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COPING MECHANISMS USED BY PARENTS OF CHILDREN WITH AUTISM, BEFORE AND AFTER DIAGNOSIS IN IKEJA, LAGOS

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Abstract

This study explored the coping mechanisms used by parents of children with autism spectrum disorder (ASD), concentrating on how parents use these strategies before and after a formal diagnosis. Parenting a child with ASD begins with vagueness, emotional distress, indecision and limited understanding, especially in communities where autism awareness is low. A descriptive research design was adopted. The population comprised 150 parents of children diagnosed with autism within the last five years, attending two specialized centers: Nurture Child Development Clinic and Patrick Speech and Language Centre in Ikeja, Lagos. Purposive sampling technique was used to select 50 parents who met the inclusion criteria. A structured questionnaire of 40items with a five-point Likert scale was used to collect data, which were adapted from the Autism Parenting Stress Index (APSI) and the Parental Stress Index (PSI). Data were analyzed using descriptive statistics in SPSS. Findings revealed that 42% of children with ASD live in a world of their own, and 76% of autistic children have difficulty associating with other children. 66% of parents relied on online sources to understand their child's behaviours, and 60% were worried when they noticed their child had difficulty. 72% stated that caring for an autistic child takes more time. Family support (88%) helped them cope better with their child's diagnosis; financial stability (84%) enabled access to coping resources such as therapy and specialized programs for their child; and a positive mindset (78%) made it easier to support their child. The study concluded that while raising a child with ASD remains emotionally and practically demanding, diagnosis marks a critical shift toward better adaptation and resilience. It recommends increased community awareness, early diagnosis, and the development of culturally appropriate support systems to ease the burden on families during both pre- and post-diagnosis phases.
K*eywords: Autism spectrum disorder, Coping, Diagnosis, Mechanisms and Strategies*

Introduction

Autism spectrum disorder (ASD) is a neurodevelopmental disorder that manifests with deficits in social interaction, restricted and repetitive behaviours, and sensory processing difficulties. The term "spectrum" highlights the wide range of symptoms and severity that individuals may experience. The symptoms of ASD are

said to start in early life before the age of three (American Psychiatric Association, 2013). ASD is a neurobiological disorder influenced by both environmental and genetic factors that affects the developing brain (Diemer et al., 2024). Autism Spectrum Disorder progresses from a narrow disorder in childhood to an obvious, recognizable and investigable lifelong condition. Since it was discovered in the past 50 years, the description of the core characteristics of Autism has not changed from deficits in social communication and unusual sensory-motor behaviours. Autism affects all racial, ethnic and socioeconomic groups but its diagnosis is very far apart across all these groups (Bagale et al. 2025 and Baker 2020). Despite the disparities across these groups, autism is categorized into two distinctive types: deficits in social communication and repetitive sensory-motor behaviours (Khan et al., 2012). Autism is also identified as a spectrum that can range from mild to severe. It usually involves a huge amount of economic burden, stress and indecision, primarily because of a lack of support for those who cannot function by themselves and leads to higher financial costs of healthcare, school and caregivers' income. Medical tests like a blood test cannot be used to diagnose autism disorder as it is difficult to diagnose. Diagnoses are made by medical doctors observing the child's development and behaviours. It is mostly noticed between birth and 18 months and a professional diagnosis can be considered reliable if the symptoms persist at the age of 2. Early diagnosis, screening, monitoring, and evaluating children with ASD is fundamental in making sure the children receive the services and supports needed to reach their full potential because late diagnosis affects chances to get the required help and support (Atos et al., 2024).

In Nigeria, so many factors, including lack of awareness, cultural and religious beliefs, limited access to specialized intervention services, and social stigma, delay diagnosis and also complicate the experiences of parents raising children with ASD. According to Baker (2020), diagnostic criteria include deficits in social-emotional reciprocity, nonverbal communicative behaviours, and difficulties in forming and maintaining relationships, as well as the presence of restricted and repetitive behaviours or interests. Parents of children with ASD often face blame, judgement, discrimination, emotional isolation, and financial strain while seeking appropriate care for their children. These challenges significantly influence the coping mechanisms adopted by parents. Studies have revealed that ineffective coping strategies may increase stress, depression, and reduced family well-being, whereas adaptive coping strategies enhance resilience and improve caregiving outcomes (Yaacob et al., 2022). Coping with a stressful situation is challenging. It comprises managing and maintaining both the behavioural and cognitive aspects of external and/or internal demands that may surpass the finances and resources of the parents (Pelps et al., 2019). Understanding the coping mechanisms that parents use before and after an autism diagnosis is important as coping mechanisms are essential to maintaining the mental health and well-being of parents of children with ASD (Galán-Vera et al., 2024). These mechanisms can help to alleviate the stress associated with raising a child with ASD. Therefore, this study aimed to examine coping mechanisms used by parents of children with autism, before and after diagnosis.

Statement of the Problem

Autism spectrum disorder according to the Centers for Disease Control and Prevention (CDC) is rising, with an estimated 1 in 31 (or 3.2%) eight-year-old children in the United States. This increase from the previous estimate of 1 in 36 is largely attributed to broader diagnostic criteria, increased awareness, and enhanced screening practices. The diagnosis of autism can inform a total turnaround in the lives of parents and the entire family of children with ASD as it raises uncertainty, emotional stress, social stigma, financial demands, and the need to adapt to new caregiving responsibilities. Before formal diagnosis parents of children with ASD may face anxiety, confusion and frustration in understanding and managing their child's unusual behaviours. Formal diagnosis brings greater clarity to the child's condition but will lead to parents needing to adjust and adapt to new caregiving demands, therapy schedules, educational challenges, and societal misconceptions about autism. Studies have examined how parents of autistic children face stress, stigma, and cope in Nigeria and other countries. Most of the literature focused on coping after diagnosis and general caregiving experiences. There is also limited empirical evidence focusing specifically on parents of children with autism in Ikeja, Lagos where more specialized diagnostic and intervention facilities are available than in other parts of Nigeria. Therefore, this study investigated

the coping mechanisms used by parents of children with Autism spectrum disorder (ASD) before and after diagnosis in Ikeja, Lagos.

Objectives of the Study

The main objective of this study is to explore the coping mechanisms among parents of children with autism spectrum disorder (ASD), before and after diagnosis. The specific objectives are to;

1. Examine the behaviour of children with autism
2. Identify common coping strategies used by parents before their child the formal diagnosis of autism.
3. Assess the changes in coping strategies after the diagnosis and how parents adapt to the new reality.
4. Investigate factors (child symptoms severity, family support systems and socio-economic status) that influence coping strategies.

Research Questions

i. What are the behaviours of children with spectrum disorder (ASD)?
ii. What coping mechanisms do parents use before the formal diagnosis of their child/children?
iii. What coping mechanisms do parents adopt after the child's autism diagnosis?
iv. What are the factors that influence parents' coping mechanisms?

Methodology

This study adopted a descriptive research design to gain a deeper understanding of the coping mechanisms used by parents of children with autism both before and after diagnosis. According to Shrutika (2023) a descriptive research design involves observing and collecting data on a given topic without attempting to infer cause-and-effect relationships. The goal is to provide a comprehensive and accurate picture of the population or phenomenon under study and to describe the relationships, patterns, and trends that exist within the data. A purposive sampling technique was used in selecting 50 out of 150 parents of children diagnosed with autism spectrum disorder within the last five years, attending Nurture Child Development Clinic and Patrick Speech and Language Center, both located in Ikeja, Lagos State. Data were collected through a structured, closed- ended questionnaire of 40 items designed on a five-point Likert scale ranging from "Strongly Agree" to "Strongly Disagree."

The instrument was adapted from the Autism Parenting Stress Index (APSI) and the Parental Stress Index (PSI). The questionnaire was reviewed by professionals in the Department of Family and Consumer Sciences to ensure the validity. The reliability was assessed with a pilot test conducted with 10 parents of autism spectrum disorder. The responses were evaluated using Cronbach's alpha to measure consistency, and a reliability coefficient of 0.78 was obtained, indicating an acceptable level of reliability. The questionnaires were administered in person by the researchers and two research assistants. Data were analyzed using the Statistical Package for Social Science (SPSS) version 25. Descriptive statistics such as frequency, counts, percentages, mean and standard deviation

Results

Research Question 1: What are the behaviours of children with spectrum disorder (ASD)?

Table 1: Behaviours of Autistic Children

QUESTIONS	SA	A	SD	D	U
1. My child is lives in a world of his or her own	11 (22)	20 (40)	10 (20)	7 (14)	2 (4)
2. My child has difficulties associating with others	13 (26)	25 (50)	6 (12)	4 (8)	2 (4)
3. My child is overly sensitive to sounds and textures	13 (26)	23 (46)	8 (16)	5 (10)	1 (2)
4. My child has a different voice or speech	11 (22)	9 (18)	16 (32)	12 (24)	2 (4)

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5. My child makes naïve and embarrassing remarks	12 (24)	16 (32)	8 (16)	8 (16)	6 (12)
6. My child screams at his colleagues	6 (12)	18 (36)	16 (32)	9 (18)	1 (2)
7. My child is surprisingly good at some things and surprisingly poor at some things	15 (30)	25 (50)	3 (6)	5 (10)	2 (4)
8. My child lacks empathy	8 (16)	14 (28)	14 (28)	13 (26)	1 (2)
9. My child can be with other children but only on his/her terms	11 (22)	19 (38)	10 (20)	7 (14)	3 (6)
10. My child is poor at games: No idea of cooperating in a team and scores own goals	10 (20)	13 (26)	14 (28)	12 (24)	1 (2)
11. My child is bullied by other children	7 (14)	10 (20)	17 (34)	16 (32)	0 (0)
12. My child throw tantrums when seeking for attention	17 (34)	16 (32)	11 (22)	5 (10)	1 (2)

The results revealed that (42%) of the respondents agreed that children with autism spectrum disorder live in a world of their own, and (76%) agreed that autistic children have difficulties associating with other children. Regarding sensitivity to sounds and textures, majority (72%) agreed, while (26%) disagreed. (30%) agreed that their autistic child has differences in voice or speech. Majority (56%) of the respondents agreed that their child makes naive and embarrassing remarks, while (32%) disagreed. On whether their child screams at colleagues, (48%) agreed while (50%) disagreed. Concerning uneven skills, (80%) agreed and (16%) disagreed that their child is surprisingly good at some things and surprisingly poor at others. (44%) agreed and (54%) disagreed that their autistic child lacks empathy. It was also found that (60%) of the respondents agreed while (34%) disagreed that their child can be with other children but only on his/her own terms. Regarding gaming or teamwork difficulties, (46%) agreed while (52%) disagreed that their child is poor at games and lacks understanding of team cooperation. Additionally, (34%) agreed and (66%) disagreed that their child is bullied by other children; the majority (66%) of respondents agreed that their child throws tantrums when seeking attention. The table indicated that children with ASD have difficulties in associating with other children, lacks empathy because they like staying on their own. They are also highly sensitive to sounds and textures and are skillful in certain aspect but lack the ability to participate in team work.

Research Question 2: What coping mechanisms do parents use before the formal diagnosis of their child/children?

Table 2: Coping Mechanism before Autism Diagnosis

QUESTIONS	SA	A	SD	D	U
13. I relied on online sources to understand my child's behaviour.	12 (24)	21 (42)	9 (18)	7 (14)	1 (2)
14. I was worried when I noticed my child has difficulties	30 (60)	16 (32)	3 (6)	1 (2)	0 (0)
15. Caring for my child takes more time and energy than I have to give	20 (40)	16 (32)	8 (16)	6 (12)	0 (0)
16. I thought it was witchcraft	6 (12)	11 (22)	21 (42)	10 (20)	2 (4)
17. I enrolled my child in a conventional school	13 (26)	20 (40)	7 (14)	9 (18)	1 (2)
18. I used trial and error approaches to manage my child's behavior	7 (14)	22 (44)	12 (24)	8 (16)	1 (2)
19. Having my child has been a financial burden	13	16	13	8	0

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	(26)	(32)	(26)	(16)	(0)
20. I felt embarrassed by my child's behavior	8	20	16	5	1
	(16)	(40)	(32)	(10)	(2)
21. I am hesitant to seek medical help	6	14	22	7	1
	(12)	(28)	(44)	(14)	(2)
22. I sought advice from family and friend	10	25	10	5	0
	(20)	(50)	(20)	(10)	(0)
23. I consulted prayer houses	12	12	17	9	0
	(24)	(24)	(34)	(18)	(0)

The result showed that majority of the respondents (66%) agreed that they relied on online sources to understand their child's behaviour, also majority (60%) agreed that they were worried when they noticed their child had difficulties. It also revealed that (72%) agreed while (28%) disagreed that caring for their child takes more time and energy than they have to give. (34%) agreed that they initially thought their child's condition was caused by witchcraft, when asked about enrolling their child in a conventional school, (66%) agreed while (32%) disagreed. The findings also indicated that (58%) of the respondents agreed to using trial and error approaches to manage their child's behaviour and (58%) agreed that having their child has been a financial burden. On the matter of embarrassment, (56%) of the respondents strongly agreed that they felt embarrassed by their child's behaviours. (40%) agreed that they were hesitant to seek medical help for it. Majority of the respondents (70%) agreed that they sought advice from family and friends, and (48%) said they also consulted prayer houses. The result indicates that coping mechanisms of parents of children with autistic spectrum disorder before formal diagnosis differ as some relied on online sources to understand child's behaviour, some were initially worried and some thought it was witchcraft attack that caused their child's strange behaviours. while some consulted prayers houses. This shows that majority of parents of children with ASD actually did not know or have not heard anything about ASD before they experienced it.

Research Question 3: What coping mechanisms do parents adopt after the child's autism diagnosis?
Table 3: Coping Mechanisms after Diagnosis

QUESTIONS	SA	A	SD	D	U
24.The diagnosis brought about a drastic setback in my family's finances	11 (22)	17 (34)	13 (26)	8 (16)	1 (2)
25. I joined support group upon diagnosis	13 (26)	17 (34)	12 (24)	6 (12)	2 (4)
26. I educated myself about the diagnosis through books and online resources	23 (46)	18 (36)	8 (16)	1 (2)	0 (0)
27. My spouse is very supportive	23 (46)	18 (36)	4 (8)	5 (10)	0 (0)
28. I adjust my daily routine at the realization	27 (54)	15 (30)	2 (4)	4 (8)	2 (4)
29. I worry about the future of my child being accepted by others	22 (44)	18 (36)	5 (10)	4 (8)	1 (2)
30. I explored different therapies	17 (34)	19 (38)	8 (16)	5 (10)	1 (2)
31. I had to create more time for my child	24 (48)	23 (46)	2 (4)	1 (2)	0 (0)
32. I sought professional therapy for my child	26 (52)	16 (32)	4 (8)	4 (8)	0 (0)
33.I attend church/mosques more to pray about the disorder	13 (26)	13 (26)	15 (30)	8 (16)	1 (2)

The result revealed that majority (56%) of the respondents agreed while (42%) disagreed that the diagnosis brought about a drastic setback in their family's finances. It was also found that (60%) agreed and (36%) disagreed that they joined a support group upon diagnosis though (4%) were undecided. Regarding self-education through books and online resources, majority (82%) agreed while (18%) disagreed. When asked whether their spouse was supportive, (82%) agreed while (18%) disagreed. In terms of adjusting to daily routines, (84%) of the respondents agreed that they made adjustments after the diagnosis. The findings also revealed that (80%) were worried about their child's future acceptance by others, when asked if they explored different therapies, (72%) agreed while (16%) disagreed. A total of (94%) of the respondents agreed that they had to create more time for their child. Furthermore, (84%) agreed that they sought professional therapy for their child and (52%) of respondents agreed that they increased their attendance at church or mosques to pray about the disorder. The result therefore indicates that the coping mechanism employed by parents of children with ASD after formal diagnosis were support from their spouses, some sought professional help, joined support groups, source for materials that could help online, create more time for the autistic child and dependent on prayers.

Research Question 4: What are the factors that influence parents' coping mechanisms?

Table 4: Factors Influencing Parents' Coping Mechanisms

QUESTIONS	SA	A	SD	D	U
34. Family support helps me to better cope with my child's diagnosis	19 (38)	25 (50)	6 (12)	0 (0)	0 (0)
35. Financial stability helps me to access more coping resources such as therapy and specialized programs for my child	26 (52)	16 (32)	5 (10)	2 (4)	1 (2)
36. Having a positive mindset made it easier to support my child	28 (56)	11 (22)	9 (18)	2 (4)	0 (0)
37. Joining a support group helps in managing myself and my child's diagnosis	21 (42)	15 (30)	4 (8)	7 (14)	3 (6)
38. Being educated opens me to more resources and evidence-based strategies	30 (60)	14 (28)	4 (8)	1 (2)	1 (2)
39. I joined an online class to learn more about the diagnosis	15 (30)	19 (38)	6 (12)	9 (18)	1 (2)
40. I experience higher stress level as a single parent	11 (22)	7 (14)	19 (38)	11 (22)	2 (4)

The result revealed that (88%) of the respondents agreed that family support helps them to better cope with their child's diagnosis, (84%) of the respondents agreed that financial stability enables access to coping resources such as therapy and specialized programs for their child, concerning mindset, (78%) of respondents agreed that having a positive mindset made it easier to support their child. Regarding the role of support groups, (72%) agreed that joining a support group helps in managing themselves and their child's diagnosis. When asked whether being educated opens them to more resources and evidence-based strategies, (88%) of respondents agreed. On the topic of online learning, (68%) agreed that they joined an online class to learn more about the diagnosis, (36%) of the respondents agreed that they experience higher stress levels as a single parent.

Discussion of the Findings

Behaviours of an Autistic Child

The findings show that children with core autism spectrum disorder (ASD) live in a world of their own and have difficulty associating with others. Social interaction has been one of challenges reflected in the classic characteristics of autism as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5, APA, 2013). Majority of respondents noted sensitivity to sensory stimuli, especially sounds and textures, which is widely recognized as a diagnostic marker in children with ASD; this is supported by the study of Baranek *et al*., (2018). Parents also agreed that their autistic children have speech differences and unusual voice patterns, which is in line with the study of Alqahtani *et al*. (2019) who stated that children with ASD are usually deficit in

communication. Some respondents noted that their children make naive or embarrassing remarks and scream at peers, behaviours often linked to impaired social cognition and self-regulation difficulties in children with autism. These findings corroborate earlier studies by Lai *et al*. (2019), which noted that inappropriate verbal expression and difficulty in group dynamics are common traits in autistic individuals.

Coping Mechanism before Autism Diagnosis

The findings revealed that majority of the respondents relied on online sources to understand their child's behaviours, though some were worried when they noticed their child had difficulties. It also revealed that caring for their child takes more time and energy than they have to give. Some initially thought their child's condition was caused by witchcraft; this is in line with the finding of Ingrid et al. (2025), who stated that most parents at first notice of symptoms have many questions which cause emotional discomfort, pains and fears because they were facing an unknown situation. Parents (66%) agree that their autistic children are enrolled in conventional schools and were using trial-and-error approaches to manage their child's behaviours; this finding is supported by the findings of Lai (2015), who stated that parents of children with ASD usually start with a trial-and-error approach and find it difficult to accept that their child will not be able to attend conventional school. Financial burden and embarrassment were some of the stresses that made respondents hesitant to seek medical help at first, but some agreed they sought advice from family and friends and consulted prayer houses. This is in line with the findings of Bagale et al. (2025), who stated that parents regret giving birth to this autistic child because of the stress, fatigue and sleep deprivation.

Coping Mechanism after Autism Diagnosis

After a formal autism diagnosis, parents exhibited a greater disposition toward formal and structured coping strategies. Parents and families of children with ASD have to regulate daily routines, requested therapy, and explored various interventions, this shows that formal diagnosis help parents to have a better understanding of their child's needs. This modification from informal to formal strategies aligns with the findings of Jegatheesan *et al*. (2020), who stated that diagnosis often make parents of children with ASD to adopt a more structured behavioural interventions and professional support. Notwithstanding the progress in coping mechanisms, financial and emotional burden persist. Majority of the respondents noted that caring for an autistic child brought setbacks in their finances post-diagnosis. This finding is in line with the conclusions of Buescher *et al*. (2014), that the lifetime cost of supporting an individual with autism can be devastating, particularly in low-resource settings. Spouses support, participation in support groups, and increased prayer activities explains how parents rely on both social and spiritual networks to cope. The influence of religious belief as a coping mechanism is supported with study of Oduro-Frimpong and Asante (2019), who found that faith-based coping mechanisms offer emotional grounding for many families. Family support, financial stability, education, and positive mindset can affect how well parents cope with autism diagnosis, supportive families and stable incomes reported better access to resources like therapy and specialist programs. This aligns with the findings of Wang *et al*. (2021), who emphasized the role of socio-economic status in facilitating access to autism care also Weiss *et al*. (2019) stated that these factors enhance parents' problem-solving capacity and emotional resilience. Results also revealed that online classes and self-education were moderately adopted, showing that access to digital learning platforms is becoming a viable option for many parents. Interestingly, respondents who identified as single parents reported higher levels of stress; this is consistent with the findings of Mourad *et al*. (2023), who stated that single caregivers of children with autism experience compounded burdens due to limited support and increased caregiving demands. This further emphasizes the role of relational and communal support in managing autism-related stress effectively.

Factors Influencing Parents' Coping Mechanisms

The findings revealed that parents of children with autism spectrum disorder (ASD) coping mechanisms are influenced by various factors such as having a positive mindset, education, and participation in support groups. These elements enhance parents' problem-solving capacity and emotional resilience. This finding is supported by

Weiss et al. (2019) and Oduro-Frimpong et al. (2019). Other factors like attending online classes and self-education were also found to be important influences on parents' coping mechanisms, showing that access to digital learning platforms is becoming a viable option for many parents. Interestingly, respondents who identified as single parents reported higher levels of stress; this is consistent with the findings of Atos (2024) and Bagale, et al. (2025), who stated that single caregivers of children with autism experience compounded burdens due to limited support and increased caregiving demands. This further emphasizes the role of relational and communal support in managing autism-related stress effectively.

Conclusion

The primary objective of this study was to explore the coping mechanisms adopted by parents of children with autism, both before and after receiving a diagnosis. The findings revealed that children with autism spectrum disorder (ASD) have certain behaviours that differentiate them from other normal children; they are in a world of their own and have poor association with others. Parents of children with ASD rely on unstructured methods like spiritual interpretation, culturally influence and trial-and-error approaches. These early coping strategies often reflects a lack of awareness and poor access to formal support services, which leads to increase emotional stress, confusion, and sometimes stigma. Majority of the parents reported attributing their child's condition to supernatural causes, which delayed timely medical intervention and appropriate care. Following diagnosis, there was a significant transition towards more structured and informed coping strategies. Parents reported increased reliance on support groups, professional therapy, and self-education through online classes and literature. Many also adjusted their routines and sought emotional and spiritual strength to adapt to their new reality. The role of family support, financial stability, and access to information emerged as key determinants of effective coping. Parents with supportive spouses and extended families reported lower stress levels and a greater sense of control over their situation. Furthermore, the study highlighted how personal traits such as resilience, patience, and faith were vital in navigating daily stressors. Emotional responses, such as initial grief or denial, gradually gave way to acceptance and advocacy for the child. In conclusion, understanding the dynamic coping process of parents offers valuable insight for health professionals, educators, and policy-makers. Providing early diagnosis, tailored interventions, and culturally sensitive resources can empower families and enhance the wellbeing of children with autism and their caregivers. Factors such as positive mindset, education and participation in support groups were found to be strong influences on parents of autistic children's coping mechanisms. Factors such as attending online classes and self-education were also found to influence coping mechanisms among single parents, indicating that access to digital learning platforms is becoming a viable option for many parents.

Recommendations

1. Ministry of Education should establish structured training programs for parents' post-diagnosis, focusing on evidence-based behaviour management strategies and therapeutic techniques.
2. Health policymakers should support the establishing of early screening and intervention services at the primary healthcare level to facilitate timely identification and reduce long-term burdens on families.
3. Public health campaigns should aim to challenge myths around autism (e.g., witchcraft beliefs) and improve understanding of the condition in religious and rural communities.
4. Government and non-governmental organizations should improve access to affordable and decentralized therapy, counselling, and occupational services, especially in underserved

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