

Stigmatization and Coping Strategies as Predictors of Depression among Parents of Autistic Children

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Abstract

This study investigated stigmatization and coping strategies as predictors of depression among parents of autistic children in South-East Nigeria. A total of 138 participants comprising 69 females and 69 males were involved in the study. Participants were parents raising children with autism spectrum disorder (ASD) and were drawn from five states of South-East Nigeria. Stigmatization Impact Scale (SIS) developed by the researcher was used to assess the presence of stigma and its frequency in parental feeling. Also, Health and Daily Living Form: Adult Form B (HDL-AFB) was used to measure the parents' coping level, and Radloff's epidemiological studies depression scale (CES-D) validated by Omeje and Okafor was used to measure parents' depressive symptoms. Descriptive statistics and correlational study of variables was used to present the results while hierarchical multiple regression analysis was used to predict depression among parents with autistic children. The results revealed that stigmatization predicted depression among parents of children with ASD ($b = .50, t = 8.37, p < .05$). Also, parenting an autistic child predicted depression ($r = .29, p < 0.01$) and coping strategy (avoidance coping) positively predicted depression ($r = .49, p < 0.01$) among parents with autistic children in South-East Nigeria. The implications, limitations, suggestions for further studies were highlighted. Related kinds of literature were reviewed and recommendations made.

Key words: Stigmatization, Coping strategy, Depression, Autism spectrum disorders, parents.

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I. INTRODUCTION

Parenthood can bring unspeakable joy to the family but this joy can turn to sorrow if a couple gives birth to a child with autism spectrum disorder – ASD (Palmer, 2012). Autism involves delays in the development of imaginative, social and communicative skills (DSM-5, 2013). Davidson, Blanksein, Flett and Neale (2010) observed that autism is found in all socio-economic classes, ethnic and racial groups; and some parents whose children are diagnosed with ASD find it difficult to cope with raising them. Such parents seem to feel stigmatized and socially isolated. Stigma refers to negative attitudes, prejudice and negative behaviour (discrimination) toward people living with developmental global delay and other forms of mental illness. This is consistent with the views of Christ, Holt, White and Green (2007) that due to the impairment in executive abilities like cognitive powers, autistic children may be inhibited to conform to social expectations, hence may be viewed as social problems because of their behaviours. This can limit the interaction of their parents with other people. Corrigan (2014) identified two types of stigmas, namely self-stigma and public stigma. Hornby (2006) explained that stigmatization relates to treating people in a way that makes them feel that they are very bad or unimportant. The overwhelming consensus from various literatures reveal that many characteristics associated with autistic children were significant contributing factors to the stigmatization and depression that their parents go through (Benson, 2006; Dempsey, Koen, Pennell, O'Reilly & Neilands, 2009; Carroll, 2013; Green, 2007). Stigmatizing views about ASD and mental illness in general are not limited to uninformed members of the public but among even well-trained professionals from most mental health disciplines (Keane, 1990). Hence, Capital District Health Authority (2013) observed that one of the greatest obstacles to improved mental health is the stigma surrounding mental illness. According to Oguama, Uka, Chukwu and Nwaoha (2020), the experience of stigma on mentally challenged persons in assessing medical services in the developing world like Nigeria is better imagined than experienced. Family members may try to hide a mental illness like ASD and may not get help because of fear of how the individual will be treated by family, friends and the community.

In Nigeria, especially in Igboland or the South-East, comprising the States of Abia, Anambra, Ebonyi, Enugu and Imo, there is a perceived prejudice and stigma against parents of children with autism spectrum disorder (ASD) and other mental health challenges. The prejudice and stigma seem to be based on misconceptions and lack of understanding about the etiology of autism and mental health problems in general (Lesi, Adeyemi, Aina, Oshodi, Umeh, Olagunju, & Oyibo, 2021). This has a negative impact on the parents of autistic children as well as the children themselves (Oshodi, Campbell, & Lesi, 2019). Depending on the coping strategies adopted by the parents of autistic children, they may experience bouts of depressive symptoms which could have adverse effect on their health and quality of life. Coping strategy refers to self-protective measures used by the individual concerned to remain healthy and functional even in the face of conflict (Omeje, 2000). It involves engaging in set of responses that reduce the external stimuli, psychological reaction, anxiety, stressful negative events and depressive symptoms (McCrea, 1984; Folkman, Lazarus, Gruen, & DeLongis, 1986). Various researches have shown that parents with autistic children or mentally challenged children experience physical, psychological and emotional stress more than average parent without ASD (Davidson et al. 2010; Notbohm, 2005; Zimbardo, 2009; Bailey & Smith, 2003). A person's susceptibility to psychological stress is mostly influenced by his or her temperament, coping skills and the available social support. Two coping strategies that can be adopted are problem-focused and emotion-focused (Mgbenkemi, Omeje, & Eze. (2017). Problem-Focused Strategy is an effort aimed at resolving or managing the stressful event or a problem that causes the distress. It involves an attempt to understand and define the problem and devising an effective coping skill to deal with the situation (Ntoumanis, Edmund & Dauda, 2009). On the other hand, Emotion-Focused Strategy is aimed at managing or reducing the emotional distress that is or might be elicited by the stressor (Folkman & Lazarus, 1985). Not much effort is made to address the root cause of the problem. This could be considered as avoidance in nature or inward-focused.

The avoidance syndrome could lead to depression. According to the Diagnostic and Statistical Manual of Mental Disorders – DSM-5 (2013), depression is an emotional state marked by low mood, great sadness and feelings of worthlessness, disappointment, guilt and shame. Some theories have been proffered to account for stigmatization and coping strategies as predictors of depression among parents with autistic children. Such as cognitive theory of depression (Becks, 1967); Interpersonal theory of depression (Coyne, 1976), Behavioral theory of depression (Pavlov, 1937; Watson, 1958; Thorndike, 1949; Skinner, 1957), Communication theory of stigmatization (Hoban, 1974), and Evolutionary and behavioral theory of coping strategies (Darwin, 1859). This study focused more on Cognitive theory of depression. This theory tries to explain human behaviour by understanding the thought processes of an individual. Cognitive theorists assume that thoughts are the primary determinants of emotions and behaviour (Conner, 2010), hence they sought to integrate mental events such as thinking and feeling into the behavioral framework. They believe that people's interpretations of events or their experiences may be distorted, inaccurate or unhelpful, which eventually affect their behaviour especially when there is a psychopathological symptom (Beck & Fleming, 2021; Beck, 1967)

Some scholars have claimed that stigmatization and coping strategies can predict depression among parents raising children with ASD (England & Sim, 2009; Aaron, Elliott and Benz, 2012; Cauda-Laufer, 2017). But a problem arises from the fact that most of the previous studies on this subject were carried out outside the Nigerian environment. Such studies include; "Depression among Parents of Children with Disabilities" (Aaron, Timothy, Elliott and Michael, 2012), and "Raising a Child with a Disability: Coping Mechanisms and Support Needs" (Cauda-Laufer, 2017). These studies offered valuable insights but were limited in scope as the concept of "Stigma" was missing. Also, related studies carried out in Nigeria Mgbenkemi (2014) entitled "Influence of Coping strategies and Marital conflict on Depression among Parents Living with Mentally Retarded Children" did not address the problem of stigma which is prevalent in Nigeria, especially the South Eastern region. A more recent study titled "autism spectrum disorders in Nigeria: A Scoping Review of Literature and Opinion on Future Research and Social Policy Directions" (Bakare, Taiwo, Bello-Mojeed & Munir, 2019), failed to deal with stigma and depression experienced by parents of autistic children. Although Cantwell, Muldoon and Gallagher (2015) discussed "The influence of self-esteem and social support on the relationship between stigma and depressive symptomology in parents caring for children with intellectual disabilities", there was no consideration of coping strategy. Therefore, there is a need to investigate the impact stigmatization and coping strategies will have in predicting depression among parents of children with ASD. The Purpose of this study is specifically to investigate whether stigmatization and coping strategies adopted by parents of autistic children will predict depression among parents with autistic children in South-East Nigeria. It was hypothesized that there would be a significant relationship between stigmatization, coping strategies and depression among parents of children with ASD in South East Nigeria.

II. METHOD

Participants

A total of 138 parents of autistic children participated in the study. The participants were drawn from the South-East of Nigeria comprising the states of Abia, Anambra, Ebonyi, Enugu and Imo. All the children whose parents participated in the study are in special institutions for children with ASD, which include: Abia State Special Education Center for Deaf and Mentally Challenged, Aba and Umuahia (40 participants), Peace therapeutic Special International School, Mkpok Anambra State (21 participants), Ebonyi State Special School, Abakaliki (15 participants), Therapeutic Day Care Center Abakpa Enugu State (42 participants), and Don Guanella Centre, Nnebukwu Imo State (20 participants). Purposive sampling technique was used as appropriate to search for participants with particular characteristics that meet the purpose of the study (Mook, 1982; Cresswell & Plano-Clark, 2011).

Instruments

Three sets of instruments were used for this study, namely, Stigmatization Impact Scale (Okafor, 2019), The Health and Daily Living Form: Adult Form B (Moos, Cronkite and Finney (1990) validated by Omeje (2000 & Okafor, 2021), and Center for Epidemiological Studies Depression Scale (CES-D) Radloff (1977) validated by Omeje (2000 & Okafor, 2021).

Stigmatization Impact Scale (SIS)

The Stigmatization Impact Scale (SIS) was developed by the researcher (Okafor, 2019). It is a 12-items inventory designed to assess the presence of stigma and its frequency in parental feeling. The instrument was developed, tested and validated in a pilot study using 10 parents of autistic children randomly drawn from five Local Government areas of South-East Nigeria. The scores were correlated using Pearson Product Moment Correlation Technique. A reliability coefficient value of 0.05 was obtained. A re-test with another 10 parents of autistic children from South-South of Nigeria was equally tested in another pilot study. This was necessary to determine the internal consistency (Uche & Obiaba, 1989). Data collected was analyzed using Spearman-Brown Formula. Again, a reliability coefficient of 0.05 was obtained. This gave confidence for the reliability and suitability for using the instrument to generate data for this research. Attached is the appendix of the computation of the internal consistency. The stigmatization instrument measuring scale was

Health and Daily Living Form: Adult Form B (HDL-AFB)

The Health and Daily Living Form: Adult Form B. (Moos, Cronkite & Finney, 1990) 32-items coping strategies scale validated by Omeje (2000) and Okafor (2020) was used to measure the parents' coping level.

Center for epidemiological studies depression scale (CES-D)

The Center for epidemiological studies depression scale (CES-D) Radloff (1977) validated in Nigeria by Omeje (2000) and Okafor (2020). It is a 20-items used to measure parents' depressive symptoms. Descriptive statistics and correlational study of variables was used to present the results while hierarchical multiple regression analysis was used to predict depression among parents with autistic children.

Procedure

The researcher went with a letter of introduction from the Head, Department of Psychology, Faculty of Social Sciences and Humanities, Enugu State University of Science and Technology, Agbani to the management of seven institutions. The researcher solicited their permission to use a sample of the parents of children with autism spectrum disorder in their respective institutions as participants for the study. The researcher explained the nature of the research to the managements. Out of 200 copies of questionnaires distributed, 138 were properly completed and returned. Hence, the 138 copies that were properly filled and returned were used for analysis and testing of the hypotheses.

Design and Statistics

A cross-sectional survey design was used. The reason for choosing this design is to help the researcher determine the frequency or level of exposure of parents with autistic children to the variables of this study and the impact it has within a defined population at a particular time. The study involved two levels of coping strategies, (problem-focused coping strategy and emotion-focused coping strategy), and two levels of stigmatization (low and high). It also considered factorial combination of two independent variables on one dependent variable (Depression). Therefore, a 2x2 analysis of variance was used for data analysis. The choice of the three-way cross-sectional design analysis of variance is based on the fact that the present study involves three independent variables and one dependent variable with two levels each. According to Lavrakas (2008) in cross-sectional survey design as corroborated by Gay (1976), analysis of variance is most appropriate for a research study that involves two or more variables that require the investigation of interaction. Kerlinger (1986) also asserted that the F-statistic ratio which shows the ratio between groups of variances must be calculated with

a study involving two or more variables. Since this study involves three variables, it was appropriate to use the analysis of variance to calculate the F-ratio of the data collected.

III. RESULTS

The results obtained from the analyses of the data collected in the study is presented below. Both the descriptive and correlational aspects of the analyses were done using the statistical packages for Social Sciences.

Table 1: Descriptive statistics and correlations of study variables.

Variables	M	SD	1	2	3	4	5	6	7	8	9
AGEB4M			1	.38**	.11	.10	-.18**	-.01	.19**	.03	-.01
LOM	13.47	7.11		1	.15	.19	.26**	.39**	.18	.39**	.23*
EL					1	.09	.09	-.03	.30**	-.09	-.02
PAC						1	.13*	.12	.16*	.20**	.29**
Stigmatization	21.82	8.64						1	-.24**	.35**	.63**
Approach coping	23.10	6.11							1	.13*	.03
Avoidance coping	10.61	3.32								1	.49**
Depression	37.12	7.31									1

Note: * $p > .05$, ** $p > .01$; AGEB4M=Age before Marriage; EL= Educational Level [1=Never attended school; 2=primary school completed with certificate; 3=junior secondary school completed with certificate; 4=senior secondary school completed with certificate; 5=teacher training, OND, NCE; 6= Graduate (B.Sc, B.A., B.Ed., HND)]; LOM= Length of Marriage; PAC=Parenting an Autistic Child (coded '0' for no, '1' for yes)

Table 1 presents the descriptive statistics and correlations for the study variables. Length of marriage was positively correlated with depression ($r = .23$, $p < 0.05$). parenting an Autistic child correlated with depression ($r = .29$, $p < 0.01$), indicating that those coded '1' were more associated with depression than those coded '0'. Stigmatization was positively correlated with depression ($r = .63$, $p < 0.01$), meaning that the higher the stigmatization experienced the more likely would they be depressed. Coping strategy (avoidance coping) positively correlated with depression ($r = .49$, $p < 0.01$). while age before marriage, educational level and coping strategy (approach coping) does not have a significant relationship with depression.

Table 2: Summary of Hierarchical Multiple Regression Analysis for Variables Predicting Depression among parents with autistic children

Variables	Step 1			Step 2			Step 3					
	β	SE	t	β	SE	t	B	SE	t	β	SE	t
AGE_BM	-.11	.59	-1.43									
EDU	-.05	.43	-.80									
PAC	.17	.51	2.20*									
Stigmatization							.50	.05	8.37*			
Approach coping										-.13	.06	-2.50*
Avoidance coping										.25	.11	4.94**
R	.138			.518			.653			.711		
R ²	.019			.269			.427			.505		
ΔR^2	.019			.249			.158			.079		
F	1.661			23.402**			37.804**			36.752**		

Note: * $p > .05$, ** $p > .01$; AGEB4M=Age before Marriage; EL= Educational Level [1=Never attended school; 2=primary school completed with certificate; 3=junior secondary school completed with certificate; 4=senior secondary school completed with certificate; 5=teacher training, OND, NCE; 6= Graduate (B.Sc, B.A., B.Ed., HND)]; LOM= Length of Marriage; PAC=Parenting an Autistic Child (coded '0' for no, '1' for yes)

Results of the hierarchical multiple regression for the test of depression as shown in Table 2. The variables were entered in stepwise models. The demographic variables (age before marriage, educational level, parents with an autistic child) in the Step 1 of the regression analysis and only parents with an autistic child were a significant positive predictor of depression ($\beta = .17, t = 2.20, p < .05$). The demographic variables accounted for 1.9% of variance in depression among parents with autistic children. In step 2, stigmatization was a significant positive predictor of depression ($\beta = .50, t = 8.37, p < .05$) stigmatization accounted for 15.8% of variance in depression among parents with autistic children. Finally, in step 3, coping strategy (approach and avoidance coping strategy) approach was a significant negative predictor of depression ($\beta = -.60, t = -2.50, p < .05$), while avoidance coping was also a significant positive predictor of depression ($\beta = .25, t = 4.94, p < .01$). Coping strategy (approach and avoidance) accounted for 7.9% of variance in depression among parents with autistic children

IV. SUMMARY OF FINDINGS

1. Parenting an autistic child was a significant predictor of depression
2. Stigmatization was a significant positive predictor of depression
3. Coping strategy (approach coping) was a significant negative predictor of depression
4. Coping strategy (avoidance coping) was a significant positive predictor of depression

V. DISCUSSION

In this study hypothesized that stigmatization will predict depression among parents of autistic children in South-Nigeria. The result of the hypothesis tested was confirmed and accepted as true. This is consistent with the observation made by Robertson and Gabrielle-Udoka (2021) that in Nigeria and sub-Saharan African countries, there is negative beliefs about autism and other mental health problems. Parents of autistic children in the South East who participated in the study affirmed that the negative belief contributed to their experience of stigmatization and consequently not seeking professional help on time. Research by Anyanwu, Onuigbo, Obiyo, Eze, et al., (2019) supports that the stigma and stress experienced in raising an autistic child in modern day Nigeria is enormous. Such stress could have a negative impact on parents, evoke anger, anxiety, and sadness, thereby leading to depression. The experience of shame and stigma can lead to the feeling of humiliation, social exclusion and isolation (Baba, 2014) with the consequent depressive symptoms.

The hypothesis predicted that coping strategy will significantly influence depression in parents of autistic children in South East of Nigeria. The result confirms the hypothesis but with a slight difference. While (Problem-focused coping strategy) exerted significant positive influence on depression ($p < .01$) (Emotion-focused coping strategy) exerted a significant negative influence on depression ($p < .05$) among parents with autistic children. In other words, parents who adopted problem-focused coping strategies and those who adopted emotion-focused strategies showed significant differences in their presentation of depression symptoms. These findings suggest that the intensity of depression depends on the type of coping skills used. This is consistent with the study of Miranda, Mira, Bergeur, Rosello and Baixauli (2019) which indicates that lack of appropriate coping strategy could lead to depression among parents with autistic children. Rodriguez-Hernandez et al., (2012) also confirmed that parents who had difficulties with coping when raising autistic children could experience depression. Similarly, the study of Bailey and Smith (2003) revealed that problem-focused coping strategies are more effective than emotion-focused strategies in decreasing the stimulus that causes depression. This is consistent with the findings of Ebata and Moos (1994) and Cherry (2012). Although problem-focused is more effective, some parents of autistic children gravitate towards emotion-focused strategies because they find it easier for adapting to circumstances that would not change (Mgbenkemdi, 2014). The participants in this study who chose emotion-focused coping strategies engaged in some positive thinking, self-isolation, avoidance and invoking of their religious beliefs as a way of dealing with the problem. The parents of autistic children who employed problem-focused reached out for support, established healthy boundaries in their relationships, devised ways of doing their task in such a way that they can function effectively in spite of the challenges they face with raising an autistic child. They looked for a way to alter the source of their stress and make headway for the future (Nwatu, 2020). It was observed that those who used appropriate coping skills were more resilient mentally, emotionally, socially and physically against depression than those who lacked good coping strategies. This aligns with the findings of Bayat (2007) who identified four categories of resilience among parents of children with developmental delay, which help them in coping. The parents have 1) mental capacity to reason and make sense out of adversity, 2) emotional maturity to pull resources together and be connected with others, 3) strength to become more compassionate and 4) ability to adopt a belief system that help them to withstand the difficulties of life events. Hurley (2020) affirmed the effectiveness of resilience in coping with life's challenges, adversities and crisis.

An important implication of this study draws focus on the emotional, psychological spiritual, physical and financial burden of parents raising children with ASD. There is a massive aberration in the understanding of

the etiology of autism in the South East of Nigeria Baba (2014). Some parents of autistic children who participated in this study shared sad stories of experiencing insults and being told to not speak in public. They were told that their autistic children are “ogbanje/abiku” which means “one who come and goes rapidly” but since they managed to survive, they manifest abnormalities of psychological life or maladaptive behaviours (Ilechukwu, 2007). This study shows that these types of experiences certainly trigger stigmatization, alienation and the feelings of sadness, anger, hopelessness and depression among parents of autistic children. The implication of this result indicates that the way parents of autistic children process their experiences and the coping strategy adopted could sometimes be responsible for the feeling of being stigmatized, hence applying Beck’s cognitive triad in processing negative thoughts about themselves, the world and the future could be helpful in reducing the impact and depressive symptoms.

Although this study has made a significant contribution in establishing scientifically that stigmatization and coping strategies predict depression, thereby providing valuable tool for therapists and those who work with parents of autistic children, it has some limitations that limits its generalization: 1) Some parents are uneducated and hence did not meet the criteria for participating in the study. 2) Inability to involve parents whose autistic children are not enrolled in any special institution and there are quite a considerable number of such parents in South-East Nigeria. 3) Scarcity or non-availability of relevant materials such as books, journals and audio-visuals to facilitate the research.

Since this study was limited to parents of autistic children who are in institutions, it is suggested that comparative research be extended to parents of autistic children who are in the communities to know how they cope with stigmatization and depression. Also, since this study was limited to educated parents, a comparative study of non-literate parents of autistic children would be necessary in order to discover whether marital conflict, stigmatization and coping strategies can predict depression in that population.

VI. CONCLUSION AND RECOMMENDATIONS

This study confirms stigmatization and coping strategies as predictors of depression among parents of autistic children in South-East Nigeria. It helps parents of autistic children understand that with healthy coping strategies they can deal with the factors that trigger depressive symptoms in their lives. Engaging such parents through psychoeducation enables them acquire auto-esteem and self-confidence to overcome the negative impact of stigmatization which will help them to maintain not only their good health but also that of their children. Participants in this study that they are not alone in this struggle, they were able to interact with other parents, share experiences and support each other. This helps to reduce the stigmatization impact, feeling of isolation and loneliness which made life unpleasant for them. Finally, this study herald further studies on parents raising autistic children in South East Nigeria and other parts of Africa to correct the misconceptions people have about ASD and thus help ameliorate the suffering and pain of parents with autistic children, and consequently reduce their level of anxiety, worry and depressive symptoms that could even lead to premature death. It is recommended that parents of autistic children in South East of Nigeria form a support group in their communities where they can be educated about the condition of their children and receive support for themselves. Government and policy makers should create inclusive educational resources for educators, therapists, parents of autistic children, autistic children and people dealing with mental health problems in general to help eliminate the stigma associated mental health.

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