelings of another person. Essentially, it is the understanding that others' thoughts are different from one's own that makes social interaction possible.

To satisfy needs man has to interact consistently with the environment. Also, he has to make changes in himself or his environment to satisfy his needs or establish effective relations with others, when this happens it is referred to as adjustment. Adjustment is the ability to respond to stress with respect to mental, physical and social aspects (Jackson, Richer and Edge, 2008). It is important to note that man's environment is constantly changing and so we have to make changes in ourselves. Thus, man has to make

attempts to adjust to the environment which is continuously changing. In short, the individual satisfies his needs by effectively interacting with his environment. As the environment makes changes in the individual, the individual also makes changes in his physical, social and psychological environment. In this way, both individual and environment undergo adjustment process. As the circumstances change, our behaviour undergoes change and such change in behaviour affects the environment.

Adjustment is also a behavioural process of balancing conflicting needs, or needs challenged by obstacles in the environment. Although adjustment contains many aspects like social, emotional, physical and educational dimensions; the best aspect is social adjustment which is the prerequisite to the other aspects of adjustment (Mazaheri, Baghiyan and Fatehizadeh, 2006).

Social adjustment is the most important aspect of one's development and it is acquired through the relationship with others especially with the parents, peers and the teachers; and it is the assessing criterion of social growth related to the person's adjustment with him/herself and others (Hartup and Rubin, 2013). Without it, humans would not be able to meet many of his/her basic needs in a social context. Thus, it is a critical factor that enables individuals to function in among others.

However, adjustment disorder occurs when there is an inability to make a normal adjustment to some need or stress in the environment. For the child with autism spectrum disorder (ASD), however, development of social and communication skills does not come as naturally. They often find it challenging to identify social cues and norms (Nah and Poon, 2010) and also find it difficult to take into account others' mental states (Rajendran and Mitchell, 2007). Children with autism spectrum disorders display social-communicative impairments that affect their ability to form relationships (American Psychiatric Association, 2000). Social impairment is therefore considered a core feature of children with ASD (Carter, Davis, Klin and Volkmar, 2005). The inability of children with autism to form good social relationship inhibits their adjustment to life.

Furthermore, research has demonstrated that children with autism spectrum disorders are greatly deficient in social adjustment (Müller, Schuler, and Yates, 2008). Oftentimes, children with autism

spectrum disorders display social-communicative impairments that affect their ability to develop and form relationships (American Psychiatric Association, 2000). They exhibit deficits in these two domains; social communication and stereotyped, repetitive, and restrictive behaviors (American Psychiatric Association [DSM-5], 2013). Also, they are commonly known to withdraw from social contact, prefer social isolation, lack the ability to establish and maintain age-appropriate relationships (Müller, Schuler, and Yates, 2008). Additionally, autism presents as a disorder of profound social disconnect rooted in early brain development. A child with autism may appear unaware of his surroundings, and may also fail to respond to the sights and sounds of a social world. Often times, they display limited play skills and can often be seen playing alone. More so, children with autism may have trouble maintaining consistent eye contact and there may be little or no eye contact at all. This oftentimes makes them resistant to affection or cuddling from others, parents or caretakers.

Autism spectrum disorder as a complex behavioural syndrome which impairs the development throughout life has great variability in symptoms and intensity in the various areas that define the diagnosis (Schmidt and Bosa, 2003). However, learning that one's child is autistic can result in scattered emotions for the parents. Parents whose child is diagnosed with ASD experience difficulties and this changes the dynamics of the family in that everyday activities need to be modified and the child with ASD will need extra attention from the parents (Segeren and Françozo, 2014). Although, each family handles the vision of their child differently and just as the spectrum varies, so does each family's experience. As a behavioural syndrome, the family's social relations become affected, and the members go through a period of stress usually generated by the low acceptance of autistic behaviours by society and by other family members. The effects of having a child with an ASD on parents and families are, like the disorder itself, multifaceted and pervasive in nature. Parents of children with ASD experience challenges in relating with their child mainly due to the child's difficulties in communication, behavior, social involvement in activities of daily living and the lack of understanding by the community (Balestro and Fernandes, 2012). When this occurs, it can lead to strained marital relationship, increase financial

burdens in the family and result in parents socially isolating themselves from others. Importantly, it is not only the parents of individuals with autism that experience stress but also the family members (Allen, Bowles and Weber, 2013).

According to Lavelle, Weinstein and Newhouse (2014) certain factors predict social adjustment in children with autism spectrum disorder; such factors include but are not limited to parenting styles and socio-economic status. Imperatively, parents interact with their children and help them regulate their emotions, opinions, and morality. They also monitor and manage children's interpersonal relationships, stimulate them to engage with and understand their environment, and provide them opportunities to observe, imitate, and learn (Bornstein, 2001). Parenting is a complex activity which involves the process of developing and utilising the knowledge and skills appropriate for planning, creating, and/or providing care for offspring. This definition implies that parenting starts not just by bringing up the children but also providing care for them. Parenting styles on the other hand refers to the normative patterns of behavior and tactics that parents used to socialize and control their children (Wentzel and Russell, 2009). Importantly, parenting is negatively affected by the child's inability to adjust to changes in the social environment, child's behavior problems such as seeking attention, disobeying, acceptability and demandingness. Additionally, parenting a child with autism is found to be more stressful than parenting typically developing children or children with mental retardation (Benjak, VuleticMavrinac, and PavicSimetin, 2009; McStay, Dissanayake, Scheeren., Koot, and Begeer, 2013)

Parenting style revolves around issues of control which includes authoritarian, permissive, authoritative, and neglectful (Aiwan, Bibi, Chaudhry, and Tariq, 2013; Domenech, Rodrigue, Donovan and Crowley, 2009). The first parenting style is Authoritarian or the "too strict". This is more on demandingness than warmth; it's more on setting rigid rules and guidelines. Authoritarian refers to the amount of control a parent imposes on a child, the implementation of standards and rules, and the degree to which a parent enforces the rules (Broderick and Blewitt, 2003). The second parenting style is Permissive or the "too soft" and it is more on warmth or responsive than demandingness. They set few limitations and are usually loving towards the child

(Greenwood, 2010) and it makes use of minimal punishment that allows their children to do what they please. Kapko (2007) identified that children of permissive parents may have difficulty with self-control due to the lack of boundaries and rules, and demonstrate egocentric tendencies that can interfere with proper development of peer relationship. The third parenting style is Authoritative or the "Perfect" and it is high both responsiveness and demandingness in which they show supportiveness and care while monitoring and disciplining their children fairly. Also, authoritative parenting style is more likely to stand up for responsibility, get along with other people, and show autonomy (Cherry, 2011). It is further characterised by warm, responsive and supportive parenting as well as confrontive control that is, control that aims to restrain the child's potentially disruptive agentic expression; Baumrind (2013), and that does not violate the child's sense of autonomy.

An authoritative parenting style is characterized by high responsiveness and encouraging independence of the child. This parenting style have been found to be related to optimal child development, evidenced by the child's good emotion regulation and social skills (Hart, Newell and Olsen, 2003). Invariably, parents of children with ASD were also found to be less authoritative than parents of children without ASD (Rutgers, Van IJzendoorn, BakermansKranenburg, Swinkels, Dietz, Naber, Van Engeland, 2007). Another parenting style is the neglectful style which displays no demandingness and responsiveness. It does not show any love to the child and they do not set firm boundaries or high standards; and are usually uninvolved in the child's physical, mental and social needs of the child. Imperatively, lack of support and harsh or psychologically intrusive control are related to various forms of problems in social-emotional functioning, such as problems with peers, depression, anxiety, and internalized distress (Barber, 1996).

Specifically, some studies further demonstrated that parents of children with ASD tended to use more physical control to stimulate their child in performing task, especially when the child's engagement was limited, than parents do in the case of children or siblings without ASD (Doossard-Roosevelt, Bazhenova and Porges, 2003). Although, this parental attitude may be functional to activate the child but it could also be a risk for over-stimulation

and intrusiveness of the child's behaviour. Most of the time, children with ASD often need more time to perform tasks because of impairments in social information processing (Gervais, Belin, Boddaert, Leboyer, Coez, Sfaello 2004; Ploog, 2010). Imperatively, lack of parental awareness of these needs more time to explore; exploration in another way than expected could result in more intrusive parental behavior. Parental non intrusiveness is also associated with toddlers' selfregulation (Feldman, Dollberg, and Nadam, 2011). In children with ASD, emotion regulation is limited (Pouw, Rieffe, Oosterveld, Huskens and Stockmann, 2013), leading to temper tantrums and frustration. This could elicit more intrusive parental behavior in an attempt to avoid child temper tantrums.

Another critical predictor of social adjustment of children with autism according to Greef and van der Walt (2010) is parental socio-economic status. It is a measure of the education, income and occupation of the parents of child in relation to others members of the society (American Psychological Association, 2011). Similarly, it is a construct that reflects one's access to collectively desired resources which includes material goods, money, power, friendship networks, healthcare, leisure time, or educational opportunities (Oakes and Rossi, 2003).

Family's socio-economic status (SES) has weighty effects on the well-being of its children. Raising a child with Autism Spectrum Disorder (ASD) is a physically, emotionally and financially costly experience (Bitsika, Sharpley and Bell, 2013). Care giving is a usual function and desired expectation of every parent; difficulties occur when a child experiences functional hindrance and long term dependence, because disability in a child affect not only the child but the entire family (Centre for Child Development, 2007) especially when the child experiences difficult that may require long term special care. According to Vijesh (2007), the child's disability attacks the entirety of marriage in different ways and reshapes the organization of the family, creating a fertile ground for conflicts. Additionally, autism and poverty are related in almost every way; not only is autism care given is expensive, but also it is often inaccessible to those who are uneducated, of a minority (be it racial, cultural, ethnic, etc.) or who live in an underdeveloped area those who are, statistically, more likely to suffer from the hardships of poverty (Lavelle, Weinstein and Newhouse, 2014).

Expenses incurred include healthcare costs, education, therapy specific to ASD, family based services and caregiver time given to the child with autism. However, some researches indicated that the family's SES may have a negative impact on the outcome of a child with ASD (Dawson, 2011; Mandel, Novak, and Zubritsky, 2005). Families of affected children suffer significantly financial strained as a result of the need to care for the children. Importantly, some people with ASD need life-long assistance in daily activities; others are only minimally impacted by their diagnosis (Center for Disease Control and Prevention [CDC, 2014). However, the obligations associated with being a parent or family member of a child with an ASD does not come with ease as the behavioral challenges and social communication deficits that characterize ASD often are correlated with increased financial and emotional burden on the entire family (Järbink, Fombonne, and Knapp 2003). These emotional and financial challenges can inhibit parents and families from effectively helping their children with ASDs and could lead to significant problem in the social adjustment of an individual with autism and also fractured family relationships.

Additionally, the connection between parental education levels and access to care is clear: the more educated the parent, the more likely the family is to receive care, as an educated parent understands a child's rights to care. Poor parental education makes it problematic for families to advocate on behalf of their children. Ignorance with the system or a low sense of academic selfefficacy can be attributed to poverty and its effects, and these effects shine through in the connection between parental understanding of services and the actual implementation of those services (Thomas, Ellis and McLaurin, 2007). A lack of education is directly related to poverty, and poverty usually is found among low-income areas. The more educated the parent, the more likely the family is to receive care, as an educated parent understands a child's rights to care, how to actively engage the community in seeking that care, and has the personal resources to never back down from the fight. The results of parental education backgrounds, again, include a continuation of the cycle: an educated parent can get an ASD child into a classroom with a personal aide, helping that child through school and possibly onto a college degree. Parents with low educational attainment may not be to this due to lack of

knowledge, and their child may fall behind both academically and socially. Further analysis revealed that mothers with higher levels of education displayed less negative parenting (Blacher, Baker, and Kaladjian, 2013). Mothers with significant levels of education displayed more positive parenting behaviors in structured interactions, regardless of their child's diagnosis or lack of diagnosis.

However, several researchers have attributed poor social adjustment of these children to parenting styles and socioeconomic status. This therefore implies that these factors exert great influence on the level of social adjustment of children with autism. Thus, this study investigated how a family's socioeconomic status and parenting styles can impact the social adjustment of children with autism.

**Purpose of the study**

This study was conducted basically to;

1. find out the relationship between the parenting styles and socio-economic status on the social adjustment of children with autism spectrum disorder.
2. determine the joint contribution of parenting styles and socio-economic status on the social adjustment of children with autism spectrum disorder.
3. determine the relative contributions of parenting styles and socio-economic status on the social adjustment of children with autism spectrum disorder.

**Research Questions**

1. What is the relationship between the parenting styles and socio-economic status on the social adjustment of children with autism spectrum disorder?
2. What are the joint contributions of parenting styles and socio-economic status on the social adjustment of children with autism spectrum disorder?
3. What are relative contributions of parenting styles and socio-economic status on the social adjustment of children with autism spectrum disorder?

**Methodology**

This study adopted a descriptive research design of correlational type, while purposive sampling

technique was used to select thirty children with Autism Spectrum Disorder. Although, no current objectives methods are able to reliably determine autism in an individual. As a consequence, case history and subjective autism checklists were used to determine autism in an individual. Also, Parental Socio-Economic Status Scale, Social-Adjustment Questionnaire, and Parenting Styles Questionnaire were used to unravel and determine parenting styles, parental socio-economic status and social adjustment of children with autism. Generated data collected were then analyzed using percentage, mean and independent t-test.

**Results**

Table 4.1 below reveals the inter-correlational matrix of the variables of the study; parent socioeconomic status, authoritarian, authoritative, permissive and neglectful parenting styles and social adjustment among children with ASD.

**Table 4.1: correlation matrix showing the relationship between the variables of the study**

Variables	Mean	SD	1	2	3	4	5	6
Parent socio-economic status	1.68	0.587		-.101*	.472*	-.101	-.067	.811*
Authoritative parenting	39.06	8.185			.335*	.493**	.157	.546*
Authoritarian parenting	21.00	5.398				.280*	-.484**	-.425*
Permissive parenting	15.82	4.697					.545**	.648*
Neglect parenting	8.64	3.567						-.073
Social adjustment	28.98	8.069						

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

\* . Correlation is significant at the 0.05 level (2-tailed).

Table 4.1 above reveals the inter-correlational matrix of the variables of the study; parent socio-economic status, authoritarian, authoritative, permissive and neglectful parenting styles and social adjustment among children with ASD in Ibadan, Oyo State, Nigeria. The result shows parental socio-economic status as (r = .811, p<0.05), authoritative (r = .546, p<0.05) and permissive parenting styles (r = .648, p<0.05) positively and significantly correlated with social adjustment. Authoritarian parenting style is negatively and significantly correlated with social adjustment (r = -.425, p>0.05) while permissive parenting style is negatively and not significantly correlated with social adjustment (r = -.073, p>0.05)

among children with ASD in Ibadan, Oyo State, Nigeria.

**Table 4.2** below shows the joint -economic status, authoritarian, authoritative contribution of the parent socio, permissive and neglectful parenting styles on home-social adjustment among children with ASD in Ibadan, Oyo State, Nigeria.

**Table 4.2: Multiple regression analysis of independent variables on home-social adjustment**

R= .385 R (adjusted) = .148 R <sup>2</sup> (adjusted) = .052 Standard error of estimate = 7.859					
Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	473.467	5	94.693	5.533	.019
Residual	2717.513	44	61.762		
Total	3190.980	49			

The table above indicated that parental socio-economic status, authoritarian, authoritative, permissive and neglectful parenting styles had significant joint influence on social adjustment among children with ASD in Ibadan, Oyo State, Nigeria  $F(5,44)=5.533;p<0.05$ ).

**Table 4.3: Multiple regression analysis the independent variables on home-social adjustment**

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error			
(Constant)	17.961	7.018		2.559	.014
Socio-economic status	2.538	1.968	.185	4.290	.024
Authoritative parenting style	.351	.195	.313	2.794	.040
Authoritarian parenting style					
Permissive parenting style	-.288	.197	-.251	-3.466	.010
Neglectful parenting style	.182	.324	.108	3.562	.577
	-.088	.354	-.047	-2.49	.045

a. Dependent Variable: home-social adjustment

**Table 4.3** above reveals the contribution of parent socio-economic status, authoritarian, authoritative, permissive and neglectful parenting styles on social adjustment among children with ASD in Ibadan metropolis, Oyo State, Nigeria. The table also shows that inter-parent socioeconomic status, authoritarian, authoritative and permissive parenting styles made significant independent contribution to social adjustment ( =-0.185;  $t = 4.290$ ;  $p<0.05$ . =0.313;  $t = 2.794$ ;  $p<0.05$ . =-0.251;  $t = -3.466$ ;  $p<0.05$ . =-0.047;  $t$

=-0.249;  $p<0.05$ ) while neglectful parenting styles had no significant independent contribution to social adjustment ( =0.108;  $t = 3.562$ ;  $p>0.05$ ) among children with ASD in Ibadan metropolis, Oyo State, Nigeria. Therefore, the hypothesis was partially disconfirmed. This implies that parent socio-economic status; authoritarian, authoritative and permissive parenting styles are potent predictors of social adjustment among children with ASD in Ibadan, Oyo State, Nigeria.

**Discussion**

With the findings of this study, it has been established that parents of children with autism of high socio-economic status have high the tendency of providing the child with basic therapeutic services that can promote the child's social adjustment (Blacher, Baker, and Kaladjian, 2013). Similarly, the implication is that there will be provision of early intervention service by the parents to the child such as (computerized devices, realia, therapeutic services, and instructional materials) which will enhance the overall adjustment of the child to in the society. Furthermore, it was also identified that a lack of education is directly related to poverty, and poverty usually is found among low-income areas. The more educated the parent, the more likely the family is to receive care, as an educated parent understands a child's rights to care, how to actively engage the community in seeking that care, and has the personal resources to never desist from helping the child's home-social adjustment. The results of parental education backgrounds, again, include a continuation of the cycle: an educated parent can get an ASD child into a classroom with a personal aide, helping that child through school and possibly onto a college degree. Parents with low educational attainment may not be able to this due to lack of knowledge and this invariable will significantly influence the children's adjustment.

Furthermore, Fabes, Poulin, Eisenberg, and Madden-Derdich (2002) identified that parent who responds to children's negative emotions in a way that is supportive, such as using problem focused, emotion focused, or encouraging responses, help the children become more socially and emotionally competent. Additionally, parents of children with autism who use more authoritative parenting practices likely show more positive outcomes because authoritative parents tend to use strategies such as negotiation and listening when confronting conflicts with their children which

may promote positive development (Cappadocia, Weiss, and Pepler, 2012). Also, it was also identified that authoritative parents, engage in higher levels of problem solving than other parenting styles. Furthermore, Hinshaw and Lee (2003) stated that exposure to harsh and unfriendly home environment might worsen the child's condition. This study also establishes that authoritarian and permissive parenting styles have been shown to be associated with increased child behavioral disorder (Belsky, 2010).

### Conclusion

ASDs are neurological complex conditions impairing social interaction and communication characterized by difficulties to respond to social interactions or deficits in understanding nonverbal communication. Importantly, the deficit in the social skills inhibits their adjustment to life which in return shapes individual response to their asocial behaviour. Thus, when this occurs, the social adjustment of the child becomes modified positively or negatively. Parenting is a challenging experience and being a parent of a child with ASD could be even more demanding and may also pose a threat to the psychosocial well-being of parents. Similarly, raising a child with Autism Spectrum Disorder (ASD) is a physically, emotionally and financially costly experience. However, the obligations associated with being a parent or family member of a child with an ASD does not come with ease as the behavioral challenges and social communication deficits that characterize ASD often are correlated with increased financial and emotional burden on the entire family. These emotional and financial challenges can inhibit parents and families from effectively helping their children with ASDs and could lead to significant stress and fractured family relationships.

### Additionally, the connection between parental education levels and access to care is clear:

the more educated the parent, the more likely the family is to receive care, as an educated parent understands a child's rights to care. Poor parental education makes it problematic for families to advocate on behalf of their children. Ignorance with the system or a low sense of academic self-efficacy can be attributed to poverty and its effects, and these effects shine through in the connection between parental understanding of services and the actual implementation of those services. Collectively, these factors influence the social adjustment of children with autism either positively or negatively.

### Recommendations

Based on the findings from this study, the following are recommended:

- Parents should get acquainted with the different forms of emotional behaviour that a child may exhibit and give proper aid or attention as required because the finding of this study revealed that most children with autism display emotional disturbances which aggravate parents-child relationship.
- Support group for persons with autism should be created in each local government to promote awareness and also to reduce stress of transportation, financial challenges and mobility.
- Parents should be aware of the behaviours exhibited by their children and work closely together with the right professionals such as the speech-language pathologist. Government should ensure that more experts are provided in schools to handle the issue of diagnosis and remediation.
- Also, government should also be an advocate for persons with autism by organizing seminars, workshops and programs that will promote positive parenting practices among children with autism

### References

- Aiwan, E., Bibi, F., Chaudhry, A., and Tariq, B. (2013). *Contribution of Parenting Style in life domain of Children. Journal of Humanities and Social Science*, 12(2), 91-95.
- Allen, K. A., Bowles, T. V., and Weber, L. L. (2013). *Mothers' and Fathers' Stress Associated with Parenting a Child with Autism Spectrum Disorder. Autism Insights*, 5.
- American Association on Intellectual and Developmental Disabilities. (2011). *Intellectual Disability: Definition, Classification and Systems of Support. 11th Edition. Washington DC: American Association on Intellectual and Developmental Disabilities.*
- American Psychiatric Association (2000) *Diagnostic and Statistical Manual of Mental Disorders. Text Revision. 4th ed. Washington, DC: American Psychiatric Association.*
- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.*
- Balestro, J. I., and Fernandes, F. D. M. (2012).



- Questionáriosobre dificuldades comunicativa s percebidas por pais de crianças do espectro do autismo. Revista da Sociedade Brasileira de Fonoaudiologia, 17, 279-286. <http://dx.doi.org/10.1590/s151680342012000300008>*
- Barber, B. K. (1996). Parental psychological control: Revisiting a neglected construct. *Child Development, 67*, 3296–3319.
- Baumrind, D. (2013). Authoritative parenting revisited: History and current status. In R. E. Larzelere, A. S. Morris, and A. W. Harrist (Eds.) *Authoritative parenting: Synthesizing nurturance and discipline for optimal child development* (pp. 11-34). Washington, DC: American Psychological Association Press. doi:10.1037/13948-002
- Belsky, J., Renate, M.H., And Pasco- Fearon, R. M. 2010. Infant attachment security and the timing of puberty: testing and evolutionary hypothesis. *Journal of psychological science 21.9:1195-1201*
- Benjak, T., Vuletic Mavrinac, G., and Pavic Simetin, I. (2009). Comparative study on self perceived health of parents of children with autism spectrum disorders and parents of non-disabled children in Croatia. *Croatian Medical Journal, 50(4)*, 403-409.
- Bitsika, V., Sharpley, C. F., and Bell, R. (2013). The buffering effect of resilience upon stress, anxiety and depression in parents of a child with an autism spectrum disorder. *Journal of Developmental and Physical Disabilities, 25(5)*, 533-543.
- Blacher, J., Baker, B. L., and Kaladjian, A. (2013). Syndrome specificity and mother-child interactions: Examining positive and negative parenting across contexts and time. *Journal of Autism and Developmental Disorders, 43*, 761-774. doi:10.1007/s10803-012-1605
- Bornstein, M. H. (2001). Parenting: Science and practice. *Parenting, 1*, 1-4.
- Broderick, P.C, and Blewitt, P. 2003. *The life span: human development for helping professionals*. Upper Saddle River, NJ: Pearson Education Inc
- Cappadocia, C. M., Weiss, J. A., and Pepler, D. (2012). Bullying experiences among children and youth with Autism Spectrum Disorders. *Journal of Autism and Developmental Disorders, 42*, 266-277. doi: 10.1007/s10803-011-1241
- Carter, A. S., Davis, N. O., Klin, A., and Volkmar, F. R. (2005). Social development in autism. *Handbook of autism and pervasive developmental disorders, 312–334*.
- CDC Division Of News and Electronic Media. (2014, March 20). *Autism Spectrum disorder: Facts About asd*. Retrieved From <http://www.cdc.gov/ncbddd/autism/facts.html>
- Centers for Disease Control and Prevention (CDC). (2015). *Autism Spectrum Disorder (ASD)*. <http://www.cdc.gov/ncbddd/autism/facts.html>.
- Cherry, K. (2011). Parenting styles. Retrieved July 7, 2016, from <http://psychology.about.com/od/developmentalpsychology/a/parenting-style.htm>
- Dawson, N. (2011). *Ecological perspective on Parents' Experiences of Having a child with Autistic Spectrum Disorder (ASD) in the South African Context. (Masters in Community Based Counselling Psychology)*, University of the Witwatersrand, Johannesburg.
- Domenech-Rodrigue, D., Donovick, M.R and Crowley, S.L. 2009. Parenting Style in a cultural content: observations of protective parenting in first generation Latinos. *Journal of Family process 48.2; 51-58*.
- Doussard-Roosevelt, J. A., Joe, C. M., Bazhenova, O. V., and Porges, S. W. (2003). Motherchild interactions in autistic and non-autistic children: Characteristics of maternal approach behaviors and child social responses. *Development and Psychopathology, 15*, 277-295. doi:10.1017/S0954579403000154
- Fabes, R. A., Poulin, R. E., Eisenberg, N., and Madden-Derdich, D. A. (2002). The Coping Children's Negative Emotions Scale (CCNES): Psychometric properties and relations with children's emotional competence. *Marriage & Family Review, 34*, 285-310. doi:10.1300/J002v34n03\_05
- Feldman, R., Dollberg, D. and Nadam, R. (2011). The expression and regulation of anger in toddlers: relations to maternal behavior and mental representations. *Infant Behavior & Development, 34(2)*, 310-320.
- Gervais, H., Belin, P., Boddaert, N., Leboyer, M., Coez, A., Sfaello I., et al. (2004). Abnormal cortical voice processing in autism. *Nature Neuroscience, 7(8)*.
- Greeff, A. P., and Van der Walt, K.-J. (2010). Resilience in families with an autistic child. *Journal of Pediatric, Maternal & Family Health-Chiropractic, 45(3)*, 347.
- Greenberg, J. S., Seltzer, M. M., Hong, J., & Orsmond, G. I. (2006). Bidirectional effects of expressed emotion and behavior problems and

- symptoms in adolescents and adults with autism. *American Journal on Mental Retardation*, 111(4), 229-249. doi: 10.1352/0895-8017 (2006) 111 [229:BEOEEA]2.0.CO;2
- Hart, C. H., Newell, L. D., and Olsen, S. F. (2003). Parenting skills and social communicative competence in childhood. In J. O. Greene & B. R. Burlison (Eds.), *Handbook of communication and social interaction skills* (pp. 753–797). Mahwah: Erlbaum
- Hinshaw S. P. and Lee S. S. (2003). Conduct and Oppositional Defiant Disorder. In *Child Psychopathology*. E. J Mash and R. A. Backley Eds. New York. Gulliford press. Pp 144-198
- Jackson, C., Richer, J., and Edge, J. A. (2008). Sibling psychological adjustment to type 1 diabetes mellitus. *Pediatric Diabetes*, 9, 308-311. doi: 10.1111/j.1399-5448.2008.00385.x
- Järbrink, K., Fombonne, E., and Knapp, M. (2003). Measuring the parental service, and cost impacts of children with Autistic Spectrum Disorder: a pilot study. *Journal of Autism and Developmental Disorders*, 33, 395-402.
- Kapko, K. (2007). Parenting styles and adolescents from <https://www.human.cornell.edu/pam/outreach/parenting/parents/upload/Parenting20Styles-20and-20Adolescents.pdf>.
- Lavelle, T., Weinstein, M., and Newhouse, J. (2014). Economic Burden of childhood autism spectrum disorders. *Pediatrics*, 133(3), 520–9. doi:10.1542/peds.2013--0763
- Mandell, D. S., Novak, M. M., and Zubritsky, C. D. (2005a). Factors associated with age of diagnosis among children with Autism Spectrum Disorders. *Pediatrics*, 116(6), 1480-1486. doi: 10.1542/peds.2005-0185
- Mazaheri, I. Baghiyan and M. Fatehizadeh, *The effects of group training of self-esteem on the social adjustment of the university student*, *Daneshvar RaftarScientic-Research Periodical*, 13(16) (2006), 49-56.
- McStay, R. L., Dissanayake, C., Scheeren, A., Koot, H. M., and Begeer, S. (2013). Parenting Stress and Autism: The Role of Age, Autism Severity, Quality of Life and Problem Behaviour of Children and Adolescents with Autism. *Autism*, 18, 502-510.
- Müller, E., Schuler, A. L., and Yates, G.B. (2008). Social challenges and supports from the perspective of individuals with Asperger syndrome and other autism spectrum disabilities. *Autism*, 12, 173–190.
- Nah, Y., and Poon, K. (2011). The perception of social situations by children with autism spectrum disorders. *Autism : The International Journal of Research and Practice*, 15(2), 185–203.
- Oakes, J. M., and P. H. Rossi. 2003. "The measurement of SES in health research: current practice and steps toward a new approach." *Soc Sci Med* 56(4):769-84.
- Ploog, B.O. (2010). Stimulus overselectivity four decades later: a review of the literature and its implications for current research in autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 40(11), 1332-1349.
- Pouw, L.B., Rieffe, C., Oosterveld, P., Huskens, B. and Stockmann, L. (2013) Reactive/proactive aggression and affective/cognitive empathy in children with ASD. *Research in Developmental Disabilities*, 34(4), 1256-1266.
- Rajendran, G., and Mitchell, P. (2007). Cognitive theories of autism. *Developmental Review*, 27(2), 224–260
- Rutgers, A. H., van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., Swinkels, S. H. N., Dietz, C., Naber, F. B. A., ... van Engeland, H. (2007). Autism, attachment and parenting: A comparison of children with Autism Spectrum Disorder, Mental Retardation, Language Disorder, and non-clinical children. *Journal of Abnormal Child Psychology*, 35, 859-870. doi:10.1007/s10802-007-9139
- Schmidt, C., and Bosa, C. (2003). A investigação do impacto do autismo na família: Revisão crítica da literatura e proposta de um novo modelo. *Interação em Psicologia*, 7, 111-120. <http://dx.doi.org/10.5380/psi.v7i2.3229>
- Segeren, L., and Françoço, M. F. C. (2014). As vivências de mães de jovens autistas. *Psicologia em Estudo*, 19, 39-46. <http://dx.doi.org/10.1590/1413-7372189590004>
- Thomas, K., Ellis, A., and McLaurin, C. (2007). Access To care for autism-related services. *Journal Of Autism And Developmental Disorder*, 37(10), 1902--1912. doi:10.1007/s10803--0323-7
- Wentzel, K., and Russell, S. (2009). Parenting Style Retrieved July 7, 2016, from <http://www.education.com/reference/article/parenting-styles1>