EFFECTIVENESS OF RESILIENCE ON STRESS LEVEL AMONG CAREGIVERS OF AUTISTIC CHILDREN ATTENDING SCHOOL FOR SPECIAL NEEDS

Priyadarsini. A [1]*, Saranya. S [2], Jagadeeswari. J [3], Dr. S. KalaBarathi [4], Cecyli. C [5] and Dayana. B.A. A [6]

[1] Assistant Professor, Department of Child Health Nursing, Saveetha College of Nursing, SIMATS, Thandalam, Chennai, Tamilnadu, India.
*Corresponding Author Email: apriyadarsini1987@gmail.com,
ORCID ID: https://orcid.org/0000-0001-8417-1875
[2] B.Sc (Nursing) IV Year, Saveetha College of Nursing,
SIMATS, Thandalam, Chennai, Tamilnadu, India. Email: 171901073.scon@gmail.com
[3] Assistant Professor, Department of Obstetrics and Gynecology Nursing,
Saveetha Institute of Medical and Technical Sciences,
Thandalam, Chennai, Tamil Nadu, India. Email: Jagadeeswari.scon@saveetha.com
[4] Principal, Saveetha College of Nursing, Saveetha Institute of Medical and Technical Sciences,
Thandalam, Chennai, Tamil Nadu, India. ORCID ID: https://orcid.org/0000-0002-2561-8857
[5] Assistant Professor, Department of Medical Surgical Nursing, Saveetha College of Nursing,
Saveetha Institute of Medical and Technical Sciences, Thandalam, Chennai.
Email: dayana.scon@saveetha.com
[6] Assistant Professor, Department of Medical Surgical Nursing, Saveetha College of Nursing,
Saveetha Institute of Medical and Technical Sciences, Thandalam, Chennai.
Email: cecyli.scon@saveetha.com

Abstract

Resilience plays a pivotal role in mitigating stress within families of children diagnosed with autism spectrum disorder (ASD). While a significant portion of prior research has focused on resilience within parents, there remains ambiguity regarding the specific factors influencing resilience in children. Consequently, our objective was to investigate the resilience observed in parents of children with ASD and its implications on the resilience of the children themselves. Autism Spectrum Disease (ASD) is a set of disorders in intercommunication and interrelation abilities that lead to variable neurodevelopmental disorder. The essential characteristics of this disorder are the presence of an abnormal development in the Communication, Socialization, and Imagination. The objectives were to assess the effectiveness of Autogenic training on anxiety of the mothers with special children. A quasi experimental research design was adopted with 80 samples who met the inclusioncriteria caregivers who doesn't have ideas to cope with autistic child. Self-structured questionnaire method was used for data collection. Data analyzed through descriptive and inferential statistics. Out of 80 samples 61% of them had severe stress. The mean score of ASD stress minimum score is 14.38, maximum score is 23.31, mean is 8.93and standard deviation is 4.51.

Keywords: Resilience, Neurodevelopmental disorder, Communication, Socialization, and Imagination.

INTRODUCTION

Autism, otherwise referred to as autism spectrum disorder (ASD), is described as a complex progressive condition among children, instigating communication, social interactions, and behavioral disabilities. The general symptoms include impediments in cognitive, language, character, and societal relations. Hooley et al. (2017) identified the ailment as a neurobiological developmental disorder involving a wide variety of challenging conducts, both chronic and lifelong. Moreover, the sickness appears complicated, and without any precise source. The majority of the cases are probably

due to genetic susceptibility, triggered by certain environmental factors, including infection (rubella, cytomegalovirus), pregnancy, chemicals (food preservatives, coloring, flavorings, and other cooking additives), as well as pollutants, e.g. lead, or mercury from fish contaminated with mercury as a vaccine preservative. Apart from social interactions, communication, and behavioral effects, about 75-80% of autistic patients experience accompanying symptoms of mental retardation, while 10-35% generate seizures. However, considering autism as a polymorphic genetic disorder and influenced by several factors, the sickness varies from mild to severe stages.

Extensive research has found that parents of children with ASD often experience elevated levels of stress, depression and anxiety, as compared to parents of typically developing children **(Padden and James, 2017).**Factors related to the child with ASD and parents, and social level factors were found to be predictors of the psychological burden for caregivers of children with ASD. Increased severity of autism symptoms **(Picardi et al., 2018).** Children's emotional and behavioral problems **(Zhou et al., 2019)** were found to be predictors of stress, anxiety and depression among caregivers of children with ASD.

METHODS AND MATERIALS

A quantitative research approach with descriptive research design was used to conduct the study at Bala Vihar Training School, Chennai among caregivers of autistic children. A sample of 80 participants was recruited using purposive sampling technique. The criteria for sample selection was caregivers of autistic children attending the Special School for Special needs, caregivers who doesn't have ideas to cope with autistic child and willing to participate in the study. Caregivers who doesn't have autistic child, who are uncooperative and not willing to participate were excluded. The data collection was done with prior permission from the Principal of Saveetha College of Nursing and ethical clearance was obtained from the Institution (SIMATS). The investigator induced and explained the purpose of the study to samples and the written informed consent. A tool consists of Section A- demographic variable and Section B has Perceived Stress Scale (PSS) to assess the level of stress and it consist 10 items and it is a 5 point rating scale. Data collection period was for 1 week to collect data from caregivers of autistic child.

RESULT AND DISCUSSION

SECTION A: Description of the demographic variables of study population

About 43(53.8%) were aged between 31 – 40 years, 68(85%) were married, 51(63.8%) were graduates, 62(77.3%) were homemakers, 35(43.8%) were residing in semi – urban, 71(88.7%) had no history of consanguineous marriage, 80(100%) had no family. history of autism and no history of pregnancy complications and 64(80%) had spend 24 hourswith the child.

Parisa Ghanouni, Laura Eves (2023) Resilience plays a pivotal role to offset stress among families of children with autism spectrum disorder (ASD). Although the majority of previous studies investigated resilience in parents, it is unclear what factors contribute to resilience in children. Thus, we aimed to explore resilience experienced by parents of children with ASD and how it affects children's resilience. We invited 50 parents of a child with ASD, 13 years old or younger, across various Canadian provinces in an online survey. Parental resilience was positively associated

with household income and negatively associated with parental stress. Resilience in children with ASD was positively associated with their social participation at home and community. Findings indicate a relationship between resilience in children with ASD and their participation, suggesting new ways to increase resilience in children with ASD by enhancing their participation.

Nazia Mumtaz, Tanveer Fatima, Ghulam Saqulain (2022) conducted a study to explore the perceived burden and stress among mothers of autistic children. This cross- sectional study was conducted at Riphah International University. The samples were recruited using non-probability convenience sampling and comprised 84 mothers (23-60 years old) of children aged 3-16 years with Autism Spectrum Disorder (ASD) from different special education centers in Lahore.

SECTION B: Assessment of stress among caregivers (parents) of children with autism spectrum disorders.

Table 3: Frequency and percentage distribution of pretest and post test level of stress among caregivers (parents) of children with autism spectrum disorders

N = 80

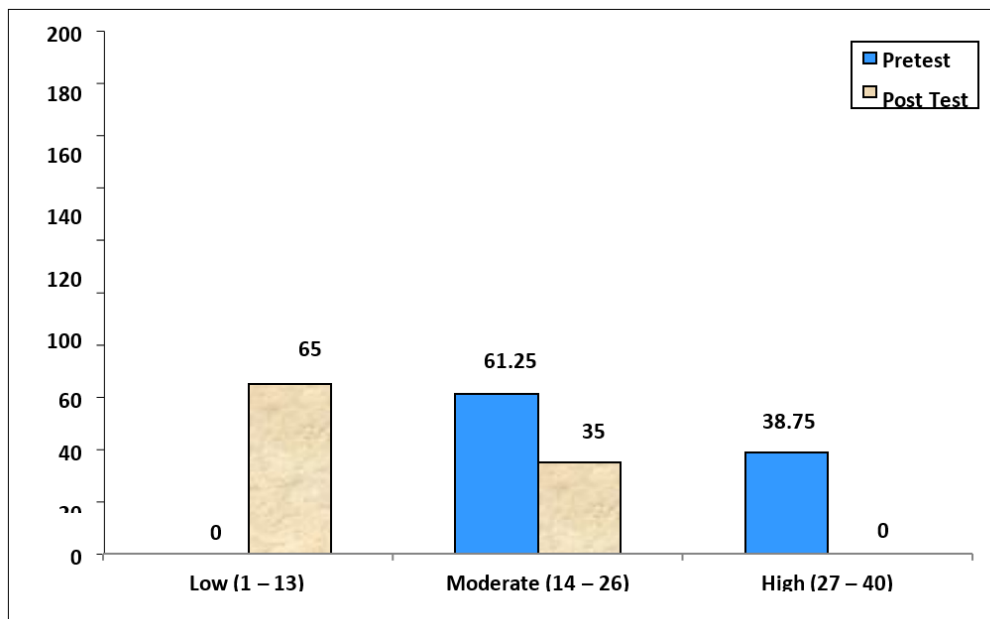| Level of Stress	Pretest		Post Test	
	F	%	F	%
Low (1 – 13)	-	-	52	65.0
Moderate (14 – 26)	49	61.25	28	35.0
High (27 – 40)	31	38.75	-	-

The table 3 shows that in the pretest, 49(61.35%) had moderate level of stress and 31(38.75%) had high level of stress and in the post test after the intervention, 52(65%) had low level of stress and 28(35%) had moderate stress

SECTION C: Effectiveness of group resilience on stress among caregivers (parents) of children with autism spectrum disorders

Table 2: Frequency and percentage distribution of pretest and post test level of stress among caregivers (parents) of children with autism spectrum disorders.

Variable	Pretest		Post Test		Mean Difference score	Paired 't' test & p-value
	Mean	S.D	Mean	S.D		
Stress	23.31	3.91	14.38	4.51	8.93	t = 13.463 p=0.0001, S***

The table 3 depicts that the pretest mean score of stress was 23.31±3.91 and post test mean score was 14.38±4.51. The mean difference score was 8.93. The calculated paired 't' test value of t = 13.463 was statistically significant at $p<0.001$ level.

Percentage distribution of pretest and post test level of stress among caregivers(parents) of children with autism spectrum disorders.

SECTION D: Association of post test level of stress among caregivers (parents) of childrenwith autism spectrum disorders with selected demographic variables.

Table 5: Association of post test level of stress among caregivers (parents) of children with autistic spectrum disorder with selected demographic variables in the experimentalgroup.

Demographic Variables	F	Chi-Square test & p-value
		Stress
Age		χ^2=6.274
21 – 30 years	32	**d.f=2 p=0.043**
31 – 40 years	43	**S***
41 – 50 years	5	
Marital status		
Married	68	χ^2=0.621
Single	12	d.f=1 p=0.431N.S
Widow / Widower	-	
Divorced	-	
Education		
Graduate	51	
Higher secondary school	19	χ^2=1.033
High school	8	d.f=3 p=0.793N.S
Primary school	2	
Illiterate	-	
Occupation		
Sedentary work	4	χ^2=1.765
Moderate work	14	d.f=2 p=0.414N.S
Heavy workers	-	
Homemaker	62	
Area of residence		χ^2=0.176
Urban	31	d.f=2 p=0.916
Rural	14	

Demographic Variables	F	Chi-Square test & p-value
		Stress
Semi-urban	35	N.S
History of consanguineous marriage		χ^2=0.398
Yes	9	d.f=1 p=0.528N.S
No	71	
Family history of Autism		
Yes	-	
No	80	-
History of pregnancy complications		
Yes	-	
No	80	-
Time spent with the child		χ^2=0.673
24 hours	64	d.f=1 p=0.412N.S
12 – 16 hours	16	
10 – 12 hours	-	

CONCLUSION

We noticed that respondents are concerned about their stress level in variety of ways.

This study revealed the prevalence of parental stress as it may negatively impact the resilience of their children. Resilience in parents of children with ASD is influenced by factors like household income and parental stress levels. Children's resilience with ASD is linked to their social participation at home and in the community, suggesting ways to enhance their resilience Thus, resources to support both parents and children are essential to promoting resilience in children with ASD and their parents. Further research may identifyfactors that support the resilience within the entire family. Found a positive relationship between children's resilience with ASD and their social participation at home and in the community, suggesting ways to enhance their resilience

Conflıct of Interest: Author declare no conflict of interest

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