

**Original article**

**Coping strategies and education of parents of autistic children in Bangladesh**

Fardaus Ara Begum<sup>1</sup>, Md. Shafiqul Islam<sup>2</sup>, Abu SMMH Rahman<sup>3</sup>

**Abstract:**

**Objectives:** Bangladesh is a country characterized by the shared cultures of different ethnic groups. Parents in different cultures demonstrate diverse psychological functioning when caring for a child with a chronic disability such as autistic disorder. Few investigations have been conducted in Bangladesh regarding the coping strategies used by parents of autistic children. Therefore, the purpose of this study was to examine the coping strategies of parents raising autistic children in Dhaka city. We also studied the relation between the coping strategies of parents with autistic children and the parents' educational status. **Materials and Methods:** A total of 44 parents with autistic children participated in this survey and were randomly selected from a simple sample comprising parents of children attending special schools in Dhaka city, Bangladesh. Data were collected through questionnaires on coping strategies and were administered by an interviewer. A chi square test was conducted to determine the significance of the relation between education and different coping strategies. **Results and Discussion:** Eight groups of coping strategies were selected as follows: Confrontive coping, Distancing from problem, Seeking social support, Self-controlling, Accepting responsibility, Planful problem-solving, Escape-avoidance, and Positive reappraisal. A total of 34, 10, 26, 19, 17, 32, 6, and 35 parents chose "at least try," "not overanalyzing," "get professional help," "separate own feelings," "conduct self-evaluation" "apply more effort....," "hand over....," "fantasies for turn the....," "wish for over the....," and "change daily lifestyle", respectively. Moreover, a significant relation was revealed between parents' education and the strategy, "accepting responsibilities." **Conclusion:** We concluded that parents of autistic children need more social support, counseling, and higher education to support their child's special needs, as well as ensure their own physical and mental wellbeing.

**Keywords:** Coping strategies, autistic, parents, education.

Bangladesh Journal of Medical Science Vol. 19 No. 04 October'20. Page : 614-619  
DOI: <https://doi.org/10.3329/bjms.v19i4.46615>

**Introduction:**

A lack of social interaction, communication challenges, and repetitive behaviors are common in autistic children<sup>1</sup>. Both developmental delays and motor coordination difficulties negatively affect the children and limit their lifestyles.<sup>2,3</sup> Due to the stressful nature of the development process for children with this condition, parents experience significant challenges in their daily life as they

endeavor to simultaneously manage both the needs of their children and their own<sup>4</sup>. Socio-economic conditions of parents of ASD children were stated in our previous study<sup>5</sup>. Little is known about the coping strategies of parents with autistic children.

Coping strategies comprise procedures in which individuals can manage undesirable events and simultaneously control the internal tension created by the resultant stress. Coping strategies fall into one

1. Clinical Fellow, Nutrition and Clinical Services Division, icddr,b, Mohakhali, Dhaka, 1212, Bangladesh.
2. Professor and Former Head of the Department, Department of Epidemiology, National Institute of Preventive and Social Medicine (NIPSOM), Mohakhali, Dhaka 1212, Bangladesh
3. Study Physician, Nutrition and Clinical Services Division, icddr,b, Mohakhali, Dhaka, 1212, Bangladesh.

**Correspondence to:** Fardaus Ara Begum, Nutrition and Clinical Services Division, icddr,b, Mohakhali, Dhaka, 1212, Bangladesh. Phone no: +88-01717545756,  
Email: [begumfardaus@yahoo.com](mailto:begumfardaus@yahoo.com), [fardaus.ara@icddr.org](mailto:fardaus.ara@icddr.org)

of two categories: problem- or emotion-avoidant-based strategies. Problem-based strategies entail a recognition of the problem to manage them and emotion-avoidant based coping strategies are related to self-emotion; therefore they are related to the concept, intolerance of uncertainty (IU)<sup>6</sup>. IU expresses a person’s cognitive, emotional, and behavioral reaction to an unwanted situation<sup>7</sup>. In this study, we share some approaches for identifying problem- and emotion-avoidant-based coping strategies, which are influenced by cognitive functions and are adopted by the parents of autistic children.

Researchers have demonstrated that higher education can result in higher cognitive functions. In other words, individuals who are more highly-educated have a greater executive ability to manage their problems<sup>8,9</sup>. They also might excel at converted attention<sup>10</sup>. However, the relation between education and coping strategies is unclear. In the literature, studies reveal that a parent’s level of education can have both positive and negative influences<sup>11,12</sup>.

There is little information on coping strategies and their relation to the education of parents of autistic children in developing countries, such as Bangladesh. Therefore, in this study, we aimed to determine the coping strategies of these kinds of parents and focused our investigation on how education influences different parental coping strategies to help autistic children improve their quality of life.

**Methodology:**

We performed a cross-sectional study after obtaining ethical approval from the human ethical committee of the State University of Bangladesh (SUB). All participants were the parents of ASD children. A total of 44 parents of ASD children participated in this study. The parents were selected from various special schools in Dhaka city of Bangladesh. They were asked to fill out the questionnaires after giving their written informed consent.

A revised version of a coping checklist was used in the questionnaires in this study<sup>13</sup>. Coping strategies and years of education completed by the parents were also included. The coping strategies were divided into eight groups: Confrontive coping, Distancing, Self-controlling, Seeking social support, Accepting responsibility, Escape-avoidance, Planful problem-solving, and Positive reappraisal. The details of all groups are shown in Table 1. For each group, participants were asked to rate the strategy using a four-point scale ranging from zero to three (0-3) (“do not use” to “use frequently”).<sup>13</sup>

**Table 1: Detail points under eight (8) coping strategies were mentioned in Table 1**

<p><b>Confrontive coping</b></p> <ol style="list-style-type: none"> <li>1) Stood my ground and fought for what I wanted.</li> <li>2) Tried to get the person responsible to change his or her mind.</li> <li>3) I expressed anger to the person(s) who caused the problem.</li> <li>4) I let my feelings out somehow</li> <li>5) Took a big chance or did something very risky</li> <li>6) I did something which I didn't think would work, but at least I was doing something.</li> </ol> <p><b>Escape-Avoidance</b></p> <ol style="list-style-type: none"> <li>1) Wished that the situation would go away or somehow be over with</li> <li>2) Hoped a miracle would happen</li> <li>3) Had fantasies or wishes about how things might turn out</li> <li>4) Tried to make myself feel better by eating, drinking, using drugs or medication, etc.</li> <li>5) Avoided being with people in general.</li> <li>6) Refused to believe that it had happened.</li> <li>7) Took it out on other people.</li> <li>8) Slept more than usual.</li> </ol> <p><b>Positive reappraisal</b></p> <ol style="list-style-type: none"> <li>1) Changed or grew as a person in a good way.</li> <li>2) I came out of the experience better than when I went in.</li> <li>3) Found new faith.</li> <li>4) Rediscovered what is important in life.</li> <li>5) I prayed.</li> <li>6) I changed something about myself.</li> <li>7) I was inspired to do something creative.</li> </ol> <p><b>Self-controlling</b></p> <ol style="list-style-type: none"> <li>1) I tried to keep my feelings to myself.</li> <li>2) Kept others from knowing how bad things were</li> <li>3) Tried not to burn my bridges, but leave things open somewhat</li> <li>4) I tried not to act too hastily or follow my first hunch</li> <li>5) I tried to keep my feelings from interfering with other things too much</li> <li>6) I thought about how a person I admire would handle this situation and used that as a model</li> <li>7) I tried to see things from the other person's point of view.</li> </ol>	<p><b>Distancing coping</b></p> <ol style="list-style-type: none"> <li>1) Made light of the situation; refused to get too serious about it.</li> <li>2) Went on as if nothing had happened.</li> <li>3) Didn't let it get to me; refused to think too much about it.</li> <li>4) Tried to forget the whole thing.</li> <li>5) Looked for the silver lining, so to speak; tried to look on the bright side of things</li> <li>6) Went along with fate; sometimes I just have bad luck.</li> </ol> <p><b>Seeking social support</b></p> <ol style="list-style-type: none"> <li>1) Talked to someone to find out more about the situation</li> <li>2) Talked to someone who could do something concrete about the problem</li> <li>3) I asked a relative or friend I respected for advice</li> <li>4) Talked to someone about how I was feeling</li> <li>5) Accepted sympathy and understanding from someone</li> <li>6) I got professional help</li> </ol> <p><b>Planful problem-solving</b></p> <ol style="list-style-type: none"> <li>1) I knew what had to be done, so I doubled my efforts to make things work.</li> <li>2) I made a plan of action and followed it.</li> <li>3) Just concentrated on what I had to do next – the next step.</li> <li>4) Changed something so things would turn out all right.</li> <li>5) Drew on my past experiences; I was in a similar situation before.</li> <li>6) Came up with a couple of different solutions to the problem.</li> </ol> <p><b>Accepting responsibility</b></p> <ol style="list-style-type: none"> <li>1) Criticized or lectured myself.</li> <li>2) Realized, I brought the problem on myself</li> <li>3) I made a promise to myself that things would be different next time</li> <li>4) I apologized or did something to make up.</li> </ol>
---	---

All parents were invited to participate when they came to drop off or pick up their children at the school; those who chose to participate were asked to select the strategies they implement to manage their ASD

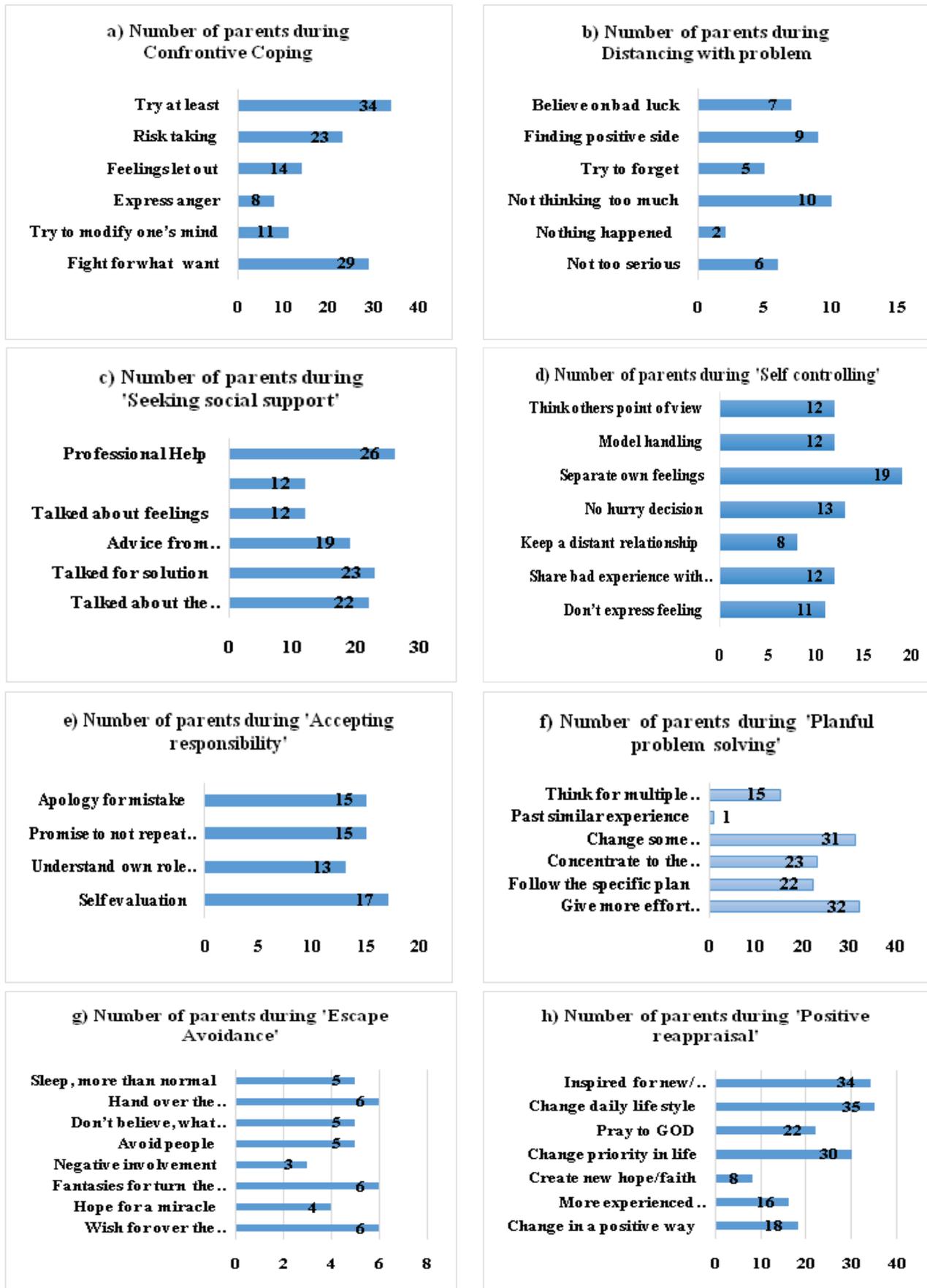


Figure 1: Number of parents with their different coping strategies were shown.

children. We explored the results and examined those strategies that were ranked with a 3 (“use frequently”) by the parents, as they identified those strategies as effective for managing their ASD children.

The educational years of the parents were collected from the questionnaires to observe the relationship between their education and coping styles. The educational levels of parents of ASD children were then divided into five groups. According to the educational system in Bangladesh, Secondary School Certificate (SSC) and Higher Secondary School Certificate (HSC) examinations are held during students’ 10<sup>th</sup> and 12<sup>th</sup> years of education. Therefore, if an individual has not acquired an SSC, this means that he or she possesses fewer than 10 years of education. A total of 18 years are required to obtain a Bachelor’s degree and for more than a Bachelor’s degree, students need over 18 years.

#### **Data Analysis:**

All data were analyzed using the statistical packages for the social sciences (SPSS 16) software program and an Excel 2013 file. A Chi square test was carried out to determine the relationship between parent education and different coping strategies.

#### **Results:**

In the category, “used frequently,” most parents selected “at least try” (34/44) (Figure 1a) when employing “confrontive coping,” “not overanalyzing” (10/44) when employing “distancing from problem” (Figure 1b), and (26/44) were seeking to “get professional help” in the “seeking social support” group (Figure 1c). In the “self-controlling” group, the highest number of parents employed the strategy “separate own feelings” (19/44, Figure 1d). The fewest number of parents employed “express anger” (8/44), “nothing happened” (2/44), “accept sympathy...”/“talked about feelings...” (12/44), and “maintain a distant relationship” (8/44), respectively. However, the highest numbers of parents were as follows: 17 (“self-evaluation”), 32 (“apply more effort...”), 6 (“hand over...,” “fantasies for turn the...,” “wish for over the...”), and 35 (“change daily lifestyle”) in the groups “accepting responsibilities,” “planful problem solving,” “escape avoidance,” and “positive reappraisal,” respectively (Figures 1e-h).

The total number of parents and their educational levels are shown in Figure 2. Most parents (29.5%) had 12 years of education at the HSC level (13/44).

The next-highest number of parents (20.5%) had 18 years of education (Bachelor) (9/44). A nearly equal number of parents (18.2%) (8/44) had received 10 years (SSC) and less than 10 years (below SSC) of education. The lowest number of parents (6/44) (13.4%) had a Bachelor’s degree or higher (Figure 2).

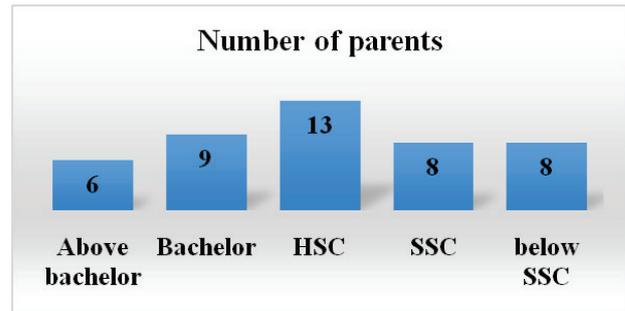


Figure 2: Bar graph showed number of parents of ASD children with different educational background.

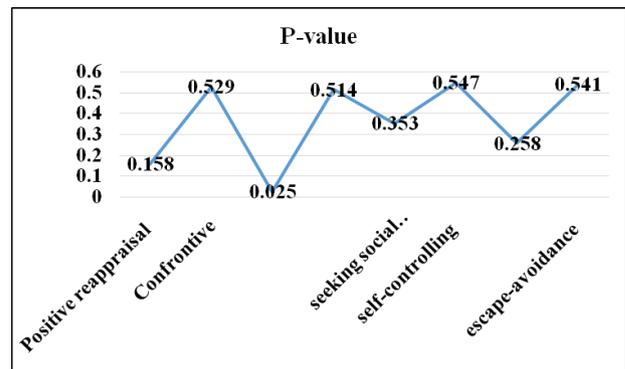


Figure 3: Significance levels were shown as line charts during association of education and different types of coping styles.  $P < 0.05$

The Pearson chi-square analysis did not reveal any significant relationships between education and confrontive coping ( $p=0.529$ ), distancing coping ( $p=0.258$ ), self-controlling coping ( $p=0.547$ ), seeking social support ( $p=0.353$ ), escape avoidance tendency ( $p=0.541$ ), planful problem solving ( $p=0.514$ ) or positive reappraisal ( $p=0.158$ ). However, we found that there was a significant association between education and accepting responsibilities ( $p=0.025$ ) (Figure 3)).

#### **Discussion:**

To identify the coping strategies and their relation with parents’ level of education, we created a survey to be administered among parents of autistic children, which comprised one questionnaire containing eight groups of coping strategies. The parents’ educational level was also recorded. All parents chose different

types of strategies according to their abilities. We found that parents' education was significant only for the strategy, "accepting responsibilities."

During "confrontive coping," an individual might exhibit aggressive behaviors to change the unwanted situation by expressing anger<sup>14</sup>. In this domain, most parents (32/44) "at least try" to manage their situation and a low number (8/44) indicated that they expressed anger. This result indicated that most parents accepted the situation with a positive attitude and pursued additional and new medication and therapies to improve the management of their child. For cases in the "distancing from problem" domain, most parents (10/44) chose "not overanalyzing," which might better enable them to accept the situation so they can focus on managing their autistic children with a more positive attitude.

In the "seeking social support" domain, most parents (26/44) were seeking to "get professional help." Some studies found that more parents seek "professional help"<sup>15,16</sup> comparing with our study. This indicates that Bangladesh still lacks opportunities for parents to seek professional help to manage their autistic children. Alternatively, seeking professional help can create space for leisure time for parents<sup>17</sup> which might also bring about improvements in their strategies for managing their autistic children<sup>18</sup>. Most parents (19/44) "separate own feelings" in cases where they have implemented "Self controlling," which might strengthen their mental ability to manage their children<sup>19</sup>.

"Conduct self-evaluation" was used by most parents (17/44) under the "accepting responsibility" domain. Nearly the same number of parents chose other strategies, such as "Understand own role in problem" (13/44), "Promise to not repeat the same mistake next time" (15/44) and "Apologize or do something to make up" (15/44). We assume that all strategies under "accepting responsibility" were beneficial to parents because they helped them manage their autistic children with a positive attitude. For the strategy, "planful problem solving," most parents (32/44) "apply more effort" to managing their children; here, it may be assumed that they accepted the reality of the situation, which enabled them to focus on managing their children.

Some subscales of the "Escape-avoidance" coping strategy cause a situation in which the parents are isolated, which can lead to a lack of social support<sup>20</sup>.

In this study, most parents selected "wish that the situation would go away or somehow be over with" (6/44), "have fantasies or wishes about how things might turn out" (6/44) and "pass off responsibility to others" (6/44). It seems the parents have no tendency to avoid the situation fully. This tendency might be helpful to take more social support to manage their children. "Positive reappraisal" was ranked lowest on the questionnaire for parents. Most parents (35/44) selected "change daily lifestyle" to manage their children with special needs.

Most parents who participated had average to higher levels of education: HSC (13/44), Bachelor's degree (9/44), and higher than a Bachelor's degree (6/44). The number of parents with a lower level of education was less than that of parents with average or high levels of education. As people with higher levels of education have higher cognitive and executive functions,<sup>8,9</sup> we can assume that most parents in our study are capable of managing their autistic children in a positive manner. In this study, we found that parents' level of education was only significantly related to strategies regarding "accepting responsibilities," which indicated that parents take responsibility in their own way using other strategies, such as "conduct self-evaluation," "understand their role," "making an apology" and "making a promise not to make the same mistake next time," which all reflect higher cognitive function on the part of the parents.

### **Conclusion:**

We surveyed eight groups of coping strategies and their relation with parents' education using questionnaires. We found that parents' education was significantly related to the strategy, "accepting responsibilities." Given the results of this survey, we concluded that the parents of autistic children need more social support and higher education to manage their autistic children and would also benefit from counseling to improve their own quality of life.

### **Limitations of the Study:**

1. Small sample size. Larger sample size might give us consistent information.
2. Only mother or father was participated in this survey. Coping plans of both mother and father would give strong management plans about their children.

**Conflict of interest:** None.

**Author's contribution:**

FAB collected data, ASMMHR and FAB performed data analysis. FAB and SI completed the final draft of this manuscript.

**Acknowledgement:**

This research was self-funded. All data and

information were collected outside from icddr,b. It was a part of an MPH thesis Programme of State University of Bangladesh (SUB). There is no icddr,b study content. However, corresponding author is a clinical fellow of icddr,b. icddr,b is grateful to the Government of Bangladesh, Canada, Sweden and the UK for providing core/unrestricted support.

---

**References:**

1. Landa RJ. Diagnosis of autism spectrum disorders in the first 3 years of life. *Nat. Clin. Pract. Neurol* 2008; **4**(3): 138-147. DOI: 10.1038/ncpneuro0731.
2. Wood G, Miles CAL, Coyles G, Alizadehkhayiat O, Vine SJ, Vickers JN, and Wilson MR. A randomized controlled trial of a group-based gaze training intervention for children with Developmental Coordination Disorder. *PLoS ONE* 2017;**12**(2):e0171782. <https://doi.org/10.1371/journal.pone.0171782>.
3. Rosenblum S, Waissman P, and Diamond GW. Identifying play characteristics of pre-school children with developmental coordination disorder via parental questionnaires. *Human Movement Science* 2016;**53**:5-15. [doi.org/10.1016/j.humov.2016.11.003](https://doi.org/10.1016/j.humov.2016.11.003).
4. Gray DE. Coping over time. *Journal of Intellectual Disability Research*. 2006; **50**(12):970-976. DOI: 10.1111/j.1365-2788.2006.00933.x
5. Begum FA, Rahman ASMMH, Islam MS. Socio-demographic status of Children with Autism Spectrum Disorder and their Parents in Dhaka city. *International Journal of Human and Health Sciences*.2020;**04**(1):36-40. DOI: 10.31344/ijhhs.v4i1.117
6. Doruk A, Dugnci M, Epsoz F, and Oznur T. Intolerance of Uncertainty and Coping strategies. *Arch Neuropsychiatry*.2015; **52** (2): 400-405. DOI: [10.5152/npa.2015.8779](https://doi.org/10.5152/npa.2015.8779)
7. Boelen PA, and Carleton RN. Intolerance of uncertainty, hypochondriacal con-cerns, obsessive-compulsive symptoms, and worry. *J NervMent Dis*. 2012; **200**(3):208-213. DOI: 10.1097/NMD.0b013e318247cb17
8. Begum T, Reza F, Ahmed I, Abdullah JM. Influence of education level on design induced N170 and P300 components of event related potentials in the human brain. *J IntegrNeurosci*.2014;**13**(1):71-88. doi: 10.1142/S0219635214500058
9. Hasan RA, Reza F and Begum T. Education Level is Associated with Specific N200 and P300 Profiles Reflecting Higher Cognitive Functioning. *Journal of Advances in Medical and Pharmaceutical* 2016;**10**(4): 1-12. DOI: 10.9734/JAMPS/2016/29783
10. Stern Y. What is cognitive reserve? Theory and research application of the reserve concept. *Journal of the International Neuropsychological Society*. 2002; **8**(3), 448-460. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/11939702>
11. Van der Elst W, Van Boxtel MP, Van Breukelen GJ, and Jolles J. The Stroop Color-Word Test: Influence of age, sex, and education; and normative data for a large sample across the adult age range. *Assessment*.2006; **13**(1):62-79. DOI: 10.1177/1073191105283427
12. Wecker NS, Kramer JH, Hallam BJ, and Delis DC. Mental flexibility: Age effects on switching. *Neuropsychology* 2005; **19**(3):345-352. DOI: 101037/0894-4105.19.3.345
13. Folkman S, Lazarus RS. *Manual for the ways of coping questionnaire*. Palo Alto, CA: Consulting Psychologists Press. 1988.
14. Stone AA & Neale JM. New Measure of Daily Coping: Development and Preliminary Results. *Journal of Personality and Social Psychology* 1984; **61**: 892-906. <http://dx.doi.org/10.1037/0022-3514.46.4.892>
15. Srivastava K. Positive mental health and its relationship with resilience. *Industrial Psychiatry Journal* 2011;**20**(2):75-76. DOI:10.4103/0972-6748.102469
16. Dunn ME, Burbine T, Bowers CA, and Tantleff-Dunn S. Moderators of stress in parents of children with autism. *Community Mental Health Journal* 2001; **37**: 39-51. DOI: <https://doi.org/10.1023/A:1026592305436>.
17. Siklos S & Kerns KA. Assessing need for social support in parents of children with autism and Down syndrome. *Journal of Autism and Developmental Disorder*. 2006; **35**(7):921-933. DOI:10.1016/j.ridd.2005.09.003
18. Hastings RP & Brown T. Behavior problems of children with autism, parental self-efficacy, and mental health. *American Journal on Mental Retardation*. 2002;**107**: 222-232. DOI: 10.1352/0895-8017(2002)107<0222:BP OCWA>2.0.CO;2
19. Dardas LA. Stress, Coping Strategies, and Quality of Life among Jordanian Parents of Children with Autistic Disorder. *Autism* 2014;**4**(127):1-6. DOI:10.4172/2165-7890.1000127.
20. Dunn ME, Burbine T, Bowers CA & Tantleff-Dunn S. Moderators of stress in parents of children with autism. *Community Mental Health Journal*. 2001; **37**: 39-52.