



Brief Report: Gender-Based Stereotypical Roles of Parents Caring for Autistic Children in Nigeria and South Africa

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Abstract

In Nigeria and South Africa, women often have less voice and are less visible given cultural norms and related gender stereotypes. It is important to understand parents' gender roles in the context of caregiving for children with autism spectrum disorder because inequality in caregiving roles may influence the health of children with autism and that of their parents. We explored the lived caregiving experiences of male and female parents with autistic children in Nigeria ($n = 15$) and South Africa ($n = 10$) using structured and unstructured questionnaire. Results showed that women often experienced stress in relationship to multiple and substantial caregiving roles while men commonly limited their caregiving roles based on a patriarchal ideology related to their culture.

Keywords Africa · Gender stereotypes · Autism spectrum disorder · Caregiving · Parents of children with autism

Introduction

Parents are often the principal caregivers of children with autism spectrum disorder (ASD)—a neurodevelopmental disability with noticeable impairment in social communication—restricted or repetitive, and stereotyped behaviors (American Psychiatric Association, 2000). ASD is a life-long disorder that is often identified in early childhood and requires ongoing care, therapeutic intervention, and management. Many children with autism, therefore, rely heavily on their parents. Caregiving roles may vary depending on the phenotypic traits of each child with autism and affect parents with stress (Bishop et al., 2004; Bolte et al., 2007; Briskman et al., 2001; Constantino & Todd, 2005; Dawson et al., 2007; Dickerson et al., 2014 etc.). These traits include symptoms suggesting obsessive compulsive behaviours (Kano et al.,

2004); social impairment (Constantino & Todd, 2005; Dickerson et al., 2014; Sasson et al., 2013), and reduced empathy (Szatmari et al., 2008). To adequately care for an autistic child, parents are expected to be actively involved in caregiving. Active parental involvement in caregiving for an autistic child may however be influenced by gender-based stereotypes (e.g., women being solely responsible for cooking and other household responsibilities related to the child's care). That is, in contemporary family systems, parents often stereotypically discharge their caregiving roles based on gender. Moreover, the parents' caregiving roles are largely shaped by culture and contribute to gender stereotypes. In two-parent households, for example, there may be devastating effects of caregiving being unequally distributed due to gender stereotypes (e.g., women may experience greater mental and physical strain, greater caregiver burden, and higher psychological stress due to their caregiving roles (Sharma et al., 2016). Little is known about the influence exerted by culture and gender stereotypes on caregiving for parents of autistic children in African countries. This study thus seeks to explore parent experiences in caring for autistic children in Nigeria and South Africa.

Gender Stereotypes and the Influence of Culture

Gender stereotype is a concept that has largely been defined based on discourse in which males and females are the central

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subjects. According to Cardwell (1996), gender stereotypes are rooted in beliefs about differences in males and females in terms of their behaviours, characteristics, and personalities. Gender stereotypes may contain attitudes and beliefs about masculine and feminine issues that lead to broader conceptualization and social categories of men and women societally (Brannon, 2000). Importantly, gender stereotypes affect how people think about themselves and others (Unger, 1995). Gender stereotypes develop in childhood; such that people have often formed an ideological camp that will henceforth influence their social roles by the time that they reach adulthood. Gender stereotypes and roles may however vary from culture to culture.

In the Nigerian and South African contexts, cultural norms may enable men to exert power over women in their roles by way of gender stereotypes. For example, gender stereotypes may perpetuate men assuming roles such as being the family head, defender, and breadwinner. Meanwhile, women may assume roles aligned with gender stereotypes such as being the family housekeeper and being primary caregivers for children (Makama, 2013; Salaam, 2003; Sathiparsad et al., 2008). Furthermore, based on patriarchal and traditional features of the Nigerian and South African cultures, men are stereotypically perceived as agentic and independent, and women are stereotyped as communal and dependent. These stereotyped gender roles may affect the division of labour for Nigerian and South African parents across various settings (e.g., at home, and at work) in a culturally normative way.

Parent Stress Caring for Children with Autism

In Nigeria and South Africa, women are often viewed as the primary caregivers of children, regardless of a child's disability status. For female parents, caregiving for children is often combined with their employment duties outside of the home. Because caregiving for autistic children may require more time and resources from parents (Autism Speaks, 2020; Hoefman et al., 2014; Khanna et al., 2011; Kuhlthau et al., 2010), female parents more than male parents in Nigeria and South Africa may be more susceptible to elevated stress (Webster et al., 2008). Still, the mechanism by which heightened parent stress may occur remains unclear. Specifically, how culture along with gender stereotypes and roles influence caregiving responsibilities and burden among parents of autistic children in Nigeria and South Africa is not known. For these reasons, this study sought to explore the role of culture, gender stereotypes, and gender roles in caregiving among parents of autistic children in Nigeria and South Africa.

Methods

Study Design and Participants

This exploratory study involved a cross-sectional survey of parents of children with autism in Nigeria and South Africa. The survey was part of a larger study. Ethical clearance was granted by the ethics committee of the researchers' institution, as well as by the provincial Department of Education for the recruitment of parents in South Africa. In Nigeria, the Local Inspectors of Education also gave the permission to conduct this research. Informed consent was obtained from all the participants and their confidentiality, protection from any harm, and their right to privacy was adhered to.

Most parents were recruited through snowball sampling. That is, there were discussions between participating schools in Nigeria and South Africa and the potentially eligible parents who initially showed interest in participating. These parents then told other potentially eligible parents about the study, which led to additional participants. Participating schools included one ASD school in Abeokuta, Nigeria and two special schools in South Africa, one in Durban and one in Empangeni.

Participant eligibility criteria included being married or divorced, having a child diagnosed with ASD, and having been personally assisting in rendering caregiving services at home to their child with autism during the past 2 years. Twenty-five participants were recruited, and the participants from Nigeria included 11 mothers and four fathers (including two couples), while the participants from South Africa included eight mothers and two fathers (no couples were involved from this country). The marital status of the participants varied. Among those recruited from Nigeria were nine women, and four men who were in intact marriages, while two women were single mothers. Among the South African participants were five single mothers, three mothers with intact marriages and the fathers of two children. In addition, 13 of the participants were women who spent substantial hours working in their homes as they reported to be either unemployed, contract-based workers, or engaged in petty trading. Concerning the male parents, five of them claimed to be employed or engaged in one activity or the other which made them spend fewer hours at home on most days than female parents. The participants from Nigeria were identified as Yoruba ($n = 10$), Igbo ($n = 3$), and Hausa ($n = 1$). In South Africa, participants were identified as Zulu ($n = 7$), Colored ($n = 1$), and Asian ($n = 2$). The mean age of parents' children with autism was 9.08 years ($SD = 2.04$), and the mean age of ASD diagnosis for the children was 6.05 years ($SD = 5.10$). Among these children with autism, 17 were male, and eight female. Out

of this number, 16 identified by their school as having a learning disability, and three of them were identified as aggressive, and these behaviours were confirmed by some parents.

Data Collection

An 11-item questionnaire was employed to obtain data (Table 1). Both paper and electronic formats were used because some participants preferred e-mail to in-person administration. Two of the participating schools (one in Nigeria and one in South Africa) administered the questionnaire directly to 14 parents, and the first author administered the questionnaire in-person directly to eight parents. Only three participants completed the questionnaire electronically because they were not physically available. The questionnaire contained both structured and unstructured items. Items solicited information on the gender-based roles that each participant played in caring for their child with autism, stress related to their caregiving responsibilities, and the cultural basis of stereotypical roles experienced in the Nigerian and South African contexts (Table 1).

Analysis

For the quantitative survey data, descriptive statistical analysis was conducted yielding frequency distribution tables and graphs. The qualitative data from open-ended questions were coded. Recurring themes were identified, and through content analysis, emerging themes were discussed in reference to Van Dyke's model of critical discourse analysis (van Dijk, 2005). This form of content analysis helps contextualize overt and covert gender-based ideology and stereotypes. The qualitative and quantitative results were subsequently integrated.

Results

Results from the quantitative data analysis are first presented with an emphasis on the nature of parents' caregiver roles. Qualitative data analysis results are then presented to help explain the quantitative results. The qualitative results focus primarily on aspects of African cultural practices and how they influence parental caregiving for children with autism.

The main role of caregiving for autistic children during the past several years being carried out by a parent was

Table 1 Questionnaire and frequency of responses to structured items

No.	Structured questions	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1.	The main role of caring and performing various tasks for my child with ASD has been on me for several years	18 (15 F & 3 M)	5 (4 F & 1 M)	1 (1 M)	1 (1 M)	0
2.	I receive adequate support from my partner to take care of our child with ASD	1 (1 M)	2 (2 M)	0	4 (3 F & 1 M)	18 (16 F & 2 M)
3.	Many of the parents with autistic children have been divorced or found themselves being a single mother or father	14 (14 F)	7 (5 F & 2 M)	1 (1 M)	1 (1 M)	2 (2 M)
4.	In cases of non-supportive roles by my spouse, majority of the excuses are related to roles expected of my gender	16 (14 F & 2 M)	7 (5 F & 2 M)	1 (1 M)	0	1 (1 M)
5.	I feel like being cheated or exploited whenever I or one parent is doing the whole or most job of caring for a child with autism	13 (13 F)	8 (6 F & 2 M)	1 (1 M)	2 (2 M)	1 (1 M)
6.	I believe that stress mostly comes from my child's behaviours	20 (19 F & 1 M)	2 (2 M)	0	2 (2 M)	1 (1 M)
7.	Day and night are mostly involved to ensure adequate care for my child with autism and thus resulted to elevated stress	8 (6 F & 2 M)	15 (13 F & 2 M)	0	0	2 (2 M)
8.	Major roles being played in caring for the child lead to frequent stress and the stress can be lesser if I am supported by my spouse	13 (12 F & 1 M)	8 (6 F & 2 M)	1 (1 F)	1 (1 M)	2 (2 M)
<i>Unstructured questions on the cultural basis of gender stereotypical roles</i>						
9.	In most cases, does your culture or your spouse's culture influence leaving the roles of caring for your child with autism to you?					
10.	What are the phrases or statements that you may recollect people use to indicate that your culture or spouse's culture supports you to perform main roles in caring for your autistic child?					
11.	What do you think can be done to reduce shifting roles of caring for children with autism to a particular gender or spouse?					

F female participant, M male participant

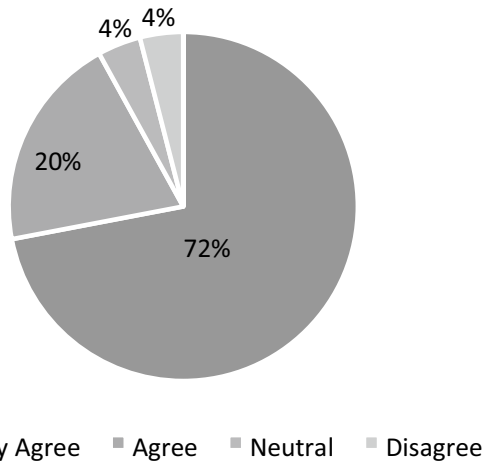


Fig. 1 The main role of caring and performing various tasks for my child with ASD has been on me for several years

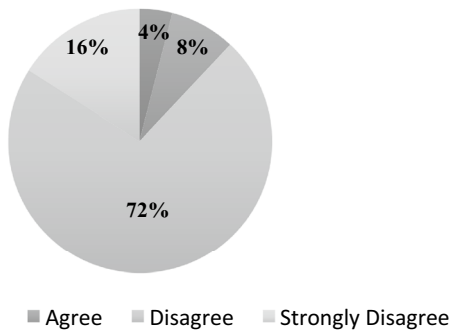
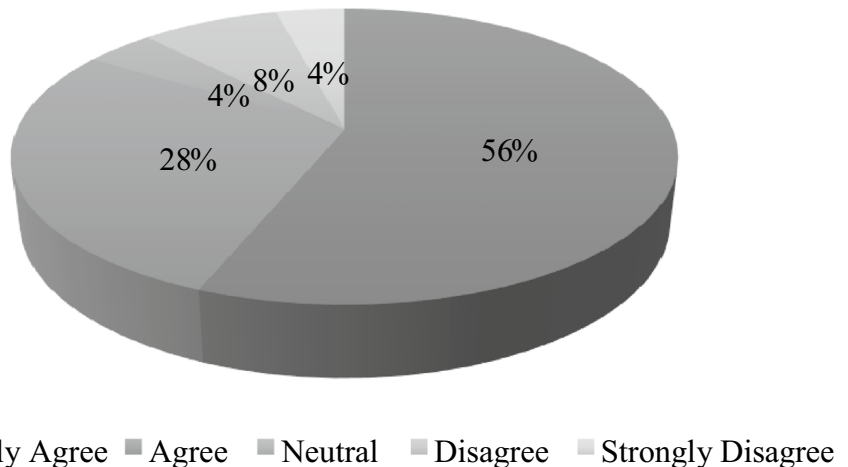


Fig. 2 Lack of adequate support from partner concerning issues on the intervention and management of the child's ASD

most strongly endorsed by 15 mothers (78.9%) versus three fathers (50%). Overall, 18 (72%) participants strongly agreed and five (20%) agreed, whilst one (4%) was neutral and the

Fig. 3 Single parent is responsible for caregiving the child with ASD



other one (4%) disagreed that the main role of caregiving for autistic children during the past several years has been carried out by a parent (see Fig. 1).

Also, concerning whether they received adequate support from their partner for their children with autism, three mothers (15%) disagreed, and 16 mothers (85%) strongly disagreed, whilst one father (16.6%) disagreed and two fathers (33.3%) strongly disagreed. Overall, 18 (72%) disagreed and four (16%) of the participants strongly disagreed that they received adequate support from their partner for their children with autism as shown in Fig. 2.

As shown in Fig. 3, 14 mothers (73.6%) strongly agreed and another five (26.3%) agreed that the main role of caring for children with autism has been on single parents due to the non-presence of fathers.

In addition, two of the fathers (33.3%) agreed. In sum, 14 of the participants (56%) strongly agreed, whilst seven of them (28%) agreed. Furthermore, in terms of the notion that most spouses are not reasonably supporting their wives in caring for their children with autism due to gender roles expected of them, 14 mothers (73.7%) strongly agreed and five mothers (26.3%) agreed, whilst two fathers (33.3%) strongly agreed and another two (33.3%) agreed. Overall, 16 participants (64%) strongly agreed, whilst seven participants (28%) agreed as shown in Fig. 4.

Moreover, 13 mothers (68.4%) strongly agreed and six (31.4%) agreed, versus two fathers (33.3%) who agreed that a parent may feel exploited for doing most of the job of caring for a child with autism (see Fig. 5).

Additionally, 19 mothers (100%) strongly agreed, compared to three fathers (50%) who agreed that stress mostly comes from their children's behaviours; and in overall, 20 participants (80%) and two participants (8%) strongly agreed or agreed respectively as shown in Fig. 6.

As regards the level of stress experienced by parents, 13 mothers (52%) and two fathers (33.3%) agreed, while another six mothers (31.6%) and two fathers (33.3%)

Fig. 4 Non-supportive spouse enforces gender-based roles at home

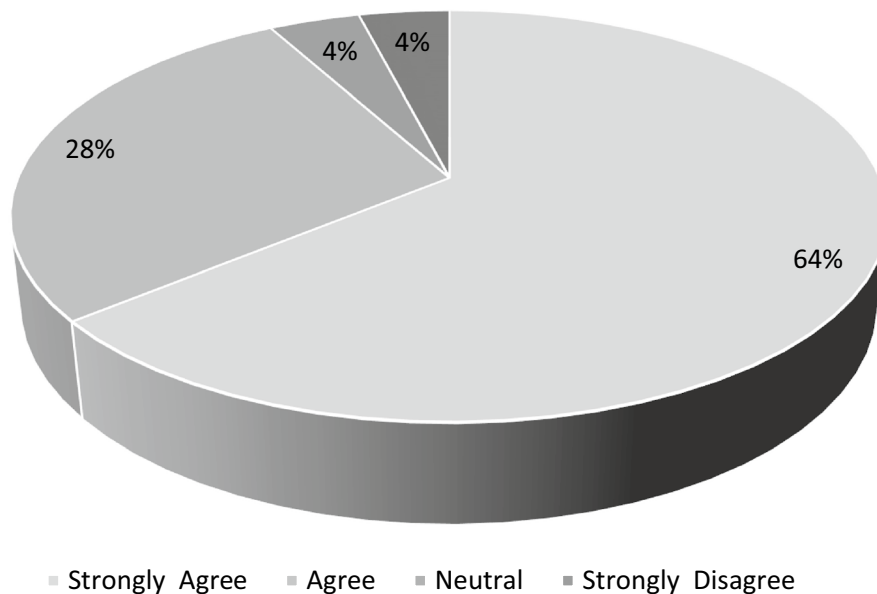
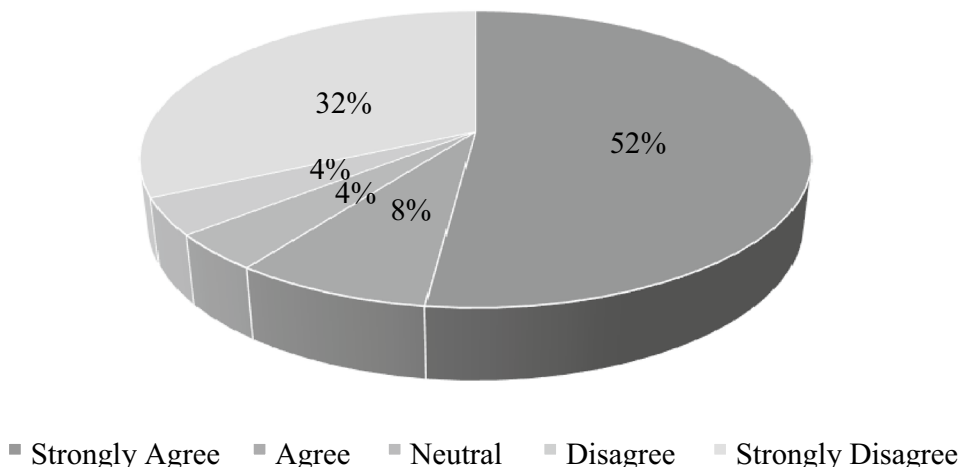


Fig. 5 Feels exploited in performing caregiving for a child with ASD



strongly agreed that day and night are mostly involved to ensure adequate care for their children with autism and thus resulted in elevated stress. Overall, 23 participants (92%) confirmed the presence of above situation as indicated in Fig. 7.

Moreover, 18 mothers (68%) strongly agreed and 6 mothers (31.6%) agreed compared to one father (16.7%) who strongly agreed, and two fathers (33.3%) who agreed that playing major roles in caring for their children with autism leads to frequent stress, and the stress could have been minimal if there was full support from their spouse (Fig. 8).

In terms of caring for their children with autism, no significant difference was noted between families in Nigeria and South Africa as cultural expectations have further influenced mothers to be playing major caregiving roles than the fathers. Such expectations are not only peculiar to Yoruba

and Zulu cultures, but many sub-cultures in Nigeria and South Africa.

The qualitative component of this study provides more insights into Nigerian and South African cultural practices. That is, how Nigerian and South African cultural practices influence gender roles in relation to caregiving in households with autistic children. Three themes emerged from the qualitative data.

Culture Exerts a Great Influence on the Stereotypical Behaviour of Caregiving Roles

The majority of the participants from both Nigeria and South Africa indicated that often, women were given certain roles to play in the family based on traditional and cultural belief as well as practices that were based on patriarchal hegemony. One of the mothers (NGF1) asserted:

Fig. 6 Belief that stress mostly comes from the child's behaviours

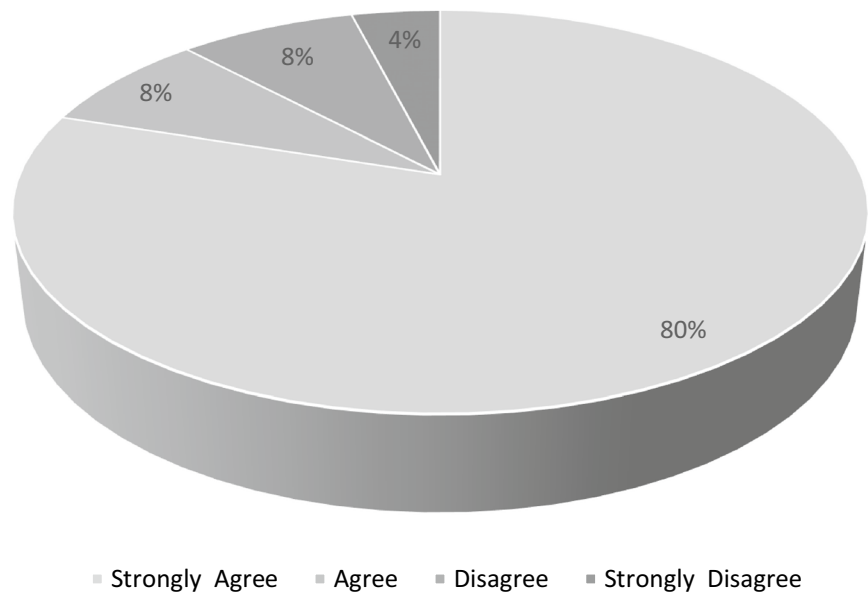
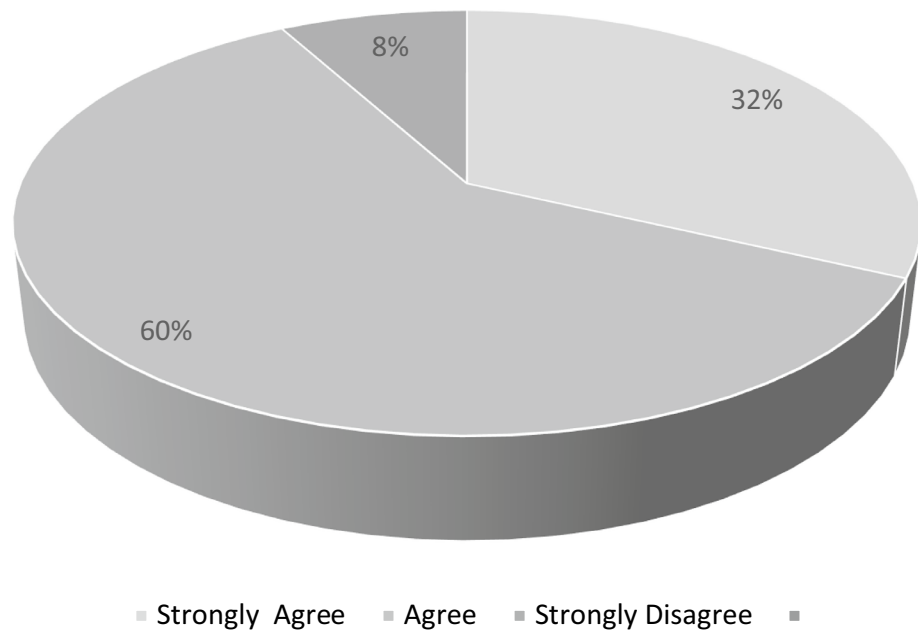


Fig. 7 Elevated stress level is as a result of much time involved in ensuring adequate care for the child with ASD

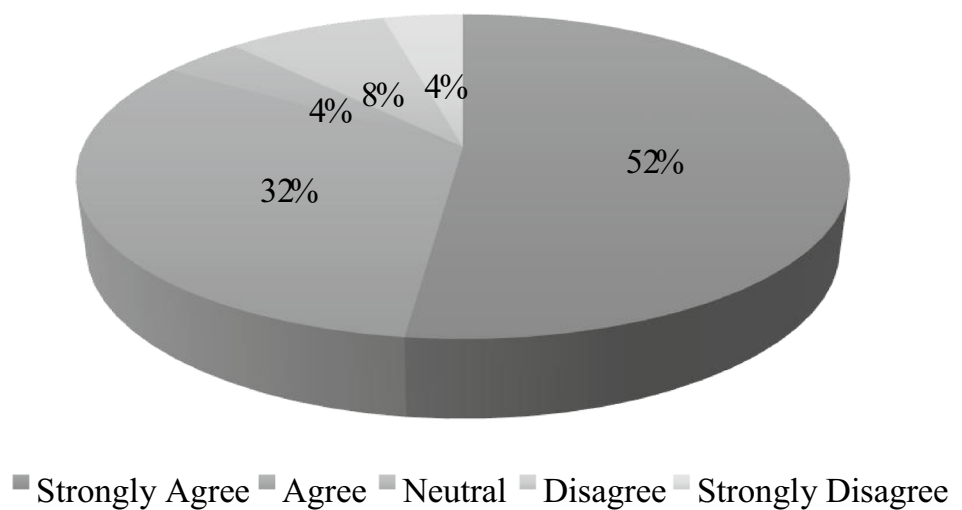


It is not that men suddenly reach this level of supremacy; it has been enshrined by both culture and religion, whereby women are seen as weaker, subordinate and answerable to men's calls. My husband does not support me since our child was diagnosed of autism.

Additionally, two similar responses from a Nigerian father (NGM 2) and a South African mother (SAF 5) corroborated the idea that culture has influences on what roles being played by fathers and mothers at home generally and specifically about caring for their children with autism.

I am not sure the extent of how culture still influences our behavior as men even at home towards our wives, our children and the roles we play. I am a Christian and a Yoruba man who inherited certain cultural practices and religious directives, and we are the head of the family. As a result of that, I think it influences roles we play at home till now... Truly, I am mostly concerned with bringing food to our table than taking care or keeping watch over my children including one with autism, but my wife has faced doing such care every day for many years.

Fig. 8 Playing major roles in caring for the child with ASD often lead to frequent stress and the stress can be lesser if I am supported by my spouse



Women are facing a lot of hardship at home because, I know in Zulu culture, many men do not help their wives to take care of home and to take care of children, and it is not easy to take care of our children and especially those with autism. The care only this boy needs daily is like one needed by four boys altogether, and I am the only one caring for him since he was diagnosed of autism at age 2, 6 years ago ...Eish no, the culture made them not help us caring for the babies.

Use of Certain Phrases or Statements Reinforces Playing Certain Culture-Based Stereotypical Roles at Home

Most of the participants noted certain phrases were employed to indicate that their culture or spouse's culture or both encourage men to believe that one of the women's main roles is caring for the children. Some of the recurring expressions used included "our wife, the cook of the house, your husband is your head or crown, women with good virtue, women clean the house and women give birth to babies". Such cultural belief and practice were identified by the majority of the participants as part of what keep motivating men to subject women alone to caring for their children. Whereas for men, an expression like "husband is your head or crown" was perceived most common. According to two of the participants (NGF10, and SAF 8), certain expressions were usually used to remind women of their roles at home, and to make women keep doing such roles without ceasing.

Have you not heard of something like it is your job and not mine? I am serious oohh [...]. I have heard many men keep saying it is for women to care for their children without thinking of how and to what extent they should also help. All these words are part of what cul-

ture says. Many of my friends who have children with autism have complained the same thing [...] (NGF10). You know we have many cultures here. I and my husband are from different province but my own culture is rooted in Indian culture but my own culture and his own culture both identify that women should work at home either it is convenient or not. I have seen men who love to watch TV and read newspaper when they are supposed to help care for children but keep saying it is your job! It is your job! Such statement makes me sad but I have no choice than to do the caring {SAF 8}.

Creation of Awareness About the Need for Collaborative Efforts in Caring for Autistic Children

Many parents also indicated absence of necessary awareness concerning the collaborative efforts needed between fathers and mothers of autistic children at home. All the participants mentioned that there was no sensitization from either the government, group or individual about the roles that father and mother of children with autism should play, especially in caring for their autistic children. All mothers who participated in the study believed that lack of such awareness and understanding of collaborative roles of both husband and wife has made many men to leave their wives and children and/or filing for divorce. A mother from Nigeria (NGF 3), and a mother from South Africa (SAF 2), respectively stated that:

My husband started misbehaving at home towards me and my child with autism shortly after he was diagnosed of autism. He was once away from home for two weeks without any reasonable explanation, and later confessed he wanted to run away from home. He stayed back but [was] not responsive since then till

now, while my child's behaviour keep adding to the problem I am facing [...]. He lacks understanding that he must help in raising this child”

When my daughter was diagnosed with autism, my husband (then) failed to support us. I am not talking about house chores but helping me to care for our daughter because she is full of problem and her aggression has added to my stress so much. We both have her, but she was pushed to me to either care for her or I let her die...Eventually, he left home and filed for a divorce, which I rejected. But since that time, he is not coming to check us, and this is the 6th year now.

Discussion

Findings in this exploratory study provide new insights into how culture may influence caregiving roles for parents of autistic children in Nigeria and South Africa. Past research related to this topic has focused primarily on cross-cultural variation in the assessment of ASD and prevalence of ASD (Bakare & Munir, 2011; Mendez et al., 2011; Mohammadi et al., 2011). The use of qualitative and quantitative data also helps this study to provide a richer understanding of how culture influences gender stereotypes and related caregiving roles for parents of autistic children in Nigeria and South Africa.

The study results suggest the presence of stress due to various caregiving tasks, and demonstrated the presence of enormous cultural influence on stereotypical behaviour and assignment of roles. Also, the use of some expressions led participants feeling exploited for performing most of the job of caring for their children with autism because they were stressed in one way or the other. These results are aligned with findings from past research (Hodapp et al., 2003; Johnson et al., 2003), which shows that the stress parents of children with developmental disabilities have is higher than among those of children without such disabilities. Gupta (2007) also confirmed variability of parental stress based on the nature of the developmental disability. Many studies have established high rates of stressful roles mothers of the children with autism face compared to mothers of children with other developmental disorders such as X fragile syndrome, intense intellectual disabilities, and Down syndrome (Abbeduto et al., 2004; Weiss, 2002; White & Hastings, 2004), or unlike parents of children without developmental challenges but who require special healthcare (Schieve et al., 2007), or unlike children who develop typically (Bakér-Ericzen et al., 2005; Smith et al., 2001; Yamada et al., 2007). In the same vein, Tomanik et al. (2004) confirmed a case of intense stressful roles by two out of three mothers of autistic children. Pisula (2011) recalled from Gray (2002) that

“stressful” is a recurring word used by the parents in the discourse of how their children with autism are being raised.

Pisula (2011, p. 88) explicated that the main sources of stress among parents of autistic children include “child characteristics, in particular behavioral symptoms associated with autism and behavioral problems... Inadequate or unhealthy interaction with professionals especially at the level of diagnoses... and discouraging or negative societal attitudes to autistic people...”. While many researchers have documented the level of stress being experienced by parents of children with autism, mothers have received more attention than fathers. Only a few studies delineated stress of fathers and mothers, though some reported that fathers of children with autism have higher stress levels than fathers whose children are typically developing (Bakér-Ericzen et al., 2005). Like some past studies, this study did not concentrate wholly on the stress level of fathers but found the need for fathers to help alleviate the stress level of mothers of children with autism.

In comparison with this current study, mothers of autistic children from other cultures have also reported various degrees of stress. A study by Miranda et al. (2019) comprising 52 families with autistic children in the Valencian community in Spain revealed that women in this community also experienced elevated stress due to the characteristics and behavioural difficulties exhibited by their children with autism. The current study also shares the same sentiment that it is impossible to remove all the stressors being faced by mothers of children with autism in the course of raising their autistic children (see Miranda et al., 2019). Pisula (2007) also reported that higher stress levels were shown by mothers of children with autism; while in their investigation, Tomanik et al. (2004) likewise established that two out of three mothers of children with autism experienced stress that were high in nature.

In many African socio-cultural settings (including Nigeria and South Africa), men tend to briefly stay home as they find it necessary (and following traditional normative) to engage in work to provide daily provision for their home even though modernity is making women to be contributing reasonably to household expenses (Akanle & Nwaobiala, 2020; Richter et al., 2010). Accordingly, certain ideology has maintained that work domain as well as instrumentality is crucial to men while the domain of expressiveness and home is vital to women based on traditional gender role model (Cerrato & Cifre, 2018).

In relation to the findings of this current study, the number of fathers of children with autism that tend to stay home and help their partner (or wives) is extremely low. Compared to other races, black fathers have been found to share responsibilities and show coparenting more often than their Hispanic and white counterparts (Ellerbe et al., 2018). The instances of failure to help at home mentioned by the

participants from Nigeria could be linked to the challenges of coparenting children with lifelong disorder like ASD. Similarly, this factor and the peculiarity of the marriage institution and other factors could be linked to fathers of children with autism deserting their homes in South Africa. Unlike Nigeria, South Africa is noted as a country with a least marriage rate in Africa (Richter & Panday, 2006), a second country in the continent after Namibia in terms of absent fathers (Posel & Devey, 2006). It is a country with less maintenance given from father to child (Khunou, 2006), and with a high rate of abuse and neglect of children (Richter & Dawes, 2008). Some authors have identified socioeconomic problems, migration to urban areas, apartheid, unemployment, poverty, gender power, violence from intimate partner, and masculinity ideologies (Holborn & Eddy, 2011; Richter et al., 2010; StatsSA, 2010) as reasons for having such issues in South Africa. Notably, the majority of men as observed in both countries under study do refrain from their children with disabilities or disorders. The findings from the majority of the participants from South Africa have suggested that gender power and masculinity ideologies in Zulu culture, for instance, are exercised compared to other cultures in this study. However, the failure for many fathers to care for their children with autism like mothers is noticeable in both Nigerian and South African families with autistic children. Meanwhile, the stress level documented for fathers in a few studies (e.g., Hastings, 2003; Knussen & Sloper, 1992; Moes et al., 1992; Tehee et al., 2009) are lesser compared to the stress of mothers. The sources of such stress are closely related but mostly come from “parenting problems, the child’s self-sufficiency, behavior, and physical development” (Moes et al., 1992 in Pisula, 2011, p. 95).

Study findings obtained from item 6 of the questionnaire and from theme 1 of the qualitative part have additionally showed that child behaviour could be a source of caregiver stress and the stress could have been reduced if the caregiving roles were managed jointly between male and female parents. While child behaviour places more stress on mothers, the cultural norms remain that women must do their home chores, and care for all children. These roles are not culturally expected from men. This suggests that when one parent handles almost all the caregiving roles, elevated stress may occur. Stress also deprived parents of their sleep as they were often reported to be woken up at night by their ASD affected child. This is supported by the finding that many parents cared for their ASD child day and night, but the main role of caregiving was mostly left to female parents, due to inadequate support from their husbands. Previous reports on Parenting Stress Index have shown over 85th percentile in 40% of parents of children with developmental disorders including ASD (Webster et al., 2008).

Additionally, many participants indicated that women were given certain roles to play in the family based on

traditional and cultural practices as well as on patriarchal hegemony. In relation to Critical Discourse Analysis, power, ideology and domination are theoretical concepts that help in understanding the hegemony peculiar to individuals or culture, and about the representation of *self* and *others* (van Dijk, 2006; Wodak, 2006). This implies that actions exhibited by individuals in many cultures are indicators of how gender is represented and delineated, and showing what gender exhibits more power in diverse settings. Similarly, van Dijk (2005) established the role of ideology emanating from one’s fundamental cognitive beliefs has strong power to shape one’s behaviours in social settings either as a group or as individual. In this context, how men and women are represented largely dictates the role to be played by each gender (male and female); and *self* represents women who claimed they carry out enormous responsibilities in caring for *others* (for example their husbands and children).

Oppositely, the study’s findings suggest that *self* (men) may exercise hegemony over *others* (women). Likewise, van Dijk (2005) disclosed discourse and language use as part of social practices, and they can influence ideology by writing, reading about, or listening to mere parents, peers, and group members. Culturally, this type of backing stereotypically empowers men to avoid domestic chores and consider their wives as *others* whose work must include dish washing, home cleaning, cooking, baby making, etc. Nonetheless, men have also been stereotypically constructed by the society (even by the society of women) as the provider for the house and in some culture, as lazy individuals and other labels to make men less men and undesirable by woman folk.

This study’s finding also demonstrated a lack of awareness concerning collaborative efforts to care for children with autism, particularly on the part of male parents. Nevertheless, the fathers of autistic children could be used to increase awareness about the importance of shared caregiving. Meanwhile, this study also found that such action may be cross-ethnic, cross-cultural, and cross-national and therefore advances previous findings of Georgas et al. (2006) on cross-national gendered division of labor within households. In African culture, caregiving for children has been stereotyped as a woman’s job. In the case of developmental disorders like ASD, men have seemingly distanced themselves from caregiving. As Toseeb et al. (2020) reported in their secondary analysis of data from the Avon Longitudinal Study of Parents and Children (ALSPAC—a renowned and top birth cohort study, also known as children of the 90s at the University of Bristol), 90% of their respondents (i.e., mothers of children with developmental language disorders) engaged in tasks such as mother–child-direct-teaching, and mother–child-activities. The participants from this study also demonstrated that single parents (mostly women) were responsible for the main role of caring for children with autism.

The nature of African culture and ethnic sanction of such culture have contributed to a hegemony exerted by African men. In one of the ethnic groups sampled in South Africa, it was found that the majority of fathers abandoned home leaving the mother to take full responsibility of caring for their children with autism. In other ethnic groups, most men failed to give support to their wives in caring for their children with autism. Another issue in some culture such as in Yoruba ethnic include a perception that good children are father's own, and those with one problem or other (including disorders) are mother's. This perception has been recorded in one Yoruba proverb for instance. Essentially, the study results suggest that the role of co-caring for children with autism is not supported by some fathers who either abscond or temporarily become unavailable. The issue of shifting child-care roles and the household tasks to women as well as the question of where the fathers are (a recurring axiom in some parts of South Africa) is not peculiar to an African setting alone. Similarly, Fons and van de Vijver (2007) investigated the first generation and second-generation immigrants in the Netherlands, and found that the first generation of immigrants held more gender-roles beliefs than the second-generation immigrants regarding household tasks and child-care behaviour. There was no cultural difference among the participants (that is, the Dutch mainstreamers, the Turkish, the Moroccan, the Surinamese, and the Antillean-Dutch). Noticeably, in Africa and some parts of the world, the rare mentioning of fathers of children with autism and their roles of caring or raising these children independently or together with their wives in the literature may be due to the social structure and cultural beliefs whereby gender stereotypical behavior and roles tend to favour male rather than female parents.

Limitations

Because this was an exploratory study, a limitation is the small sample size. Importantly, the results are not representative of all geographical areas in Nigeria or in South Africa from where the participants were recruited. All information supplied by the parents was self-reported, which might have contributed to information bias (e.g., female parents under-reporting stress and caregiver burden). The questionnaire administered measured the parents' stereotypical behaviours in caring for children with autism in the household or family setting but have limited male participants who researchers thought are agentic to issues relating to gender-role beliefs and culture-based stereotype. This may affect the responses obtained on the aspects of culture and stereotypical behaviour, and about carers of autistic children within families.

Conclusions

This study results suggest that gender-based stereotypes have sociocultural and ideological antecedents and may negatively affect female parents of children with autism in Nigeria and South Africa. Certain household-tasks including caregiving for autistic children may be stereotypically viewed as the responsibility of female caregivers and increase caregiving burden experienced by female parents. Therefore, the behaviour of many Nigerian fathers may not differ from their South African counterparts in terms of failure to spend quality time with their wives and children with autism; and in giving adequate support to their wives in caring for their autistic children. This and more factors like gender power, and masculinity ideologies being exercised by men at home have necessitated the need to intensify education and awareness among men rather than women who are notably found caring for their autistic children. Increased awareness and education about gender stereotypes and related caregiving roles for parents of children with autism in Nigeria and South Africa may help parents move towards more equally distributed caregiving roles. In turn, some caregiving burden experienced by female parents of children with autism may be alleviated. It is also ultimately important to reduce the stress and burden arising from care being given to autistic children in order to give these children quality care, and to avoid situations whereby those who administer care will in turn be experiencing physical, emotional, and psychological breakdown.

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Declarations

Conflict of interest The authors have no potential conflicts of interest to disclose.

Ethical Approval The research involved human participants, and approval for the study was granted by the ethics committees of the corresponding author's institution; by the KwaZulu-Natal Provincial Department of Education for the recruitment of parents in South Africa; and by the Local Inspectors of Education in Ogun State and Oyo State, Nigeria.

Informed Consent Informed consent was obtained from all participants.

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