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Contents

PARENTAL IMPACT ON CHILDREN LIVING WITH AUTISM SPECTRUM DISORDER AT THE UNIVERSITY COLLEGE HOSPITAL (UCH) IBADAN, NIGERIA.

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Abstract
Parenting is a problem affecting the well-being of children with autism spectrum disorder in Nigeria. Previous studies on subjective wellbeing had focused on school and environmental factors. This paper investigated parental impact on wellbeing of children with autism at the University College Hospital Ibadan. The study adopted a descriptive survey research design. A purposive sampling technique was used to select 55 parents of children (caregivers) with autism spectrum disorders as respondents. A structured questionnaire titled "Parental Impact and Autism Spectrum Disorder Questionnaire (PIASDQ) was used to elicit responses and data were analysed using Pearson Product Moment Correlation (PPMC) and Regression Analysis tested at 0.05 alpha level. There is a significant positive relationship between parental impact and psychological wellbeing of children with autism disorder (r = .811, n= 55, P(.001) < 0.05), there is a significant positive relationship between parental impact and health wellbeing of children with autism disorder (r = .717, n= 55, P(.003) < 0.05), there is a significant positive relationship between parental impact and social wellbeing of children with autism

disorder (r = .724, n= 55, P(.001) < 0.05). The study therefore, recommended that bad parenting is a major issue that must be addressed quickly to reduce negative wellbeing among children with autism disorder.

Introduction

The devastating symptoms exhibited by autistic individuals especially in terms of social interaction between them and their health professionals especially among trained medical social workers and other caregivers have a lot of implications to their well-beings. This is due to the fact that many of the autistic children being characterized by puzzling conditions whose cure and causes are largely unknown are not identified early in Nigeria. The number of children with autism disorder is on the increase. Autism is a highly variable neuro-development that initially show up during adolescent period, and generally follows a consistent route without remission with overt symptoms slowly starting after six months old. It then becomes well known at age two or three years, which supposedly move to adult age, although frequently in more quietly form (Geschwind, 2019; WHO, 2019). In fact, autistic infants have more salient social misconduct; for example, they have less face to face contact and anticipatory postures and are more prone to interact by controlling another person's hand. (Filipek, Accardo and Baranek, 2019) posited that autism is differentiated not by one symptom, but by three feature of symptoms, namely; distortions in social interaction; distortions in spoken language; and limited interests and repeated conduct. Other areas, such as atypical eating, are also frequent but are not significant for detection.

Dangana, Uwobuesor and Soneye (2020) explains that autism is a neuro-developmental disorder characterized by distorted speech and social relation and repeated conducts. Autism is a prolong health situation for many individuals who are victim. Ayinla, Chang and Ayodele (2019) noted that there are several ways to proof that genetic, environmental, and immune deficiency factors perform a role in its etiologies. Many researchers like Bakare, Munir and Bello-Mojeed (2015) work more on the nature of autism to that of a multisystem metabolic disease, not just a brain defect. Gobrial (2018) noted historically, significant number of autistic individuals become either institutionalized as adults or are had problem in living alone. Researches

on adults with autism also suggest that the total rate of death are many among autistic clients than their non-autistic friends. In this, the total life of existence per capita incremental societal expenditures of autism in the United State of America for example, are $3.2 million (Schonauer, Klar, Kehrer and Arolt, 2011).

Although, there are many etiologies of autism worldwide, results have not been exact in 100% of the autistic subjects in any research. Indeed, there was dearth of information to show the incidence and prevalence of autism in order that the timelines of the etiologies can be known. But (Omolayo, Auta, Akinyemi and Dennis (2020) researched on the etiologies of autism, comfirmed that the rate of its incidence was 4 to 5 per 10,000 children. Perhaps, the etiology of autism at that period might have been ordinarily inherited from family. In addition, from studies carried out in 12 nations for instance; United States, United Kingdom, Denmark, Japan, Sweden, Ireland, Germany, Canada, France, Indonesia, Norway, and Iceland, the rate at which the number of existing disease incidences in a particular cohort during a particular period (Fombonne, 2019).

The Center for Disease Control and Prevention, (CDC, 2010) document an increasing prevalence rate of autism at epidemic rates if one utilizes similar approaches for explanation of information from both years. Making a similarities of the prevalence in 2002 to that in 2006 were made in the Autism and Developmental defects Monitoring Network sites (such as areas of Alabama, Arizona, Colorado, Florida, Georgia, Maryland, Missouri, North Carolina, Pennsylvania, South Carolina, and Wisconsin). The outcomes were 1/150 in 2002 and 1/110 in 2006. Of 10 sites that gotten information for both the 2002 and 2006 monitoring years, 9 noticed an upsurge in autism rate, with high incidences among males in all sites and among females in 4/11 sites, and difference among the other small populations. The general average high incidences from 2002 to 2006 was 57%.

Moreover, in a family studies carried out in 2007 by the U.S. National Survey of Children's Health, the prevalence was 1/91 (Kogan et al., 2019). The most current government prevalence for the United States of America is an average of 1/110 (Center for Disease Control and Prevention, 2010).

As regards to the symptoms noticeable from autistic persons, it has been documented that 3 to 5 year old autistic infant are less prone

to display social knowledge, approach others impulsively, mimic and appeal to emotions, and queue with others. Certainly, there could be opportunity to collaborate with their primary caregivers as well as making and sustaining friendships show impossibility for them (Geschwind, 2019). In relation to communication, about a third to half of persons with autism unable start up adequate natural communication to achieve their everyday communication wants which contain delayed at the beginning of babbling, uncommon gestures, reduced responsiveness, and de-synchronization of vocal patterns with the caregiver (Frank-Briggs, 2012). In the following second and third years, autistic infant have less often babbling and may stop making speech. Such infant are less prone to make demands or share experiences, and are more prone to mimic others' statements [echolalia] (Geschwind, 2018).

Family perform a significant role in the management of autism spectrum disorder of their infant. They worked on the role revolving the process. Families with autism disorder observed that autistic persons demonstrate various forms of repeated or limited behaviour such that they apparently demonstrate roaming aimlessly, such as hand flapping, head rolling, or body rocking, compulsive behaviuor, not adaptable to change, self-injury via biting oneself among other serious symptoms (Frank-Briggs, 2012). As Vilayanur and Lindsay (2006) furthermore, although the main detector signs of autism are social seclusion, lack of face to face contact, poor communication skill and lack of empathy, other symptoms that are scarcely known are clear proof. Some individuals living with autism have no knowledge of metaphors, most times explaining them literally. They also have problem copying other people's behaviours. Frequently, they demonstrate an eccentric preoccupation with trifles yet disregard significant areas of their environment, particularly their social environments. Equally confusing is the fact that they commonly display an extreme aversion to certain voices that, for no clear reason, set off the sound to ring in their minds (Vilayanur and Lindsay, 2016).

Akogun, Njobdi and Adebukola (2018) advocates that, family inability to perform and elderly care are the largest parts of the expenditure. Volkmar and Klin (2015) in their own understanding documented that greater than the financial expenditure, the psychological trauma caused by the serious impediments challenge by

the autistic person, and the pains on parents and family, cause prolong strife and most of the time physical dangers to the autistic person and to others who live with them. This difficult attitudinal problem contains in a wide variety of symptoms, defined by deficiency in social relation, speech, and empathy, follow by abnormal limitation, mimic attitudes (Ratajczak, 2011).

The theoretical orientation for this study hinges on Health Belief Model [HBM]. This was first developed in the 1950s by social psychologists Hochbaum, Rosenstock and Kegels working in the US Public Health Services. The model was developed in response to the failure of free tuberculosis (TB) health screening programme. Since then, the HBM has been adapted to explore a variety of long and short term health behaviours, including Autism behaviours and the care giving by health professionals among other disease outbreak (Rosenstock, Strecher, & Becker 1988). The Health Belief Model (HBM) is a psychosocial model that provides explanations and predicts health seeking behaviours by focusing on the attitudes and beliefs of individuals affected with a particular disease. In this, HBM is a framework that motivates people to take positive health action that uses the desire to avoid negative health consequences as the prime motivation. For example, the mother, the caregiver as well as concerned health professional will take all necessary steps to ensure that autistic children are well taken care of which is positive health action so as to enable them avoid those children to get worsened in their condition. Thus, the perceived threats of deviance behavior already suggested by Parsons are avoided by taking care of them with special care. It is the belief of this model that avoiding the negative consequences of the health condition is the key element. Therefore, HBM sees individual taking any health related action if such individual: feels that a negative health condition can be avoided; has positive expectations that by the taking a recommended action, he/she will avoid a negative health condition, believes that he/she can successfully take a recommended health action. Rosenstock, Strecher, & Becker (1988) further identified the following constructs as important in the analysis of human behaviour in the acceptance of health practice: Perceived Susceptibility; Perceived Severity; Perceived Benefits; Perceived Barriers; Modifying Variables; Cues to Action; Self-Efficacy.

The application of this model to the subject of investigation, the Health Belief Model (HBM) relates the cognitive factors predisposing an individual to health behaviour which is largely connected with the belief in one's self-efficacy for the behaviour. HBM provides explanations on factors enabling and reinforcing individual's behaviour (such as the mothers and caregivers of the autistic children) and these factors become increasingly important when the model is used to explain and predict more complex lifestyle behaviour that needs to be maintained over a lifetime. This study therefore, examined parental impact on children living with autism spectrum disorder in a University College Hospital Ibadan, Nigeria.

Research Hypotheses

HO_1: There is no significant relationship between parental impact and psychological well-being of children with autism disorder.

HO_2: There is no significant relationship between parental impact and health well-being of children with autism disorder.

HO_3: There is no significant relationship between parental impact and social well-being of children with autism disorder.

HO_4: There is no significant influence of parental impacts on joint subjective well-being (psychological, health and social well-being of children with autism disorder.

Methodology

The study adopted a descriptive survey research design. The study location was the University College Hospital (UCH), Ibadan. The choice of the UCH is because it has the capacity to accommodate autistic patients more than any other public hospitals. It is also believed to have the required sophisticated equipment that can be utilized to treat and manage the health condition in a large number. The target populations of the study were parents with autistic children. In this context, parents with autistic children refers to the biological caregiver of a child with autism spectrum disorder. A purposive sampling technique was used to select the University College Hospital (UCH), Ibadan because it provides services to a large number of parents of children with autism spectrum disorders, hence the target population of study could easily be accessed. A total number of 55 parents of children (primary caregivers) with autism spectrum disorders aged 18 years and above were

randomly selected in the study location to represent the population of study, all parents of children with autism spectrum disorders were given equal chances of being selected. A single questionnaire titled "Parental Impact and Autism Spectrum Disorder Questionnaire (PIASDQ)" The data collected were collated, coded and processed into the computer frequency distribution and simple percentages were used for the demographic characteristics of the respondents. The hypotheses were analysed using Pearson Product Moment Correlation (PPMC) and Regression Analysis.

All principles governing human research were observed in the study. Ethical approval was obtained from the Social Sciences and Humanities Research Ethics Committee (SSHEC) with assigned approved number: UI/SSHE/2021/0005. Respondents were briefed about the study objectives and its expected outcomes. The researcher observed all standards as set by the National Health Research Ethics Code (NHREC).

Results

Hypothesis 1:   There is no significant relationship between parental impact and psychological well-being of children with autism disorder.

PPMC showing relationship parental impact and psychological well-being of children living with autism disorder

Table I.

Variables	N	Mean	Std. Dev	R	Sig	P	Remark
Parental impact	55	24.47	4.457	.811**	.001	<0.05	Ho rejected
Psychological wellbeing	55	27.02	5.652				

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

Table 1. show that there is a significant positive relationship between parental impact and psychological well-being of children with autism disorder (r = .811, n= 55, P(.001) < 0.05). It indicates that parental style directly influenced psychological well-being of children with autism disorder in the study i.e. high parental impact leads to high

psychological well-being in children with autism. Therefore, the null hypothesis is rejected.

Hypothesis 2: There is no significant relationship between parental impact and health well-being of children with autism disorder.

PPMC showing relationship parental impact and health well-being of Living children with autism disorder

Table II

Variables	N	Mean	Std. Dev	R	Sig	P	Remark
Parental impact	55	24.47	4.457	.717**	.003	<0.05	Ho rejected
Health wellbeing	55	24.14	4.335				

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

Table 2. show that there is a significant positive relationship between parental impact and health well-being of children with autism disorder (r = .717, n= 55, P(.003) < 0.05). It indicates that parental style directly influenced health well-being of children with autism disorder in the study i.e. high parental impact leads to better health well-being in children with autism disorder.

Therefore, the null hypothesis is rejected.

Hypothesis 3: There is no significant relationship between parental impact and social wellbeing of children with autism disorder.

PPMC showing relationship parental impact and social well-being of children Living with autism disorder

Table III.

Variables	N	Mean	Std. Dev	R	Sig	P	Remark
Parental impact	55	24.47	4.457	.724**	.001	<0.05	Ho rejected
Social wellbeing	55	23.76	4.745				

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

Table 3. Show that there is a significant positive relationship between parental impact and social wellbeing of children with autism disorder (r = .724, n= 55, P(.001) < 0.05). It indicates that parental style directly influenced social wellbeing of children with autism disorder in the study i.e. high parental impact leads to better social wellbeing in children with autism disorder. Therefore, the null hypothesis is rejected.

Hypothesis 4: There is no significant influence of parental impacts on joint subjective wellbeing (psychological, health and social well-being) of children with autism disorder.

Table IV: Summary of regression analysis showing influence of independent variable (parental impacts) on joint subjective wellbeing (psychological, health and Living social wellbeing)

R	R Square		Adjusted R Square	Std. Error of the Estimate
.892	.796		.788	2.541
A N O V A				
Model	Sum of Squares	DF	Mean Square	F	Sig.	Remark
Regression	7640.209	3	2546.736	384.511	.000	Sig.
Residual	1910.761	296	6.455			
Total	9550.970	299				

- *Dependent Variable: Subjective Wellbeing*
- *Predictors: (Constant), Parental Impact*

Table 4. show regression influence of predictor variable (parental impacts) on the dependent variable (subjective well-being) of children with autism disorder. The table shows a coefficient of multiple correlation (R = .892 and a multiple R^2 of .796). This means that 79.6% of the variance was accounted for by the three predictor variables when taken together. The significance of the composite contribution was tested at α = 0.05. The table also shows that the analysis of variance for the regression yielded F-ratio of 384.511 (significant at <0.05 level). This implies that the joint contribution of the independent variables to the dependent variable was significant and that other variables not included in this model may have accounted for the remaining variance. The study therefore, rejected the null hypothesis.

Discussion of Findings

The study established that there is a significant positive relationship between parental effort and emotional balance of infant living with autism disorder (r = .811, n= 55, P(.001) < 0.05). It shows that parental way of life directly affect emotional balance of infant living with autism disorder in the study area i.e. high family effort leads to high emotional balance of infant living with autism. This finding is in tandem with the position of (Krakowiak et al, 2018) which indicated that children living with autism disorder mostly having problems falling asleep or staying asleep, or have other emotional disorder. The psychological difficulties encountered by children living with autism disorder do not in most times allow the children to focus attention to issues, and it sometimes minimise their capacity to perform effectively, leading to poor attitude.

In another similar researches carried out by the American Psychiatric Association (2010) it was established that certain level of intellectual deficit is documented among infant living with autism disorder. In the same vein, a study by Leyfer et al (2016) noted that children living with autism disorder frequently been diagnose of mental disorders such as anxiety, attention deficit hyperactivity disorder (ADHD) and depression, making them prone to higher risk of mental disorders than persons with no autism disorder.

The study established that there is a significant positive relationship between parental impact and health well-being of infant living with autism disorder (r = .717, n= 55, P(.003) < 0.05). It shows that parental way of life directly affected health well-being of an infant living

with autism disorder i.e. high parental impact leads to improved health well-being of children living with autism disorder. This finding is supported by the study carried out by (Zafeiriou, Ververi and Vargiami, 2017) which showed that infanthood autism is connected with co-morbidities, fragile X syndrome which is an inherited disorder that is commonly a genetic intellectual deficit among infant living with autism disorder. The study also document that there is a significant positive relationship between parental impact and social wellbeing of infant living with autism disorder (r = .724, n= 55, P(.001) < 0.05). It shows that parental style directly affected social well-being of an infant living with autism disorder i.e. high parental impact leads to improved social well-being in an infant living with autism disorder. This finding is in tandem with the study conducted by (Dyches *et al.*, 2014) which indicated that some Latino mothers have a more favourable perception of autism, they believed that it is a blessing or gift from God that will endowed the mothers to have chance of becoming more useful and sacrifice a part of their life to serve another. However, as Skinner, Correa, Skinner and Barley (2011) have stated, although there are diverse opinions about the etiologies of autism disorder and parental impact towards it, parental beliefs about the etiology of autism and other developmental deficits from a particular cultural world view should be explain carefully, because these beliefs differ among members within any given social group and influence parental styles. The study documented that there is regression influence of predictor variable (parental impact) on the dependent variable (subjective well-being) of children with autism disorder. The outcome indicates a coefficient of multiple correlation (R = .892 and a multiple R^2 of .796). This means that 79.6% of the variance was accounted for by the three predictor variables when taken together. The significance of the composite contribution was tested at α = 0.05. The result also indicates that the explanation of variance for the regression yielded F-ratio of 384.511 (significant at <0.05 level). This means that the joint contribution of the independent variables to the dependent variable was significant and that other variables not included in this model may have accounted for the remaining variance. This finding supports with the assertion of Herbert and Koulouglioti (2010) that parental beliefs about the etiology of autism showed that heredity, environmental and events related to childbirth are contributing factors to autism disorder among infants. Although many casual observations

from parents support the hypothesis of vaccinations, genetics, birth trauma, illnesses, heredity, parental damage, environment and some combined factors are linked with the etiology and management of autism disorder (Ennis-Cole, Durodoye and Harris, 2013). However, based on the evidences from researches conducted on the field, the position of this paper agreed with what has been documented overtime relating to the causes and management of spectrum disorder, moreover, some people in this part of the world (Africa) have some feelings that primordial notion concerning the causes of autism is linked to movement at the awkward period of the day or at night by a pregnant woman which can eventually result into autism when the baby is born and people also believed in home remedies in the treatment approach.

Conclusion

Based on the findings of the study, it was concluded that there is a significant influence of parental impacts on subjective wellbeing (psychological, health and social wellbeing) of an infant living with autism disorder who are been managed from the University College Hospital Ibadan, Nigeria. For instance, high parental impact leads to high emotional wellbeing of an infant living with autism disorder, positive parental impact leads to better health wellbeing in an infant living with autism disorder, and high parental impact leads to improved social wellbeing among infants living with autism disorder. More so, parental impact has joint effect on emotional, health and social wellbeing of an infant living with autism disorder.

Recommendations

Based on these findings, it was recommended that:

1. Poor parental care is the core issue that must be tackled immediately to minimise negative well-being among children living with autism disorder, because psychological problems faced by children living with autism disorder do not in most times allow the children to pay rapt attention to issues, and it sometimes reduce their capacity to perform effectively leading to poor attitude.

2. Medical Social Workers and Clinical Counsellors must encourage the parents about the ills of poor parental care on relationships

with children living with autism disorder and make them to know and appreciate the gains of healthy living together in order to minimise health challenges and social problems connected with children living with autism disorder.

3. Clinical Counsellors and Social workers must educate infants living with autism and monitored on how to develop positive, healthy family relationships that will be devoid of poor subjective well-being. This will assist children not only when they are of younger age, but also when they have matured to become an adults and have their own families.

4. Social workers should be the frontline in the struggle towards enhancing the well-being of children living with autism in Nigeria, and their ultimate goal should be to stop bad parental care, peer group influence, teachers and environmental factors from negatively influencing children living with autism disorder.

5. Policies and programmes should be enacted to foster positive parental care and friendly environmental factors in order to enhance well-being of an infant living with autism disorder so that they be carried along as a member of the same community and not been isolated or stigmatized by the entire community.

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