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PARENTAL ATTITUDE, SOCIAL SUPPORT AND PARENTAL STRESS AMONG PARENTS OF CHILDREN WITH AUTISM IN SELANGOR, MALAYSIA

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Abstract:

Parental stress has been linked with negative aspects of parental and family functioning in both families of children with and without disabilities. Child-rearing adds a number of responsibilities and stressors to most parents. However, parents of children with autism faced a different set of challenges and exhibit a higher level of stress due to the pervasive nature of child problems. The aims of this study were to determine the relationships between parental attitude, social support, and parental stress among parents of children with autism in Selangor and also to determine the predictor of stress among parental attitude and social support. This study was guided by the bioecological theory of human development that highlighted the importance of the proximal process and the person biopsychological characteristics in determining the development outcomes. Eighty parents with autistic children were recruited through cluster sampling. Parents completed a set of questionnaires consist of demographic data sheet, Family Impact Questionnaire (FIQ), Duke-UNC Functional Social Support Questionnaire (FSSQ), and Autism Parenting Stress Index (APSI). Significant correlation was found between parental attitude and parental stress ($r = .76, p < 0.01$), and between social support and parental stress ($r = -.59, p < 0.01$). These findings suggest that social support and positive parental attitude towards parenting a child with autism is the critical factor in reducing parental stress. Meanwhile, results of multiple regression showed parental attitude emerged as a significant predictor of parental stress ($\beta = .622, p < 0.001$). However, there was no evidence of the role of demographic variables in the adjustment of

parental stress. It is concluded that parents with supportive social networks and positive attitudes are more likely to engage in an active proximal process that will lead to effective coping and stress reduction

Keywords:

Autism, Parental Stress, Parental Attitude, Social Support

Introduction

Stress is an inherent aspect of parenting. Most parents experience parental stress to some extent while performing parenting responsibilities in their daily lives. Deater-Deckard (1998) defined parental stress as the aversive psychological reaction to the demands of being a parent. However, parenting becomes more stressful for parents who raise a child with autism spectrum disorder (ASD). Many studies on parental stress demonstrating higher stress level among families of children with ASD compared to families with typically developing children or children with other developmental disorder (McStay, Dissanayake, Scheeren, Koot, and Begeer, 2014; Hayes and Watson, 2013; Blacher and McIntyre, 2006; Baker-Ericzen, Brookman-Frazee, and Stahmer, 2005).

Autism spectrum disorder (ASD) and autism are both general terms for a group of complex disorders of brain development. These disorders are characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviors. Under the DSM-5 diagnostic manual, all different subtypes of autism were merged as one central diagnosis called autism spectrum disorder (ASD) (American Psychiatric Association, 2013). Individuals with autism may experience learning disabilities, language problems, issues with motor skills, abnormal physical development or functions, inappropriate emotional reactions, and hypersensitivity to sensory stimuli.

Raising a child on the spectrum is certainly not an easy task for parents. The long-lasting nature of autism demands continuous care, and this presents a huge challenge for parents. In addition, the behavioral problems and communication issues among autistic children make the challenges even more difficult and resulting in high level of stress among parents (Lecavalier, Leone, & Wiltz, 2006). Parents need to address a variety of challenging behaviors such as aggression, hyperactive behavior, destruction, and self-injury that can leave deep emotional and physical implications on parents (Zakaria & Tauhaid, 2018).

The child's aggressive behaviors or meltdowns, especially in public areas, not only causes parents physical injuries and emotional stress, but also invites the judgment and criticism from others who do not understand and aware about the disorder. Due to the normal appearance of autistic children, bystanders viewing the meltdowns as misbehavior and criticize parents as being ineffective in controlling their child (Joosten & Safe, 2014). This negative public stigma significantly contributes to parental stress (Ali, Hassiotis, Strydom, & King, 2012) and increase challenges faced by families raising autistic children (Zakaria & Tauhaid, 2018). Parents tend to blame themselves for the child's behaviors (Robinson, York, & Bissell, 2015) and this negatively affects their self-esteem (Cantwell, Muldoon, & Gallagher, 2015). The negative attitudes from the public also cause parents to isolate themselves as a means of protecting themselves and their children from the criticism of others (Dabrowska & Pisula, 2010).

The present study on parental stress among parents of children with autism is guided by bioecological theory of human development by Urie Bronfenbrenner (2005). Bioecological model defined development as the continuousness phenomenon and change in the biopsychological characteristics of human beings over time (Bronfenbrenner, 2001). This model also highlighted the role of developing person in changing its context where the focal point is on the proximal process. Proximal process is the key element in development that explained the connection between some aspect of the context or some aspect of the individual and an outcome of interest (Bronfenbrenner, 1994). The interaction in proximal process must occur permanently over a long period of time to be effective, for example the long-term relationship between parents and their children. The form, power, content and direction of proximal process in affecting development differ systematically based on the characteristics of developing person and the environment in which the processes are happening (Bronfenbrenner & Morris, 1998).

Using the bioecological approach in current study, parental stress is considered as the outcome of active interaction (proximal process) between parents and their autistic children, influenced by the individual characteristics and external factors in parent's environment. Parental attitude and social support are identified as individual characteristic and external factor that influence the process of stress among parents of children with ASD in the study.

Parental attitude is the force characteristic that related to parent's temperament, motivation and persistence in parenting an autistic child. Bronfenbrenner (2005) explained that force characteristic motivates and drive a person to succeed and persist in any tasks in the development process. Thus, it is assumed that positive parental attitude will drive parents to adapt to the stressors and challenges in raising a child with ASD and lower their stress level. Meanwhile, social support is an external factor and resources in parent's environment. In the nested ecological systems, each different layers of system have its complex and bidirectional impacts on the developing person. Social support can be derived from interactions between individuals and their systems that can influence the development process and the outcome. For example, in the microsystem where direct interaction occurs between parents and their immediate surrounding (e.g., spouse, extended family, support group, professional team) can provide support for parents to successfully cope with the stressors in parenting a child on the spectrum.

Literature Review

There are two points to be discussed in literature review which are the relationship between parental attitude and stress, and the relationship between social support and stress among parents of children with autism.

Parental Attitude and Stress among Parents of Children with Autism

Parental attitude is one of the important domains in parenting. Literatures regarding parental attitude mostly comes from the studies of parental beliefs and style (Ozturk, Riccadonna, & Venuti, 2014). Parental beliefs or perceptions about parenting are the key aspects of parenting because it creates and shape parental behaviors towards the child (Bornstein & Lansford, 2010; Senese, Bornstein, Haynes, Rossi, & Venuti, 2012). Existing studies revealed that very often parents of children with disabilities have negative parental attitudes in dyadic interaction with the child, compared to parents of typically developed children (Blacher, Baker, & Kaladjian, 2013; Fenning, Baker, Baker, & Crnic, 2007). Parents often felt

pessimistic, hostile, and ashamed (Rangaswami, 1995). Perhaps, these negative attitudes derived after parents knew about the ASD diagnosis.

According to past studies, parents' experiences when learning about ASD diagnosis were depicted with feelings of grief and loss, fears of long-term effects of the diagnosis, a sense of loss for the life events their child would never experience, and for some, the reactions is comparable to a death in the family (Gray 2003; DeGrace 2004; Hock, Timm, & Ramisch, 2012). A study carried out in the United Kingdom by Griffith and colleague (2010) showed that mothers of children with autism scored lower on positive perceptions of their children and higher on stress levels than their counterparts with Down syndrome, and that the latter had a greater life satisfaction and positive affectivity when compared with mothers of children with intellectual disabilities (Griffith, Hastings, Nash and Hill, 2010). This is further supported by a Swedish study (Broberg, 2011), which indicated that mothers of children with intellectual disabilities viewed their children's condition negatively opposed to normal developing children. Furthermore, there is a correlation between mothers' attitudes and their psychological wellbeing (Mak, Ho, & Law, 2007).

However, parents who adopt positive attitude and accept their autistic children exhibited a lower level of stress than those exhibited a negative attitude and lack of acceptance (Mak et al, 2007; Sivbergh, 2002). Positive parental attitude such as acceptance enable parents to take care of themselves and support the autistic child according to a professional plan, to solve the conflict, and to accept the child despite the limitations. Weiss and colleague (2012) found that only psychological acceptance mediated the effects of child behavioral difficulties of autistic children on parental mental health problems (Weiss, Cappadocia, MacMullin, Viecili, & Lunskey, 2012). In addition, according to statistics, increased acceptance and positivity among parents has been found to mediate the relationship between challenging behavior of autistic children and the well-being of parents, at the same time reducing psychological stress (Jones, Hastings, Totsika, Keane, & Rhule, 2014).

Social Support and Stress among Parents of Children with Autism

Parents of children with ASD experience tremendous pressures from the demands of child rearing and require support for their overall wellbeing. Past studies have showed that social support can moderate the negative impact of crisis and change on individuals and has been included in studies of adaptation in parents of children with ASD (Boyd, 2002; Meadan, Halle, & Ebata, 2010). Social support refers to the availability of interpersonal resources and is known as one of the main healthy techniques to reduce stress. Through social support network, parents are not only able to gain comfort, but also access to information that can be used in problem-focused coping to reduce the stress.

Pain (1999) found that information helped parents of children with disabilities to adjust emotionally, to access services and benefits, and to improve overall management. A study by Tehee and colleague (2009) showed a significant positive relationship between support and information, where a greater support network may expose parents to more information, and more information may educate parents on how to obtain support to aid effective coping and reduce negative effects of stress (Tehee, Honan, & Hevey, 2009). Moreover, Siman-Tov and Kaniel (2011) viewed social support as one of the personal resources and predictors in the adjustment of parental stress. The path analysis from their study showed that social support increases parent's ability to cope with the stress in parenting a child with autism (Simon-Tov & Kaniel, 2011).

Thus far, only a handful of researches have been conducted focusing on parental stress among parents of children with autism spectrum disorder (ASD) in Malaysia. Almost all the literature of parental stress described above is the results of studies from abroad. Latest systematic review of parenting stress in parents of children with ASD in Southeast Asia proved that the SEA region is an under-researched area with limited number of studies (Ilias, Cornish, Kummur, Park, & Golden, 2018). In Malaysia, the study about parental stress among parents of autistic children is limited and many more related issues and variables regarding parental stress are not being discussed or reviewed. This reflects the awareness on the adverse effects of parental stress among autism families and community in Malaysia is generally very low.

Thus, this paper will discuss the relationships between parental attitude, social support, and parental stress among parents of children with ASD. Relationships between parental attitude and social support with parental stress were significantly hypothesized. This current study also examines the unique predictors that determined parental stress among parents of autistic children.

Methods

Sample and Data Collection Procedure

A sample of 80 parents (49 mothers and 31 fathers) with autistic children aged from 2 to 18 years old were recruited through cluster sampling strategy. Three autism centers were randomly selected from twelve centers located in Selangor. The three autism centers selected were IDEAS Autism Centre, *Makmal Pembelajaran Autisme* UKM, and *Persatuan Autisme Muslim* Malaysia. In each selected autism center, all parents were nominated to participate in the study.

The data collection was conducted through a self-administered questionnaire. Since the current study involving human subject, the approval from the Ethics Committee of University Putra Malaysia is a compulsory requirement before conducting data collection. Ethics Committee of University Putra Malaysia is specifically given the task of protecting research participants, and to make researchers be responsible in ensuring that the basic principles regarding the use of human subjects are observed in their research. Once the permission from the Ethics Committee UPM was obtained, researcher continues with requesting consent from authorities of respective autism centers to carry out the data collection at their center. The purpose of the study and data collection procedures has been explained through the official emails and letters sent to each autism center.

Visits were made once the permission was given by the respective authority at each autism center. During the first visit, researchers provided adequate questionnaires for distribution to each parent. Explanation about the current study and items in the questionnaires were further discussed with the principal and teachers during the visit. Researcher did not personally meet parents during the data collection process. Therefore, on behalf of researcher, principal and teachers distribute the questionnaires and provide explanations to each parent. All respondents were given a set of standardized self-administered questionnaires and were asked to complete a questionnaire at home and return the answered questionnaire at the center. Researcher revisits the centers three weeks after the first visit to collect the questionnaires submitted by parents.

Measures

A self-administered questionnaire was used to obtain information from the respondents. The Autism Parenting Stress Index (APSI) by Silva & Schalock (2012) was used to measure parental stress among respondents. It measured parental stress on 13 aspects (social, communication, tantrums, aggression, self-injurious behavior, transitions, sleep, diet, bowel problems, toilet training, not feeling close to the child, and concern for future independence and acceptance) of self-regulation of concern to parents in parenting a child with ASD. The items fall into three categories which are the core social disability, difficult-to-manage behavior, and physical issues. Items were rated on a five-point Likert scale ranging from 0 (Not stressful) to 4 (So stressful that sometimes we feel we cannot cope). The APSI indicates stress level experienced by parents, where higher scores indicated higher stress level. The overall APSI scale score in the current study demonstrated acceptable internal consistency ($\alpha = 0.78$).

Meanwhile, respondents' parental attitude was assessed using the Family Impact Questionnaire (FIQ) by Donenberg & Baker (1993). The original FIQ questionnaire has six subscales with a total of 50 items. However, with the approval from the original author, only subscale on negative parental attitude was used in the current study. Respondents were required to rate their feeling towards parenting based on a four-point Likert scale ranging from 0 (not at all) to 3 (very much). In this study, the reliability of internal consistency of FIQ subscale was acceptable, with Cronbach alpha coefficient 0.71.

Social support was measured through the Duke-UNC Functional Social Support Questionnaire (FSSQ) by Broadhead, Gehlbach, DeGruy, & Kaplan (1988). The FSSQ was designed to measure individual's perception of the amount and type of personal social support received. The FSSQ consist of 8-items multi-dimensional questionnaire, which assesses the qualitative or functional aspects of support, including relations with confidants and affective support. Responses to each question were scored on a five-point Likert scale, ranging from 1 (much less than I would like) to 5 (as much as I would like). Total scores range from 8 to 40, with higher scores indicating higher level of perceived social support. In the current study, FFSQ has good internal consistency, with a Cronbach alpha coefficient of 0.94.

Research Findings

Table 1 showed respondents' background profile. A total of 80 parents (49 mothers, 31 fathers) aged between 31 to 47 years old participated in the study. The mean age of respondents was 37.53 years old where a majority (70%) of them were in their thirties (31-39 years old), followed by 30% in middle adulthood between the age of 40 to 49 years old. With respect to parent's education level, statistics showed a high percentage (30%) of parents with a bachelor's degree, followed by 26.3% with diploma. The highest education level recorded among parents was Doctor of Philosophy (PhD) and the lowest level was Malaysian Certificate of Education (SPM). Study also found that the mean age of respondents' autistic children was 6.77 years old, where the youngest was 2 years old and the oldest was 18 years old. The mean of total family income among participants was RM6165.63 per month. The family income groups were divided into three Malaysian household income category (Top 20%, Middle 40%, Bottom 40%) according to Household Income and Basic Amenities Survey 2014.

Table 1: Background Profile of Respondents

Background variables	n	%	Mean	SD	Min.	Max.
Age			37.53	4.078	31	49
31-39	56	70				
40-49	24	30				
Education level						
SPM	17	21.3				
STPM	2	2.5				
Diploma	21	26.3				
Degree	24	30				
Master	11	13.8				
PhD	5	6.3				
ASD Child's age			6.77	2.501	2	18
2-3	6	7.6				
4-5	22	27.5				
6-7	19	23.75				
8-9	30	37.5				
≥10	3	3.75				
Total family income (per month)			6165.63	5013.72	0	22000
(B40) <RM3860	28	35				
(M40) RM3860-8319	34	42.5				
(T20) >RM8319	18	22.5				

Note: SD =Standard Deviation, Min. =Minimum, Max. =Maximum

Descriptive Analyses on Parental Attitude, Social Support and Parental Stress

Table 2 showed the level of parental attitude, social support and parental stress of the respondents. Findings from the descriptive analyses showed that most of the respondents (77.5%) have a moderate level of negative parental attitude with the mean score of 10.35. Parents with modest negative parental attitude would probably have mix feelings and perceptions toward their child's disability, however still managed to control the negative emotions and balanced it with the positive feelings toward parenting to become more optimists. Maintaining positive feelings is crucial for optimal coping with chronically stressful situations (Jellett, Wood, Giallo, & Seymour, 2015). According to the previous research, both optimism and positive feelings in mothers have been associated with better coping with problem behaviors in children with developmental delay (Baker, Blacher, & Olsson, 2005).

On the other hand, there were 12.5% respondents categorized as having a high level of negative parental attitude. These respondents harbor negative feelings toward parenting and probably unable to accept their child's disability and exhibited higher level of stress than parents with low level (10%) of negative parental attitude. High level of negative feelings may explained the low level of self-efficacy in parents of autistic children that caused them to more likely used escape-avoidance and emotional-based coping strategies which resulting in more stress when compared to parents raising children with other development disorder or typically developing children (Dabrowska & Pisula, 2010; Pisula & Kossakowska, 2010).

The descriptive analyses for social support perceived by parents showed a mean score of 27.56, where more than half (55%) of the parents scored moderate level of social support. Social support is believed to assist parents coping with hardship while raising a child with disability (Abidin, 1992). According to Randinmawii (2017), parents of autistic children with moderate perceived social support also have moderate stress and a neutral life satisfaction. Furthermore, social supports play a major role on the relationship between stress and life satisfaction (Randinmawii, 2017).

Study also found that 26.25% of the respondents perceived high level of social support, and the other 18.75% claimed to receive low social support level. Respondents with a higher social support may obtained more information that can help them with a better adjustment. Meaden and colleague (2010) reported that families of children with ASD that received great support were more likely to show positive adjustments compared to those with lack of support. Social support can moderate the negative impact of crisis and change on individuals and has been included in studies of adjustment in parents of children with autism (Boyd, 2002; Meaden et al., 2010).

For the parental stress level, majority of respondents (75%) reported to have modest score of stress with the mean score of 13.10. This finding indicated that respondents in the current study mainly experienced stress from parenting a child with autism; however, the stress did not significantly reach the high level. According to the descriptive data in the current study, parents with moderate level of stress also have moderate level of negative parental attitude and social support, which explained the outcome of modest parental stress level among respondents. This showed that these parents have their own positive perception towards their child and support that help them to cope with the stress in parenting autistic children.

On the other hand, the number of parents who scored high level of stress were equal to the number of parents with low stress level (12.5%). According to the previous research, parents experienced high level of stress when they have lack of support (Meaden et al., 2010) and possess negative feelings about parenting a child with ASD (Shobana & Saravan, 2014).

Table 2: Descriptive Analyses of Parental Attitude, Social Support, and Parental Stress

Variables	n (%)	Mean	SD
Parental attitude (negative feelings toward parenting)		10.35	3.67
Low (0-6)	8 (10%)		
Moderate (7-14)	62 (77.5%)		
High (15-27)	10 (12.5%)		
Social support		27.56	8.36
Low (8-19)	15 (18.75%)		
Moderate (20-35)	44 (55%)		
High (36-40)	21 (26.25%)		
Parental stress		13.10	5.69
Low (0-6)	10 (12.5%)		
Moderate (7-19)	60 (75%)		
High (20-52)	10 (12.5%)		

Note: n = Frequency, S.D = Standard Deviation, Min = Minimum, Max = Maximum

Bivariate Analysis between Parental Attitude, Social Support and Parental Stress

Table 3 showed the results of bivariate relationships. The demographic factors (age, education level, family income, and child's age), parental attitude and social support were tested in terms of their relationships with parental stress.

The findings showed a significant and strong direct relationship ($r= 0.760$, $p < 0.01$) between negative parental attitude and parental stress. This can be implied that parents with positive attitude towards parenting have less stress compared to parents with negative parental attitudes. This is understandable, as negative parental attitude such as shame, pessimism, avoidance, and lack of acceptance may lead parents to adopt maladaptive coping skills that will cause more stress and problems. Negative parental attitudes also can prevent parents of autistic children from cooperating with the professionals and service providers (Rahman, Ismail, Jaafar, Fong, Sharip, & Midin, 2012), thus avert them from overcoming their problems and resulting in more stress.

The current finding is consistent with the past study by Griffith and colleague (2010), where they found mother of autistic children with lower score on positive perceptions toward their children have higher stress level than other parents in the study (Griffith et al., 2010). They also reported that the other parents with positive perceptions had a greater life satisfaction and positive affectivity when compared to mothers of children with intellectual impairment such as autism. Another study by Shobana and Saravan (2014) also found negative attitude as a significant predictor of psychological problems such as somatic symptoms disorder that cause significant distress among mothers of children with ASD. Furthermore, they found that mothers of autistic children who were overprotective and have high permissiveness toward their children exhibited more negative attitudes and more stressed compared to mother of children with Down syndrome (Shobana & Saravan, 2014).

Seemingly, there are also significant negative relationships between social support ($r= -0.59$, $p < 0.01$) and parental stress. This finding indicated that parents with a greater social support experienced a significant lower stress level. This is consistent with the explanation of the stress buffering hypothesis which stated that stress appraisals are reduced in supported individuals (Cohen & Ashby Wills, 1985). Furthermore, this result also supported earlier study by Lai (2013), where she found a strong negative correlation between parenting stress and social support among Taiwanese parents of children with autism. Lai (2013) reported that her findings support Lazarus and Folkman's (1984) model of social support, which suggest that social support provides a buffer against stressful life events and relates to the well-being of individuals under stress (Lai, 2013).

Table 3: Bivariate Analysis between Parental Attitude, Social Support and Parental Stress

Variables	Parental stress
Parental attitude	0.76**
Social support	-0.59**

Note: ** $p \leq 0.01$; * $p \leq 0.05$

Predictors of Parental Stress

Table 4 shows the result of multiple regression analysis on parental attitude, social support, and parental stress. R square value of 0.609 showed that parental attitude and social support explained 60.9% of the variance in parental stress. Parental attitude ($\beta= 0.622$, $t= -2.903$, $p=0.000$) and social support ($\beta= -0.168$, $t= 0.058$, $p=0.005$) were found to uniquely determined parental stress. Parental attitude was the strongest predictors followed by social support. It should be noted that parents with less negative attitude and high social support tend to have a lower parental stress.

Table 4: Predictors of Parental Stress

Variables	B	SE(B)	Beta (β)	t	Sig.
(Constant)	7.742	2.642		2.931	.004
Parental attitude	.965	.132	.622	7.329	.000
Social support	-.168	.058	-.246	-2.903	.005

Note: R2 = 0.609

Discussion

Studies have shown that most parents of children with autism spectrum disorder experience more stress than other parents of normal developing children or children with other developmental disorder. However, a positive attitude towards parenting and sufficient social support can help parents to cope with stress and bring down the stress level. This study, therefore, aimed to investigate the relationships between parental attitude, social support and stress among parents of children with autism.

The results of the current study revealed that parents of children with autism who showed positive parental attitude or adapted positive feelings about parenting scored a low level of stress. In support to this, Bayat (2007) in his study among parents and other primary caregivers of children with autism stated that positive parental characteristics may reduce the impact of stress on the family. These findings indicated the importance and effectiveness of parent's personal characteristics in influencing their stress experience and this is in line with the concept of human development in bioecological theory. According to the bioecological theory, development is the phenomenon of continuity and change in the biopsychological characteristics of human beings, where the person is the shaper of his or her own development. The characteristics of the person have two functions, which are as indirect producer and as a product of development (Bronfenbrenner & Morris, 2006). Thus, in the challenges and difficulties of raising autistic children, positive parental attitude can serve as a force characteristic that maintains and sets the coping process in motion and regenerates more positivity in parents that can reduce stress. Therefore, positive attitude can be very helpful and functioning against stress. Lazarus et al. (1980) hypothesized that under stressful conditions and when negative emotions are predominant, positive emotions may provide a psychological break or assistance, support continued coping efforts, and replenish resources that have been depleted by the stress.

Furthermore, positive perceptions could be viewed as a factor improving the impact of child's disability on family members. Folkman and Mosokowitz (2000) suggested that positive perception may play a central role in the problem-focused coping process. In this kind of coping, people focus on the value of their efforts and appraise them positively, which will

help people to sustain efforts, especially for parents of autistic children who were associated with a long-term caregiving. Besides, it has been shown that positive emotions promote creativity and flexibility in the process of thinking and problem solving (Isen & Geva, 1987). Another study by Griffith and colleague (2010) also emphasized the influence of parental attitude on parental stress, where the study revealed mother with lower score on positive perceptions of their children have higher stress level. Thus, it can be implied that parents with positive attitude towards parenting were less stressful compared to parents with negative parental attitudes.

The current study also found a significant negative relationship between social support and parental stress, where higher level of social support resulting in lower level of parental stress. This result is consistent with many previous studies as social support has long been recognized as an important component in stress process and a predictor of psychological well-being (Cohen and Wills 1985; Pearlin 1989). Social support is believed to help parents in coping with the hardship of raising their children with disabilities (Abidin, 1992). Siman-Tov and Kaniel (2011) viewed social support as one of the personal resources that can predict the adjustment of parental stress among parents of autistic children. Their study showed that social support increases parents' ability to cope with parenting stress. Similarly, Lai (2013) in her study among parents of children with autism in Taiwan showed a strong negative correlation between social support and parental stress. Lai (2013) reported that her findings support Lazarus and Folkman's (1984) model of social support, which suggest that social support provides a buffer against stressful life events and is related to well-being for individuals under stress.

This result is also supported by the bioecological theory. According to bioecological theory (Bronfenbrenner & Morris, 2006), developmentally effective proximal process or active interaction between the person and its environment did not occurred unidirectional, there must be influence in both direction for the process of development to have a productive outcome. The effective proximal process not only leads to a higher level of development function but also serves to reduce and act as a buffer against the disadvantaged and disturbing environmental effects. Therefore, in order to successfully cope with the stress in parenting autistic children, parents must have active interactions with their environment. The support they gained through interactions with the social contacts will help them having an effective coping process. Larger support networks can expose parents to more information, and more information can educate parents on how to obtain support that can help them to cope effectively and mitigate the negative effects of stress (Tehee et al., 2009). Thus, adequate social support and information supply from the active interaction (proximal process) can help parents of autistic children to adjust better with the demands and responsibilities in parenting a child with special needs that require constant care and attention from parents. Furthermore, parents with support can adjust emotionally and able to improve overall management of their child's behavior, while lack of information and support may leave them with a sense of hopelessness.

This study also revealed that parental attitude (negative feelings toward parenting) is the strongest predictor of parental stress. Both parental attitude ($\beta= 0.622$) and social support ($\beta=-0.246$) made a statistically significant contribution and explained 60.9% of the variance in parental stress. Negative parental attitude may not only create stress for parents, but other serious mental health problems such as depression (Rahman et al, 2012). Very few studies

have explored the relationship between parental attitude and parental stress among parents of children with autism in Malaysia. By proving parental attitude as the strongest predictor of parental stress, this study highlighted the importance of positive attitudes in helping parents to reduce their stress. This is because, positive attitude is the key element in adaptive coping strategies that can make adverse circumstances less stressful and enhance adaptation to difficult circumstances (Weiss, 2002). In addition, positive parental attitudes could be viewed as a resource factor that potentially enhances the impact of a child's disability on parents of children with ASD.

More importantly, this study supported the significance of biopsychological characteristics of the person in proximal process as claimed by the bioecological model and the significant role of social support in reducing parental stress. This study suggests that parents who are well supported tend to be more positive and positive attitude contribute to effective interactions in obtaining more support to strengthen their psychological and physical resources in facing stress.

Conclusion

The first objective of this paper was to determine the relationship between parental attitude and social support with parental stress among parents of children with autism. Results from the correlational analysis revealed that both parental attitude ($r= 0.760$, $p < 0.01$) and social support ($r= -0.59$, $p < 0.01$) were significantly correlated with parental stress. This indicated that positive attitudes toward parenting and met social support are capable to lessen the stress experienced by parents of children with ASD. The second objective of this study was to examine the unique predictors that determined parental stress among parents of autistic children. Results from multiple regression analysis showed that both parental attitude and social support made a significant contribution to the variance of parental stress, with parental attitude recording a higher beta value ($\beta= 0.622$) than social support ($\beta= -0.246$). The results suggest that both of positive parental attitude and social support are effective resources in coping with parental stress. Thus, this study recognizes the experience of having a child with ASD is not always negative. Parents can always make use of their own personal and external resources such as positive attitudes (acceptance, optimistic, warm) and social support in adjusting their stressful experiences. Practitioners can use this knowledge for assessment and interventions with parents of children with ASD, in helping them to increase their positive values that will fight against stress.

Future studies are recommended to examine child related factors that contribute to parental stress such as severity of the ASD and the child's specific behavioural problems. Furthermore, it is highly recommended for the future research to explore types of coping strategies used by parents of autistic children, not only as another predictor on parental stress but also to determine the impact of each coping strategies on the parental stress. Finally, to improve the generalizability of these research findings, future research is recommended to study parental stress in larger population samples, preferably throughout Malaysia.

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