

## A STUDY ON SOCIAL SUPPORT PERCEPTION OF PARENTS WHO HAVE CHILDREN WITH AUTISM

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### ABSTRACT

The Purpose of this study is to examine the social support perception of parents who have children with autism. Data was collected from 672 parents who have children with autism in Turkey. In the study, it was researched whether the social support resources, household income per month, household socioeconomic status (SES) group, gender of children with autism, labor status of mother and living area parameters are important predictor of social support perception of parents or not. For that purpose, firstly, descriptive statistics and correlation values of the related variables and then, the predictor analysis results are given. During the study, the predictor variables, gender of children, labor status of mother and living area, were counted in analysis by converting them to dummy variable, because of that they are categorical variables. Significance level is accepted as .05 for the study. Data of 26 people were omitted from the analysis because, their data was considered as extreme values due to their Mahalanobis distance values are higher than criteria value [ $\chi^2(6) = 16.81$ , according to  $p = .01$ ] in total 672 data sets thus, research group number are defined as 646. Predictor identification of social support perception of parents was done through 'Stepwise Multiple Regression Analysis'. According to the findings of study it was found that family social support and sub field perception of parents who have children with autism is on the average; while the highest perception is in emotional support sub field, and the lowest perception is in care support sub field. According to the predictor analysis findings of the study, it was found that the most important predictors of the social support perception were the social support resources formed by family, friends or significant other of. It was stated that the densest support resources amongst all is family. In study, it was found that household income per month is the secondary predictor of social support perceptions of parents; however, household SES group, gender of child with autism, labor status of mother and living area are not important predictors of social support perceptions of parents.

**Key Words:** Parents who have children with autism, social support resources, social support types.

## INTRODUCTION

Autism is classified as a main sub group in pervasive developmental disorder and it is come up with (a) social interaction (b) having a delay or/and unusual functionality in language or symbolic and imaginary games, which are used in social communication (c) various fixations. Reluctance of social interaction with other people, limitations in eye contact, inability in especially symbolic and imaginary activities such as game can be seen in children, who are showing autistic traits depending upon these inadequacies (DSM-IV-TR, 2007). Autism/autistic disorder is a lifelong inadequacy (Centers for Disease Control and Prevention, 2007). "Autism", which has an important place in developmental disability area, is an inadequacy type that affects coping adequacy, general adequacies and life quality of each family member (Schalock, 2000). Autism affects whole family (Lindholm, 2007). It is known that the effects of an individual with a developmental disability on his/her family are more intensethan children who show normal development. In addition to this, it is known that autism has more advanced effects on family in comparison with other disabilities. Reason for that is autism has multiple effects on communication, emotional and information-processing processes, cognitive, social and behavioral fields of child development. Families with autistic child are face to face with more stressors (stress resources) than families who have other disabilities (Schunterman, 2002).

One of the most important factors in efforts of families for coping with stress and attunement due to having a child with developmental disabilities is the internal and external resources of crisis overcome of the family. These resources includes family members' personal resources, family role structure and features related to family that contributes to organization and close society of family such as relatives, neighbors, friends, professionals and the other institutions in society's social support (Minnes 1988; Sencar, 2007). Social support, which enables individual are loved, are valued, are cared, reducing negative results of a crisis, a change in his/her life and getting easy to adaption of critical life event and protection of psychological health, can be defined as an emotional, physical, informative, instrumental and monetary helps provided by people around individual (Gallagher, Beckman, and Cross 1983; Kaner, 2004; Cobb, 1976; Dunst, Trivette and Cross 1986; Çakır and Palabıyık, 1997; Ünlüer, 2009). Family social support means various support types. These are, in family home environment, towards the child and the family, which have developmental disabilities and includes: (a) money management, (b) services, provided via professionals, (c) supports from other individuals and units, (d) foods and products, (e) combinations of services (Turnbull, Summers, Lee and Kyzar, 2007). Social support provided to families includes supports that are needed by families in home environment and functional canalization of whole family. Family social support enriches family's life quality by guiding family in order to family member, who has developmental disabilities, to achieve the desired aims, which are defined within the framework of developmental disability policies, and family member to have a better position in society. Family social support improves individual's, who has developmental disability and his/her family's life effectively. Family social support mediates policies and practices, that toward to family and family member with developmental disability, to be more effective (Wang and Brown, 2009). Social support patterns for families with a child, who has developmental disability, are divided into two as formal and informal. Formal social support systems are perceived as to be given by professionals and informal support systems are perceived as family members, friends and being a member of social groups that are integrated into family's daily life.

Formal support resources can be family therapist, family education professionals etc. Informal support can be provided by family members; friends, neighbors, family support groups (Dunst et al., 1986). Informal support is more efficient than formal support for protection from negative effects of stress (Boyd, 2002). Researchers reported that although relatives, friends and neighbors are willing to provide emotional support to the family with a developmental disability having child, support level of them towards practice is low (Brown et al., 2003; Werner, Edwards, Baum, Brown, Brown and Isaacs, 2009). As social support level of families with a developmental disability having child increases, it is seen that parents behave more positive towards child, interact with child more positive while playing game and behaviour development of disabled child is more

positive. Also, children have less physical limitation, behavioral problem and more social acknowledgment and power of personality trait if their parents have more supportive social network (Dunst et al., 1986). It was observed that mothers of children with anautism have less depression and worry if they get more soical support (Gray and Holden, 1992). Limited social support causes withdrawl from stress reducing social activities, which is a negative effect (Boyd, 2002).

Another main effect on family is 'poverty' in terms of household income and socioeconomic indicators. Poverty can be expressed as having a less total household income, of family and family members, than the income level limit determined by related organizations (Dalaker, 1999). Recent studies show that there is a relation between income and inadequacies. Elder, Nguyen and Caspi (1985) indicated that income inadequacy (poverty/poorness) causes to limit the family competence for positive familiy interactions and less parenting satisfaction. It was observed that high income helps to have more choices in terms of marriage satisfaction and coping strategies. Also, it was found that having a high income aids family in terms of adapting to disability and meeting health and dailylife demands that were brought by individual who has developmental disability (Yau and Li-Tsans, 1999). It was seen that marriage satisfaction increases as family income increases (Willoughby and Glidden, 1995). Poor families who have a child with developmental disability are affected from poverty more than poor families with a normal developed child and wealthy families who have child with a development disability (Fujiura and Yamaki, 2000). Recent demographic studies showed that there is an increasing relation between the poverty and developmental disability risk (Fujiura and Yamaki, 2000; Kaye, LaPlante, Carlson and Wenger, 1996; Seelman and Sweeney, 1995).

It can be mentioned that there are limited numbers of studies about the examination of social support perception of parents who have children with autism in our country. In a study carried out with 165 mothers, who have a child with autism age between 3 to 7, it was seen that income per month is a predictor of those mothers', who have an child with autism, perceived social support level (Görgü, 2005). In an another study carried out with 92 parents who have a child with autism age between 2 to 6, it was specified that perceived social support level of those mothers, with children with autism, varies with perceived income. (Ünlüer, 2009). In a study, 172 parents who have a child with autism are compared with 172 families with a normal developed child, there is a significant difference between two familiy groups about perceived soical support width level (social support resources) and thus, parents who have a children with autism have lower perceived social support width level than families with normal child (Sencar, 2007). In another study related to the topic it was observed that social support pleasure of parents who have child with autism or child with mental disabilities increases with the number of support resources (Yurdakul and Girli, 1997). With reference to this limitation in our country, social support perception of parents who have a child with autism is determined as research topic. In the study, answers for the following questions are searched:

- What is the 'social support' and sub field perception level of parents who have children with autism?
- Are social support resources (family, friend and significant other) and certain sociodemographic parameters (household income per month, household SES group, gender of children with autism, labor status of mother, living area) important predictors of social support perception of those parents with children with autism?

## METHOD

### Research Model

In this study, carried out correspondingly to the 'survey research', 'causal comperative model' which is a sub-dimension of correlational reserach is used (Fraenkel and Wallen, 2006; Büyüköztürk, Kılıç, Akgün, Karadeniz and Demirel, 2009). 'Stepwise Multiple Regression Analysis' is used in order to determine the effects of predictor parameters of social support perception of parents who have a child with autism, in the study. Predicted parameter of the study is social support perception of parents; predictor paramaters are social

support resources (family, friend, significant other) and household income per month, household SES group, gender of disabled child, labor status of mother, living area.

### Research Group

For the purpose of investigating social support perception of parents of child with autism, data were collected from 672 parents (mothers) who have children with autism. 26 data were omitted via "Mahalanobis Distance Analysis", which was used to remove the extreme values of data collecting set, thus, research group consisted of 646 parents of children with autism. When it is looked to the important sociodemographic characteristics of family members of children with autism (mother, father, child and family respectively) most of mothers are at the age between 35 to 44 (n=306-%47.4). Mothers of children with autism are mostly graduated from primary school (n=278-%43.0). Mothers of children with autism are mostly nonworking/housewife (n=549-%85.0) and therefore, working weekly working hours are zero. It is found that mothers of child with autism are mostly married (n=585-%90.6). Fathers are at the age between 35 to 44 (n=352-%54.5) generally. It was found that they are mostly graduated from primary school (n=189-%29.3) and are working at physical or body strength based works as a wageworker (n=268-%41.5). Father's weekly working hours are mostly more than 40 hours (n=327-%56.6). It was observed that most parents who have children with autism have 2 children (n=329-%50.9) and they have at least one normal developed child along with children with autism. Most of children with autism are at the age between 7 to 14 (n=510-%78.9) so, they consists of mostly children at primary school age. When the gender parameter is looked, there are 517 (%80.0) male and 129 (%20.0) female students. It was found that 322 (%49.8) students have heavy level learning disabilities, 244 (%37.8) students have medium level learning disabilities and there 40 (%6.2) students for light level and 40 (%6.2) students for very heavy level learning disabilities in terms of inability effects. When it is looked for 'second inability', 548 (%84.8) students have no second inability however, 98 (%15.2) students have additional inability in either vision, auditory, speech, orthopedy fields.

When family type of child with autism is looked, it was found that most family have nuclear family form which consists of mother, father and unmarried children (n=552-%85.4). Living area of families who have a child with autism was investigated in terms of urban-rural classification, 489 (%75.7) families live in urban and 157 (%24.3) families live in rural areas. According to that it was observed that %75.7 of families are urban settled family and %24.3 of them are rural (town+village) settled family. Household income of families who have child with autism were investigated and found that most of families have income range between 901 to 1500 TL (n=205-%31.7) and have range between 0 to 600 TL (n=181-%28.0) per month. When it is looked to socioeconomic status/level (SES/SED) group distribution (A, B, C1, C2, D, E, which is based on education and occupation's scores of families who have children with autism), it was seen that most families are in C2 low SES group (n=222-%34.4) and C1 low SES group (n=221-%34.2).

### Instruments

In this study, that is aimed to examine the social support perception of families who have child with autism, information about the demographic and various parameters of families, who have a child with autism, gathered via 'Sociodemographic Family Information Form'. Two separate scales were used to determine the social support perception of parents who a child with autism. The first one is Family Support Scale which is used to determine social support type and the other one is Multidimensional Scale of Perceived Social Support that is used to determine social support resources.

### *Sociodemographic Family Information Form*

Sociodemographic Family Information Form is created by researcher in order to determine the features of family of child with autism in terms of various demographic parameters. There are different questions on the form such as mother and father's age, educational background, occupation, weekly working hours, household income per month, family type and number of children they have along with age of, inadequacy level of and gender of child who have developmental disability etc. Turkish Statistical Institute's (TUIK, 2010) classification

was used for age and income classification. Besides, numbers of questions, to calculate mother, father and education and occupation scores of father of household head, are embedded into form in order to specify the SES group of family members. On the purpose of determining the household SES groups, interpretation of some questions on the sociodemographic information form were done accordingly to the Socioeconomic Status (SES) Scale-2006 Paired Household Form (Çağlı et al., 2006) which was particularly used by various user groups such as large scaled media research, advertiser, advertising sector, marketing sector, marketing research sector. Prominent feature of SES form is while specifying the household SES group (A=33 points and more, B= between 12 to 33 points, C1= 2 to 12 points, C2= -2 to 2 points, D=-7 to -2 points, E= lower than -7 points) education and occupation scores of attendant or individuals related to attendant are used rather than household income.

#### *Family Support Scale (FSS)*

Family Support Scale (FSS) is a scale which consists of 34 items and is developed by Kaner (2004) in order to examine social support perception of families who have a child with developmental disability. As a result of Family Support Scales' (FSS) factor analysis, it was seen that five factors together clarify %60.959 of total variance. Results of factor analysis indicates that FSS have five factors (Emotional Support- ES = 9 items, Information Support- IS= 8 items, Care Support-CS=5 items, Affiliation Support –AS= 6 items and Financial Support –FS = 3 items). Cronbach Alfa values of FSS were calculated as .94 for sum of scale and .84 to .90 for subfields. Split-half reliability coefficient of scale was found .81 to .88 for subfields and .84 for whole scale. It was observed that test retest reliability of FSS changes between .95 to .99 for subfields and .99 for whole scale. Studies show that the reliability and validity is at the desired level. Attendants/answerers answer the items on FSS either choosing one of the options always (3), sometimes (2), never (1). Points gathered from whole scale can be interpreted along with the sub fields. The lowest and the highest score for subfields can be between 1 and 3 times the number of item (Lowest score: 31; highest score: 93). High score from FSS indicates that parents have supports that help them to meet the demands of special care needed child and low score from FSS indicates that the parents are lack of those supports. Furthermore, with the last 3 frequency questions, it was tried to found that interaction frequency of parents with affiliations and frequency of social area participation of parents (Kaner, 2004).

#### *Multidimensional Scale of Perceived Social Support (MSPSS)*

'Multidimensional Scale of Perceived Social Support (MSPSS) (Eker, Arkar and Yaldız, 2001; Zimet, Dahlem, Zimet et al., 1988)' was used in order to specify the social support resources for families who have a child with autism. MSPSS is a scale and was developed by Zimet et al. (1988) in USA and which is easy to use, formed by 12 items and it evaluates subjectively the social support of three different resources (family, friend and significant other). It includes social support resources related three groups which each of them consists of four items. Suggested sub scale structure includes support from "Family", "Friend" and "Significant other". Internal consistency and test re-test correlations of scale and sub scales are sufficient. In the study carried out by Eker et al. (2001), study samples are 150 individuals as formed by three groups; psychiatry, surgery patients and normal peoples. Reliability (Cronbach Alpha) coefficient of MSPSS for whole samples were calculated as  $\alpha=.89$ . In the same study it was found that MSPSS's and its sub scales' internal consistencies found in acceptable level. In the scale, each item was scaled by using 7 levels scale between absolutely no =1 and absolutely yes = 7. In this study each sub scale points were acquired via summation of four items in sub scale and whole sub scale points were summed to obtain whole scale score. Higher obtained score means higher perceived social support. Factor structure, reliability and structure validity of MSPSS's Turkish form were found satisfactory in general (Eker et al., 2001).

#### **Data Analysis**

Social support perception of parents of child with autism was analyzed through averaging and standard deviation calculations. Predictor analyses of family's social support perception were done by using (Büyüköztürk, 2007) 'Stepwise Multiple Regression Analysis', which based on prediction of dependent variable

in general, in terms of two or more independent variables(predictor variables) that are related to dependent variables. In order to carry out multiple regression analysis, it is needed to be met various assumptions. For this purpose, before the regression analysis, scatter diagrams, histogram and normal distribution graphs were studied in order to meet 'linearity' and 'normality' assumptions.

'Mahalanobis Distance Values' were used in order to figure out that whether there is any extreme values in data sets or not and if any data labeled as extreme, it was omitted from data set. Another assumption in multiple regression analysis is that there should not be any simple linear relationship between the independent variables. For that purpose, "Multicollinearity" were researched among the data. Another interpretation related to this assumption can also be done as the following, variance inflation factor (VIF) value is lower than 10, which was chosen as limit, and very close to 1 (Field, 2005) and tolerance value is higher than .20, which was chosen as limit. VIF and tolerance values were studied for that purpose. Furthermore, relation between errors terms (autocorrelation) were also studied according to Durbin-Watson test results. This mentioned value generally should be between the desired values 1 and 3 (Field, 2005). Dependent and independent variables in regression analysis should be measured in least equal interval scale as continuous variables (Büyüköztürk, 2007). In this study, child's disability type, labor status of mother and living area parameters, which were considered as predictor parameters, were included in analysis by converting them into dummy parameters as they are categorical parameters. Significance level was determined as .05 in the study. Data were analyzed via PASW Statistics 18.0 (SPSS Statistics) software.

## RESULTS

Analysis findings of social support perception of families who have a child with autism and prediction levels of social support perceptions of families by social support resources and various sociodemographic parameters were provided in accordance with the study purposes.

### Findings about Family Social Support Perception of Parents of Children with Autism and Subfield related Perception

Family social support perception level of mother and subfield perception levels' average and standard deviation values are provided in Table 1. Evaluations were done over 646 participants who are remained after Mahalanobis distance value analysis in order to omit extreme values.

Table 1: Social Support Perception of Families who Have Children with Autism (N=646)

Variables	Minimum	Maximum	$\bar{X}$	SS
Family Social Support Perception_ general total	31.00	93.00	69.28 (3.72)	13.49
Emotional Support subfield	9	27	21.28 (3.94)	4.54
Information Support subfield	8	24	18.74 (3.90)	3.74
Care Support subfield	5	15	9.45 (3.15)	2.92
Affiliation Support subfield	6	18	13.49 (3.74)	3.15
Financial Support	3	9	6.29 (3.49)	1.90

When Table 1 is investigated, it can be seen that average family social support perception of families who have a child with autism is 69.28 (five ratings equivalent 3.72), and the standard deviation is 13.49. In terms of family social support subfields, arithmetic average of families' emotional support subfield is 21.28 (five ratings equivalent 3.94), standard deviation is 4.54; arithmetic average of information support is 18.74 (five ratings equivalent 3.90) and the standard deviation is 3.74; arithmetic average of care support is 9.45 (five ratings equivalent 3.15) and the standard deviation is 2.92; arithmetic average of affiliation support is 13.49 (five ratings equivalent 3.74) and the standard deviation is 3.15; arithmetic average of financial support is 6.29 (five ratings equivalent 3.49) and the standard deviation is 1.90. In these findings, it was found that family social



support perception and subfield perceptions of families who have a child with autism is the average; the highest perception is in emotional support subfield and the lowest perception is in care support subfield.

Social interaction levels, in terms of social support network, of families who have a child with autism were tried to be determined with the last three questions from the Family Support Scale. When it is researched that meeting frequencies of attendants with closest relative, friend, neighbor or such people, it was found that 2-3 times a week(%23.8) they meet with related people face to face and 2-3 times a week (%31.1) meet on telephone with related people and related people performs home visit to families who have a child with autism 1-2 times a month (%45.2) and families with children with autism go out 1-3 times a week (%58.2) to participate in social environments.

### Findings about Prediction of Social Support Perception of Parents of Children with Autism

In the study, household income per month, household socioeconomic status (SES) group, gender of child with autism, age of child with autism, mother's age, labor status of mother and living area parameters were researched along with social support resources (family, friend, significant other) in terms of whether those parameter are an important predictor of social support perception of families who have a child with autism or not. For this purpose, firstly, descriptive statistics and correlation values of parameters, subject to research, then stepwise multiple regression analysis' results were given. In the study, gender of children, labor status of mother and living area parameters, which were considered as predictor parameters, were included in analysis by converting them into dummy parameters as they are categorical parameters. Significance level of the study was specified as 0.5. During carried out researches, in order to find that data are suitable for multi regression analysis, in study it was found that scatter diagrams proved a linear relationship, histogram and normal distribution graphs showed that there is no significant deviance from normality. Furthermore, in order to investigate the assumption of multivariate normality, Mahalanobis distance values were calculated to find out that if there any extreme values exist for parameters used in analysis. In this framework, 26 individuals data are omitted from total 802 data sets and not included in analysis due to having a higher value than Mahalanobis distance values criteria value [ $\chi^2(8)= 20.09$ , according to  $p=.01$ ]. So, it was guaranteed the assumption of multivariate normality for data. In order to guarantee that data have normal distribution, research group number was determined as 646 individual after Mahalanobis distance analysis.

Before stepwise multiple regression analysis, in order to guarantee the assumption that not to have multicollinearity, correlation values between social support perception of families and continuous variables; family social supports, household income per month, household SES group; were studied and related values were given in the Table 2.

Table 2: Correlation Values between Social Support Perception of Families, Social Support Resources and Household Income

Variables	1	2	3
1. Social Support Perception of Families	-		
2. Social Support Resources	.68**	-	
3. Household Income per Month	.18**	.15**	-

\* $p<.05$ ; \*\* $p<.01$ ; \*\*\* $p<.001$

When it is looked to Table 2, the highest and the most significant relationship are between household SES group and household income per month ( $r=.65$ ,  $p<.001$ ). When correlation coefficients (above .80 means multi connection) are taken into consideration in this context, there is no multicollinearity problem between parameters. Again multicollinearity statistical values were studied in terms of Collinearity Statistics values from the Coefficients table, it was seen that variance inflation factor (VIF) value changes between 1.00 to 2.12 and

total values are below the criteria value, 10, and very close to 1 (Field, 2005). Furthermore, it was observed that tolerance value changes between the .47 to 1.00 and whole values are above the criteria value, .20 (Field, 2005). Whole those values show that analysis has no multicollinearity problem. When the relation between error terms (autocorrelation) were searched, it was found that result of Durbin-Watson test is 2.00 and that value is between the criteria values, 1 to 3 (Field, 2005) thus, it can be said that there are no autocorrelation in analysis.

'Stepwise Multiple Regression Analysis' were done in order to specify the prediction capacity of following parameters of social support perception of families : Social support resources, household income per month, household SES group, living area (dummy)<sup>a</sup> and labor status of mother (dummy)<sup>b</sup>. Findings are given in the Table 3.

Table 3: Stepwise Multiple Regression Analysis Results about Prediction of Social Support Perception of Families (N=646)

Model	Variable	Partial r	R	R <sup>2</sup>	ΔR <sup>2</sup>	F	β	t
1	Social support resources	.68	.46	.46	557.61***	.68	23.61***	.68
2	Social support resources					.57	23.03***	.67
	Household income	.68	.47	.008	287.22***	.08	3.08***	.12

\*p<05; \*\*p<01; \*\*\*p<001

Two (2) different regression models were obtained as a result of multiple regressions. When the explanatory power is taken into account according to the Table 3, social support resources significantly explains %46 (.464) of total variance. In the lights of correlation coefficient has high relation between .70-1.00, has mid-level relation between .70-.30 and has low relation between .30-.00 (Büyüköztürk, 2007), it is observed that there is a mid-level and positive relation between social support resources and family's social support perception (r=.68; \*\*p<.01) (see Table 2). When explanatory rate of variance and correlational relation are taken into consideration, it can be said that social support resources, formed by family, friend and significant other, are the most important predictor of social support perception of parents and social support perception increases with the support provided by social support resources. It is seen that household income per month contributes to explanation of total variance at very low level %008 (.008). It was found that household SES group, gender of children with autism, labor status of mother and living area parameters, which could not be used to explain variance, stayed out of the model and their coefficients are not significant. In the lights of standardized regression coefficients, β (beta), of multiple regression analysis, the highest beta value means the relatively most important predictor (Büyüköztürk, 2007). According to the standardized regression coefficient (β) the most important predictor parameter on family social support perception is social support resources and the relatively important parameter is household income per month. The densest support is taken from family members rather than friend or significant other among the social support resources.

With all these findings lights, social support resources, in the form of family, friend and significant other, are the most important predictor of social support perception of families. It can be said that household income per month is the second most important predictor of social support predictor of families; household SES group, gender of children with autism, labor status of mother and living area parameters are not significant predictor of family social support perception.



## DISCUSSION

In the study, data was collected from 646 families in order to find the predictor relation about social support and subfield perception levels of families who have child with autism. Findings show that, social support and subfield perception levels of families who have child with autism is above the average; while the highest perception in emotional support subfield, the lowest perception in care support subfield. Attendant families social interaction levels founded to be high when the social interaction levels of families who have a child with autism is researched as part of social support networks in terms of meeting frequency with closest relative, friend, neighbor and such people. According to that, it is seen that families with children with autism do not have any problem about obtaining emotional support. Emotional support means that existence of someone with whom individual can talk personal problems and special subjects (Kaner, 2004). While emotional support means an existence of someone with whom individual can talk personal problems and special subjects, job oriented and practice support corresponds to support in instrumental support types more. 'Care support', which includes support of child's care in daytime, night or weekends and support in transportation, is on the first place of that kind of support types (Kaner, 2004). In parallel with the findings of this study, most families who have a child with developmental disorder, reports that although relatives, friends and neighbors are willing to provide emotional support, their care support is lacking (Brown et al., 2003; Werner, Edwards, Baum, Brown, Brown, & Isaacs, 2009). So, it can be said that enhancement of social support perception of families who have children with autism can be achieved by carrying out encouraging studies about care supports along with emotional support.

In the study, it was found that social support resources, which formed by family, friend and significant other, is the most important predictor of social support perception of families, according to the stepwise multiple regression analysis results. According to the correlative and predictive relationship between social support resources and social support perception of families, found in the study, it can be said that social support perception of families increases with the amount of taken support from social support resources. Having the highest social support level in emotional support subfield and a high social interaction levels, claim that there is a strong predictive relation between the social support perception of families who have children with autism and social support resources. Findings from other studies done in our country also support this finding. In the related studies it was stated that social support perception increases with social support resource (Sencar, 2007; Yurdakul and Girli, 1997).

In study, according to results of stepwise multiple regression results it was found that household income per month is the second most important predictor of social support perception of families. It was found that household SES group, gender of children with autism, labor status of mother and living area parameters are not important predictors of family social support perception. In parallel with the findings of study, it was found that income per month is an important predictor of perceived social support level of mothers who have child with autism (Görgü, 2005; Ünlüer, 2009). If the household income of families who have child with autism is investigated, it is seen that most families have income per month between 901-1500 TL and 0-600 TL. It can be said that %59.7 of families who have child with autism, live below the poverty threshold according to the August 2011 data (poverty threshold is 2 thousands 693 TL) of Memur-Sen. Consequently, the improvements in financial support sub-field among social supports can increase the common perception about social support.

According to the findings of the study it can be said that although having a high amount of emotional support, parents of child with autism need a job oriented and practice support in terms of insufficient care support. It can be interpreted in two ways that having the densest social support resource from family members, connective effect of autism over family along with destructive effects of autism.

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