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**Appendix – I**  
**Institutional Human Ethical Committees (IHEC) Approval Form**

**INSTITUTIONAL HUMAN ETHICS COMMITTEE**



**Avinashilingam**

Institute for Home Science and Higher Education for Women  
(Deemed to be University under Category 'A' by MHRD, Estd. u/s 3  
of UGC Act 1956) Re-accredited with 'A+' Grade by NAAC,  
Recognised by UGC Under Section 12 B  
Coimbatore-641 043, Tamil Nadu, India

**Chairman**

Dr. S. Ramalingam  
Principal, PSG Institute  
of Medical Sciences  
& Research, Coimbatore

**Member Secretary**

Dr.S.Uma Mageshwari  
Professor and Head,  
Department of Food Service  
Management & Dietetics

**Members**

Mr. K.Arulmoli (Legal Expert)  
Dr.Subhashini K. Sripathi  
Dr.A.Saraswathy  
Ms.D.Kavitha  
Dr.S. Mathulakshmi  
Dr.G.Victoria Naomi  
Dr. Judith Justin  
Dr.Anitha Subash

4<sup>th</sup> January 2021

To  
Ms. Seema Saikia,  
Department of Human Development  
Avinashilingam Institute for Home Science and  
Higher Education for Women  
Coimbatore – 641 043

Dear Seema Saikia,

Ref: Your proposal No. IHEC/19-20/HD/46 entitled "Importance of parent's knowledge and attitude on prerequisite skills for children with autism and its influence on parenting self efficacy and mental health - An intervention study" submitted for approval of IHEC is on 30.10.19.

The Institutional Human Ethics Committee of our University hereby grants approval to your research proposal No. IHEC/19-20/HD/46 entitled "Importance of parent's knowledge and attitude on prerequisite skills for children with autism and its influence on parenting self efficacy and mental health - An intervention study" submitted by you. The Approval number for the same is AUW/IHEC/HD-19-20/XPD-46.

We wish you all the best in your research endeavours.

Regards,

*V. Uma Mageshwari*  
Dr.S.Uma Mageshwari  
Member Secretary



**Appendix – II**  
**Special schools Permission letter**



**Avinashilingam Institute for Home Science and Higher Education for Women**  
(Deemed to be University Estd. u/s 3 of UGC Act 1956, Category 'A' by MHRD  
Re-accredited with A++ Grade by NAAC. CGPA 3.65/4, Category I by UGC Coimbatore - 641 043,  
Tamil Nadu, India

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13/7/2021

From,  
Dr. Ramya Bhaskar  
Assistant Professor  
Department of Human Development  
School of Home Science  
Avinashilingam Institute for Home Science and Higher Education for Women

To,  
The Principal,  
Steps occupational therapy, Speech therapy and Rehabilitation centre  
Ramanathapuram, Coimbatore-45

Sir/Madam

Subject: Requisition Permission for Data Collection of Research – Reg.

This is to bring to your kind attention that Miss Seema Saikia pursuing her Ph.D., Department of Human Development is conducting a research study on “Importance of parent’s Knowledge, Attitude and Practices on Prerequisite Skills for Children with Autism and its influence on parents Mental Health and Self efficacy- An Intervention Study” under my guidance.

In this regard, I request you to kindly permit her to conduct the survey and collect data among parents of autistic children from your esteemed School. I would also like to mention that the data collection will be done without causing any inconvenience to the concerned parents of autistic child in their work or life in any form, the collected data will be kept confidential and used for research purpose only.

Thanking you

Yours Sincerely  
*Ramya Bhaskar*  
Dr. Ramya Bhaskar

*Permitted*  
*Karthik Rajaram*  
**Dr. KARTHIK RAJARAM**  
B.O.T, MS (Neuro- Psy) M.Sc. (Geriatric Med)  
PGD in Guidance & Counseling, Ph.D., (Neuro - Psy - Rehab)  
Tamil Nadu  
STEP CENTER FOR OCCUPATIONAL THERAPY & REHABILITATION  
110, Thiruvananthapuram Road, Coimbatore-45



**Avinashilingam Institute for Home Science and Higher Education for Women**  
(Deemed to be University Estd. u/s 3 of UGC Act 1956, Category 'A' by MHRD)  
Re-accredited with A++ Grade by NAAC. CGPA 3.65/4, Category I by UGC Coimbatore - 641 043,  
Tamil Nadu, India

From,  
Dr. Ramya Bhaskar  
Assistant Professor  
Department of Human Development  
School of Home Science, Avinashilingam Institute for Home Science and Higher Education  
for Women-43

30/11/2023

To,  
The Principal,  
Steps occupational therapy, Speech therapy and Rehabilitation centre  
Ramanathapuram, Coimbatore-45

Sir/Madam

Subject: Requisition for Permission to conduct Sensitization Programme – Reg.

At the outset, I express my gratitude for permitting Miss Seema Saikia to collect data from the parents of autistic children at your esteemed center for her Ph.D. research. As you are aware, Miss Seema Saikia, a doctoral candidate in the Department of Human Development, is conducting a study titled, "**Importance of Parents' Knowledge, Attitude, and Practices on Prerequisite Skills for Children with Autism and Its Influence on Parents' Mental Health and Self-Efficacy- An Intervention Study**" under my guidance.

In continuation of her research, I again place a request to you to permit her to conduct a sensitization programme for parents of autistic children at your center. The sole purpose of this programme is to educate and sensitize parents regarding the prerequisite skills necessary for children with autism, aiming to create awareness and support and also deal with their mental health and self-efficacy. The programme is scheduled for 15 sessions spreading over 15 days with one and a half hours duration per session. I assure you that this programme is exclusively intended for sensitization and will align with ethical considerations. Your approval will greatly contribute to the success of this study and further enhance its impact on the community.

Thanking you

Yours Sincerely

  
Dr. Ramya Bhaskar

**Dr. KARTHIK RAJARAM**  
B.O.T, MS (Neuro-Psy) M.Sc. (Geriatric Med)  
PGD in Guidance & Counseling, Ph.D. (Neuro-Psy-Retard)

Coimbatore, Tamil Nadu  
17/11/2023  
30/11/2023

Permitted  
Karthik R.

## Appendix – III

### A. Demographic profile

**Direction:** The following are some items about your background information. Please indicate your response by checking or writing your appropriate answer (s).

#### Personal Background

1. **Name of parents** : Father: -

Mother:

2. **Education** : Father -

Mother-

3. **Occupation** : Father -

Mother -

4. **Family Income** :

5. **Age of the child** :

6. **Gender** : Male

Female

7. **Birth order of child:**

8. **No of sibling** :

9. **Type of family** : Joint

Nuclear

10. **Family size:**

11. **Area of Residence:**

Urban

Rural

Semi urban

12. **Religion:**

Hinduism

Christian

Muslim

Other (Specify)  \_\_\_\_\_

## Appendix – IV

### B. Questionnaire to elicit parent's knowledge and Attitude on pre-requisite skills

#### Instructions-

This Likert scale has been developed by the investigator to assess the Practices of parents on the pre requisite skills. A total of 35 items has been prepared under the seven dimension – **Scheduling, Attention, Socialization, Self-Control, Self -Advocacy and Safety**. Each response has three options that is Always, Sometimes, Never. Please read carefully and indicate your response by ticking  $\surd$ . There is no right and wrong answers, all items have to be attempted. Your responses will be kept confidential and your responses will be used for research purpose only.

#### A. Scheduling

##### Knowledge-

S. No.	Statements	Yes	No	Don't Know
1)	Developing or forming habit/routine for autistic children is important			
2)	It is important to make autistic children to follow the morning schedule			
3)	The autistic child may face difficulty if does not follow the schedule			
4)	The autistic child struggles to play games involving rules			
5)	The autistic child unreasonably insists on doing things in a particular way or become upset if there is any change in the daily routine			

### Attitudes –

S. No.	Statements	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
1)	In my opinion developing a habit/routine for the autistic children is not necessary and is useless.					
2)	I feel It's difficult to develop a habit/routine or follow a daily schedule for autistic children.					
3)	I feel It is tedious to make them sit in one place and make them do certain activity.					
4)	I feel Using a planner or other organizational system will help to control the child's activity.					
5)	In my opinion autistic children can never understand the concept of work time and relax.					

### B. Attention

#### Knowledge-

S. No.	Statements	Yes	No	Don't Know
1)	Autistic children have a very short attention span			
2)	Autistic children makes unusual noises			
3)	The autistic children are also curious about objects and some things			
4)	Autistic children try seeking your attention on his/her own activity			
5)	Autistic child points with his/her index finger to bring your attention to show the things that interest him/her			

### Attitudes-

S. No.	Statements	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
1)	I feel making autistic children to concentrate on a particular task is a difficult task in itself					
2)	I feel autistic children do not even pay attention to whatever is being told to them					
3)	I feel autistic children cannot complete even a small activity by paying attention					
4)	In my opinion it is difficult to train autistic children to increase their attention span					
5)	I feel It is difficult to make autistic children respond to conversation regarding any activity					

### C. Socialization

#### Knowledge-

S. No.	Statements	Yes	No	Don't Know
1)	During social interaction gestures are important for an autistic child			
2)	For an autistic child Communication skill is important in a work place			
3)	For an autistic child adjustment and adaptability is a must in a work place			
4)	Autistic child engages in solitary and repetitive play activities			
5)	Autistic children lack in sharing or give and take policy			

### Attitudes-

S. No.	Statements	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
1)	I feel autistic child never shows appropriate expression according to the situation					
2)	I feel autistic child finds it difficult talking with people whom they don't know					
3)	I feel it is difficult for the autistic child to maintain peer relationship					
4)	I feel autistic children can never respond in a friendly manner when others try to start conversations with him/her					
5)	I feel autistic children are sensitive to the crowd					

### D. Self-Control

#### Knowledge-

S. No.	Statements	Yes	No	Don't Know
1)	For autistic child Self-control is important in work place			
2)	Negotiating skill is an important aspect of self-control			
3)	Autistic children cry easily with minor provocation			
4)	Autism child have trouble controlling their impulsiveness			
5)	Autism children lose their temper easily.			

### Attitudes-

S. No.	Statements	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
1)	I feel autistic children have less fear of danger					
2)	I feel autistic child gets hyperactive, angry, screams and yells often					
3)	I feel autistic children do not know how to begin, maintain or end a conversation					
4)	I feel autistic children cannot recognize any feelings of anger, anxiety or frustration in others					
5)	I feel autistic child shows extreme joy when sees the parents					

### E. Self-Advocacy

#### Knowledge-

S. No.	Statements	Yes	No	Don't Know
1)	Autistic child cannot work independently			
2)	Autistic child cannot complete any task without help			
3)	Autistic children cannot make any specific goals			
4)	Autistic children have to be prompted continuously to complete a task			
5)	Autistic child do not respond when called by his/her name			

### Attitudes-

S. No.	Statements	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
1)	I feel autistic children do not have self-awareness at					
2)	I feel autistic children cannot say what they want and what they are comfortable at and what they know or what they do not know					
3)	I feel autistic children cannot work on their own without prompts					
4)	I feel it is difficult for autistic children to set achievable goals in any task they do					
5)	I feel autistic child need to have daily instructions written down for their successful work.					

### F. Safety

#### Knowledge-

S. No.	Statements	Yes	No	Don't Know
1)	Autistic child is not able to ask for help from others when it is needed			
2)	Autistic children are not aware of the dangers around and they may not be able to sense			
3)	Autistic child is not able to analyses an emergency situation			
4)	Autistic children should have safety skills once children are out for their vocational courses			
5)	Autistic children should be able to recognize the good and bad advances outside			

**Attitudes-**

<b>S. No.</b>	<b>Statements</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree Nor Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1)	I feel autistic children do not have any sense of safety, they act according to their mood swings					
2)	I feel it is difficult to teach safety skills to autistic children					
3)	I feel autistic children cannot understand what is good and what is bad in any context					
4)	I feel autistic children do not know what emergency is as they don't make any effort in understanding people and situation around them					
5)	I feel autistic children are very vulnerable for abuses					

## Appendix - V

### D. Questionnaire to elicit Parent's Practices on Pre-requisite Skills

Dear Respondents,

I request you to go through the statements given below on the pre requisite skills for Children with Autism and give your response. A total of 35 items has been prepared under the seven dimension –**Imitation, Scheduling, Express Emotions, Communications, Group work, Independent** and **Safety**. Please read carefully and indicate your response by ticking  $\surd$ . Each response has three options that is **Always, Sometimes, Never**. There is no **right and wrong** answers, all items have to be attempted. Your responses will be kept confidential and your responses will be used for research purpose only.

#### Imitation

S. No.	Statements	Always	Sometimes	Never
1)	I make my child to repeat the word/s that is taught to him/her			
2)	I make my child to repeat the simple sentence/s that is told to him/her.			
3)	I make my child to imitate me when I am doing a simple house hold task (For e.g. Folding clothes, staking the newspaper, placing the tumblers on shelf, putting the clothes in the cupboard etc.).			
4)	I make my child to repeat the some simple work done by the family members.			
5)	I make my child to imitate others' speech by parroting back the same words			

#### Scheduling

S. No.	Statements	Always	Sometimes	Never
1)	I have follow a schedule for my child			
2)	Following a schedule has helped me in improving my child's activity			
3)	I guide my child to practice his/her daily routine regularly.			

<b>S. No.</b>	<b>Statements</b>	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>
4)	I am flexible in practicing the schedule defined for my child.			
5)	I promote my child to follow the schedule to perform his/her activity by using visual aids			
6)	I schedule one learning activity per day and I follow that religiously for E.g. painting, writing, cleaning or shopping etc			

### **Express Emotions**

<b>S. No.</b>	<b>Statements</b>	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>
1)	I make time to play with my child so that he/she will be able to express the feelings			
2)	I make it a point to take my child to the park to play so as to provide an emotional outlet			
3)	I give time for my child to explain his/her needs			
4)	I give time for my child to explain the reasons for his/her behaviors			
5)	I look for an opportunity to make my child interact and play with other children			

### **Communication**

<b>S. No.</b>	<b>Statements</b>	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>
1)	I encourage my child to talk so as to express his/her wants (e.g., drink water, watch television, play with dolls)			
	I motivate my child to express his/her desires so as to engage in a particular activity?			
	I prompt my child to express when he/she is need of help			
3)	I make my child communicate with others by greeting them			

4)	I encourage my child to express the following: Social words Phrases Questions (e.g. What's up? or What's your name? or See you later etc.)			
5)	I teach my child to be assertive to say 'Yes' or 'No' to things that he/she is not comfortable.			

### Group work

S. No.	Statements	Always	Sometimes	Never
1)	I help my child to join the group work with other family members			
2)	I try to encourage my child to participate in activities in the neighborhood			
3)	I try to create opportunities for my child to involve in group activities with other children (e.g. play, games, art and craft work)			
4)	I help my child to socialize with others <b>in my presence</b> .			
5)	I encourage my child to share things with others.			

### Independent

S.No	Statements	Always	Sometimes	Never
1)	I send my child to a nearby shop to buy some things as I keep a close watch on him/her (groceries, stationary, or any other essential items)			
2)	I encourage my child to give his/her opinion (about food, choice of dress and dress colour, school work, play, games, craft work, etc.)			
3)	I support my child to do things independently (eg. Bathing, personal hygiene, dressing, handling money etc.)			
4)	I give my child small responsibilities of taking care of his/her belongings.			
5)	I make my child to answer the door bell (e.g. who is it? what do you want?)			

## Safety

<b>S. No.</b>	<b>Statements</b>	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>
1)	I narrate social stories to my child to help him/her understand about safety. (e.g. thefts, accidents, abuse etc.)			
2)	I help my child to answer the door bell after checking who it is.			
3)	I encourage my child to alert so that he/she can be safe.			
4)	I encourage my child to seek help from others when required.			
5)	I talk to my child about safe and unsafe touch so that he/she can be careful.			

**Appendix – VI**  
**Mental Health Inventory**

**MENTAL HEALTH INVENTORY**

*Dr. Jagdish*  
Dept. of Psychology  
R. B. S. P.G. College  
AGRA

*Dr. A. K. Srivastava*  
Dept. of Psychology  
B. H. U. - VARANASI

**INSTRUCTIONS:**

This inventory is meant for a psychological investigation. It consists of a number of statements relating to your feelings about yourself in every day life. You have got four alternatives to respond each of the statements. Choose either of the four alternatives responses, i. e. Always Most of time, Some times, Never, which most suitably indicate the frequency of your feelings and views.

- |                                                                                                | Always | Most of times | Some times | Never |
|------------------------------------------------------------------------------------------------|--------|---------------|------------|-------|
| 1. I feel lack of confidence.                                                                  | ( )    | ( )           | ( )        | ( )   |
| 2. I get excited very easily.                                                                  | ( )    | ( )           | ( )        | ( )   |
| 3. I am not able to take quick decision on any subject.                                        | ( )    | ( )           | ( )        | ( )   |
| 4. I have affection and attachment with my neighbours.                                         | ( )    | ( )           | ( )        | ( )   |
| 5. I mould myself according to circumstances.                                                  | ( )    | ( )           | ( )        | ( )   |
| 6. I feel that I am losing self-respect.                                                       | ( )    | ( )           | ( )        | ( )   |
| 7. I use to worry even about trivial matter for a long time.                                   | ( )    | ( )           | ( )        | ( )   |
| 8. I am not able to take decision about my next step.                                          | ( )    | ( )           | ( )        | ( )   |
| 9. I hesitate in meeting with others.                                                          | ( )    | ( )           | ( )        | ( )   |
| 10. I do my duty well even in adverse circumstances.                                           | ( )    | ( )           | ( )        | ( )   |
| 11. I feel that I am not able to fully utilize my abilities in performing my different duties. | ( )    | ( )           | ( )        | ( )   |
| 12. In adverse circumstances, I act without keeping in view of the real facts.                 | ( )    | ( )           | ( )        | ( )   |
| 13. I feel irritation.                                                                         | ( )    | ( )           | ( )        | ( )   |
| 14. I feel to be insecure.                                                                     | ( )    | ( )           | ( )        | ( )   |
| 15. I am much worried about my responsibilities.                                               | ( )    | ( )           | ( )        | ( )   |
| 16. I feel depressed/dejected.                                                                 | ( )    | ( )           | ( )        | ( )   |
| 17. I play important role in social ceremonies.                                                | ( )    | ( )           | ( )        | ( )   |
| 18. I utilize my reasoning even in difficult times.                                            | ( )    | ( )           | ( )        | ( )   |
| 19. I feel that my relations with others are not satisfactory                                  | ( )    | ( )           | ( )        | ( )   |
| 20. My responsibilities are like burden to me.                                                 | ( )    | ( )           | ( )        | ( )   |
| 21. I suffer from inferiority complex.                                                         | ( )    | ( )           | ( )        | ( )   |
| 22. I am and used to be lost in world of imagination.                                          | ( )    | ( )           | ( )        | ( )   |
| 23. I am and anxious about my future.                                                          | ( )    | ( )           | ( )        | ( )   |
| 24. My friends/relatives remain ready to help me in the difficult times.                       | ( )    | ( )           | ( )        | ( )   |
| 25. I make definite plans about my future.                                                     | ( )    | ( )           | ( )        | ( )   |
| 26. I am enraged even by the slightest unfavourable talks.                                     | ( )    | ( )           | ( )        | ( )   |
| 27. I take decision easily even in difficult circumstances.                                    | ( )    | ( )           | ( )        | ( )   |
| 28. I am not able to behave in such a way as my friends expect from me.                        | ( )    | ( )           | ( )        | ( )   |
| 29. I am satisfied with most of the aspects of my life.                                        | ( )    | ( )           | ( )        | ( )   |
| 30. My friends and colleagues hale respect for me.                                             | ( )    | ( )           | ( )        | ( )   |

- |                                                                                      | Always | Most of times | Some times | Never |
|--------------------------------------------------------------------------------------|--------|---------------|------------|-------|
| 31. My confidence varies highly in quantity.                                         | ( )    | ( )           | ( )        | ( )   |
| 32. I am always ready to fight the problems.                                         | ( )    | ( )           | ( )        | ( )   |
| 33. I make impressions about people or issue even in absence of facts and grounds.   | ( )    | ( )           | ( )        | ( )   |
| 34. I am not able to concentrate fully in my works.                                  | ( )    | ( )           | ( )        | ( )   |
| 35. I feel inclined towards opposite sex.                                            | ( )    | ( )           | ( )        | ( )   |
| 36. I solve my problems myself.                                                      | ( )    | ( )           | ( )        | ( )   |
| 37. I fully cooperate in the important functions of my community.                    | ( )    | ( )           | ( )        | ( )   |
| 38. I am perplexed with my contradictory thoughts.                                   | ( )    | ( )           | ( )        | ( )   |
| 39. I take decisions on the basis of facts even though they are contrary to my wish. | ( )    | ( )           | ( )        | ( )   |
| 40. I am not able to continue any task for long.                                     | ( )    | ( )           | ( )        | ( )   |
| 41. I feel my self secured amidst my friends/group.                                  | ( )    | ( )           | ( )        | ( )   |
| 42. I do not become hopeless even when I fail.                                       | ( )    | ( )           | ( )        | ( )   |
| 43. I consider myself useful for society.                                            | ( )    | ( )           | ( )        | ( )   |
| 44. I aspire for something without having in view of my short commings.              | ( )    | ( )           | ( )        | ( )   |
| 45. I do not get influenced even by reasonable arguments.                            | ( )    | ( )           | ( )        | ( )   |
| 46. I am not able to take such decision as I want to take.                           | ( )    | ( )           | ( )        | ( )   |
| 47. I am afraid of imaginary calamities.                                             | ( )    | ( )           | ( )        | ( )   |
| 48. I feel that this world is a place good enough for living life.                   | ( )    | ( )           | ( )        | ( )   |
| 49. I feel full of enthusiasm to think that I will certainly achieve my objectives.  | ( )    | ( )           | ( )        | ( )   |
| 50. I do not get disappointed with the common worries of daily life.                 | ( )    | ( )           | ( )        | ( )   |
| 51. My mood changes momentarily.                                                     | ( )    | ( )           | ( )        | ( )   |
| 52. I myself decide what and how I should do.                                        | ( )    | ( )           | ( )        | ( )   |
| 53. I feel that my intimacy with my group community is increasing gradually.         | ( )    | ( )           | ( )        | ( )   |
| 54. I feel pleasure in taking responsibilities.                                      | ( )    | ( )           | ( )        | ( )   |



**Avinashilingam Institute for Home Science and Higher Education for Women**

(Deemed to be University Estd. u/s 3 of UGC Act 1956, Category 'A' by MHRD Re-  
accredited with A++ Grade by NAAC. CGPA 3.65/4, Category I by UGC  
Coimbatore - 641 043, Tamil Nadu, India

**Appendix L2**

**(Item No 5 of Check List)**

**Details of Research Publications**

S.No	Article	Journal	Other Details Vol/No/Page No/ Year	Published in UGC- CARE / Scopus Indexed/ Web of Science
1	Socio-Demographic Conditions and Mental Health Outcomes of Parents of Children with Autism	INSPA journal of applied and school psychology	January 2025; Vol. VI, No.1 (pg.no 482-490)	UGC CARE
2	Exploring Knowledge, Attitude and Practices of parents on Pre requisite skills of autistic children: An analysis of sensitization Program	INSPA journal of applied and school psychology	October 2024; Vol. VI, No.1. (pg.no 220-232)	UGC CARE
3 ✓	Mental health status and parental self-efficacy of parents of children with autism	The Indian Journal of Home Science (HSAI),	January 2024; Vol.36, No.1 (pg.no 467-476)	UGC CARE
4 ✓	Determinants of parent's attitude on pre-requisite skills of children with autism,	GAU Research Journal	48 (3) : (July,2023) (pg.no 245-253)	UGC CARE

\*Proof of list of Journals from Internet to be attached along with copies of reprints.

Scholar : *Deena Sathya*

Supervisor :

*Rajya Kulkarni*  
23/2/25

Checked By: *Sd H.*

*27.2.2025*  
HoD/Dean of Respective School

The scholar miss. Seema Saikia (18PHHD001) has published her research articles in the following journals:

1. The Indian Journal of Home Science - indexed in UGC Care list Group I from July 2020 to present,
- & Gujarat Agricultural University Research Journal - indexed in UGC care list Grp. I from June 2019 to present.

This may be considered.

J. J.   
26.02.25



# SENSITISATION PROGRAMME FOR PARENTS

Dear parents, please join us in for sensitisation programme. Your presence is highly solicited.



## What is Child Development

- Developmental Milestones
- Developmental Delays
- Objectives:
  - ❖ Make them aware about child development and developmental milestone
  - ❖ Make them aware about child's developmental delays

## All about Autism

- Causes and Symptoms
- Prevalence
- Responsibility of care givers and Family
- Objectives:
  - ❖ Provide all referral information about Autism
  - ❖ Provide up to date information and Guidance about support services

## Pre-Requisite Skills

- What are Pre Requisite skills
  - Schedule • Socialization • Self-Control • Self-Advocacy • Safety
- Concerns Pre Requisite Skills and its dimensions
- Needs of Pre- Requisite Skills
- Objectives:
  - ❖ To increase awareness about Pre-Requisite skills
  - ❖ Teach/demonstrate dimensions of pre-requisite skills to make their child independent

## Schedule

- What is schedule
- Importance and the need to follow schedule and reschedule
- Tips for parents to practice scheduling
- Objectives:
  - ❖ To teach them the need for scheduling
  - ❖ To help parents to follow scheduling and Management

## Socialization

- What is Socialization
- Needs and Importance of Socialization
- Strategies to help autistic children to develop Social Health
- Objectives:
  - ❖ To teach parents about how to make autistic children to imitate social etiquette such as thank you, respect, values, sharing, develop Interest in play, ask for help as well as take and give
  - ❖ To help parents to train children to keep up the attention span





## Safety

- What is safety
- Needs and Importance of Sexual health education (menstruation..etc) ( good ,bad touch)
- How to teach autistic children about safety in Public places, private places.
- Objectives:
  - ❖ To train parents to teach children about danger
  - ❖ To help parents to teach children different safety measures like: home safety, road safety, stranger safety etc.
  - ❖ To help parents make easy methods/practices to ensure child's safety

## Self- Efficacy

- What is self Efficacy
- How to Increase SE and needs of personal time of parents
- Tips for Improving Self Efficacy (being productive)
- Objectives:
  - ❖ To impart knowledge to enhance capabilities to perform day to day tasks successfully
  - ❖ To impart knowledge to enhance parenting capacities and abilities

## Mental health

- What is Mental Health
- What is good Mental Health
- Why good Mental Health is important
- What after me? (Importance of pre-requisite skills)
- Objectives:
  - ❖ To Help parents to think positive and plan every day tasks
  - ❖ Train them to think or feel good and increase their confidence
  - ❖ To share tips for reducing stress among parents

## Positive parenting

- What is Positive Parenting
- Benefits of Positive Parenting
- Types of Parenting
- Objectives:
  - ❖ Train them how to be positive and think positive
  - ❖ Help to make strong bond with the child
  - ❖ Help them to cope with child caring stress

## Self-Control

- What is self-Control
- Needs and Importance
- How to help children to develop self control
- Objectives:
  - ❖ To teach parents the need for self Control in autistic children
  - ❖ To help parents to keep calm and not be frustrated
  - ❖ To help them to cope with emotional and sensory triggers

## Self-Advocacy

- What is self-Advocacy
- Needs, importance and components
- Ways to teach Self- Advocacy to children – making decisions like (food choices, dress, colour etc)
- Objectives:
  - ❖ To impart the importance of self- advocacy
  - ❖ To make parents help the child to make decisions
  - ❖ To help parents encourage the Child
  - ❖ Help parents understand flexibility on solving problems

# Appendix – IX

## Content of the session on mental health

Mental illness is marked changes in.....



Ms. Hema V., Clinical Psychologist, AGAM, 9566771777

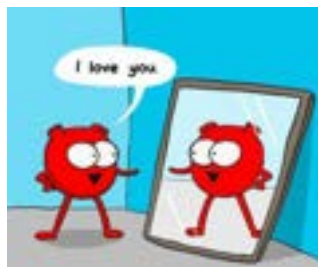
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## BARRIERS TO HELP-SEEKING



Ms. Hema V., Clinical Psychologist, AGAM, 9566771777

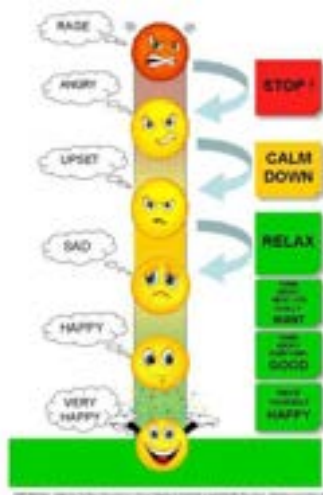
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Ms. Hema V., Clinical Psychologist, AGAM, 9566771777

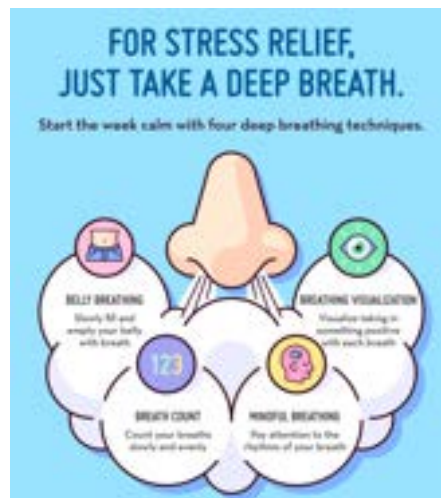
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## Content of the session on mental health



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8



Ms. Hema V., Clinical Psychologist, AGAM, 9566771777

11

## PSYCHOLOGICAL SUPPORT



Ms. Hema V., Clinical Psychologist, AGAM, 9566771777

15

treat **Physical** Illness  
balance **Eating**  
avoid mood **Altering** Drugs  
balance **Sleep**  
get **Exercise**  
build **MASTERY**



## Appendix - XI

### Tips for Positive Parenting

#### POSITIVE PARENTING



#### Benefits of Positive Parenting

##### ■ CLOSE PARENT-CHILD RELATIONSHIP

A positive parent does not need to punish their child to correct problematic behavior. There is no more yelling, power struggle, or hostility. As a result, the parent-child dynamics change, and their relationship improves. Furthermore, mutual respect and open communication strengthen the parent-child relationship.

##### ■ BETTER SELF-ESTEEM AND MENTAL WELL-BEING

##### ■ GREATER SCHOOL PERFORMANCE

##### ■ BETTER SOCIAL COMPETENCE

##### ■ MORE PARENTING SELF-ESTEEM AND LESS STRESS

#### WHAT IS POSITIVE PARENTING

Positive parenting means parents can raise happy children in ways that reflect their family values and beliefs. Positive parents are sensitive to their children's needs, developmental stages, and temperament. Among the **four Baumrind parenting styles**, positive parenting is an **authoritative parenting style**.

#### REASONS FOR STRESS IN PARENTS

- Always living in the past
- Negative talk & approach
- Not accepting our mistakes in front of children
- Constantly trying to find faults with the children
- Preserving one's personal image while talking to children
- Speaking authoritatively
- Forgetting that children too have Divine principle in them
- Every person has a different nature
- Not explaining properly
- No communication with children
- High expectations

#### POSITIVE PARENTING TIPS

1. FOCUS ON THE REASONS BEHIND THE BEHAVIORS
2. BE KIND AND FIRM
3. GENTLE DISCIPLINE
4. BE CLEAR AND BE CONSISTENT
5. AGE-APPROPRIATE BEHAVIOR AND BRAIN DEVELOPMENT
6. START EARLY
7. TIME-OUT YOURSELF TO CHILL OUT
8. MAKE IT A LEARNING OPPORTUNITIES
9. BE PATIENT AND DON'T DESPAIR

## Appendix - XII

### A Glimpse of the Sensitization Programme



## DETERMINANTS OF PARENT'S ATTITUDE ON PRE-REQUISITE SKILLS OF CHILDREN WITH AUTISM

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### ABSTRACT

The study sample of 112 parents was taken through simple random sampling from assorted special schools of Coimbatore city of Tamilnadu to evaluate the attitude of parents on pre-requisite skills of the children with ASD and its determinants. An attitude scale and a socio-demographic questionnaire were administered to assess the attitude as well as personal and family backgrounds. The majority of the parents had a neutral attitude and 12.4% indicated an unfavorable attitude. The multiple linear regression analysis indicated that there is a significant relationship between the socio-demographic factors and the parents' attitudes with  $F(7,104) = 3.654$  and  $P = .001$ . Family income ( $\beta .250$ ,  $t = 2.455$ ,  $p = 0.016$ ), number of siblings of the child ( $\beta -.254$ ,  $t = -2.747$ ,  $p = 0.007$ ), and area of residence ( $\beta -.200$ ,  $t = -2.134$ ,  $p = 0.035$ ) were significant determinants of the parent's attitude towards pre-requisite skills of autistic children.

**Keywords** : Autism, Family Income, Parent Attitude, Pre-requisite skill

### INTRODUCTION

Autism spectrum disorder (ASD) is a childhood developmental disorder characterized by social, behavioral, and communication difficulties (Centers for Disease Control and Prevention, 2022). The signs of ASD include loss of acquired speech, babbling or social skills, avoidance of eye contact, persistent preference for loneliness, difficulty understanding other people's feelings, delayed and impaired language development, repetition of words or phrases, struggle with minor changes in routines or surroundings, restricted interests and repetitive behaviors such as flapping, rocking and spinning (Autism Speaks, 2021). Minhas *et al.* (2015) deliberated

that, "individuals with autism have severely impaired communication resulting in poor social skills and isolation from community-based activities and interactions. ASD knows no barriers and impacts individuals across social and geographical boundaries and is termed as a lifelong disorder that affects the individual into adulthood". Arora, *et al.* (2021) stated that one in 125 children between 2-6 years age group and one in 80 among children in 6-9 years and the overall prevalence was estimated to be 1 in 89.

Rice (2009) states the gender-wise prevalence of ASD, that males were affected more (4.5 times) than females. Children with ASD may communicate out loud, nonverbally or a combination of both. It depends on how they get treatments and therapies. Lecavalier

*et al* (2006) identified that raising a child with 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 result in high levels of stress among parents. Zakaria and Tauhaid (2018) also stated that parents have to face problematic behaviors (energetic behavior, aggression, damage, and self-injury) causing never-ending emotional and physical effects on parents.

Bronfenbrenner (2005) defined parental attitude as the force characteristic related to a parent's temperament, motivation, and persistence in parenting an autistic child". It was substantiated by Picardi (2018) *et al.* who found that parents with autistic children had an increased subjective burden and negative attitude. They experience more persistent psychological distress and less social support. They also identified that mothers experienced a higher personal burden than fathers. The most positive and negative indicators of objective and subjective load were the symptom, severity, and social support".

Parent's attitudes on pre-requisite skills regarding autistic children are important considerations for the life of parents and children. According to Nathan Mahr (2023), pre-requisite skills represent the fundamental competencies essential for embarking on any potential career route. It involves developing abilities related to following instructions, completing tasks independently, and working well with others. Autistic children have a problem with social skills, communication skills, and appropriate social behavior which is very important in any vocation.

Many children with autism, even after success in home-based behavioral intervention programs, still do not develop skills that are fundamental to success such as responding to group instructions, following directions, asking for help when needed, understanding different kinds of authority, learning to maintain personal cleanliness/hygiene, making small decisions, self-awareness, self-advocacy, and safety skills (Michele R. *et al* 2014). Here, pre-requisite skills gain the utmost importance. Because parents have to understand pre-requisite skills so that they can teach their children. It is important to start early for children with autism because if these prerequisites of the vocational training are not met then there will not be enough time to learn these skills and get access to the next level of vocational skills of getting a job, learning the job, and sustain the job. Parents of ASD children feel the pressure of seeing their children accepted in society, able to live without help, and take responsibility for their requirements. Given this backdrop, this study was conducted to assess the attitude of parents of children with ASD on pre-requisite skills with the consequent objectives.

## OBJECTIVES

- To assess the attitude of parents on pre-requisite skills of children with ASD
- To find out the socio-demographic determinant of parents' attitudes on pre-requisite skills

## METHODOLOGY

A simple random sampling technique was applied for choosing 112 parents of autistic children from assorted special schools in Coimbatore. The institute's human ethical clearance was obtained. A letter explaining

the need and objectives of the study was submitted to special school authorities and permission was taken to do the study. Parents who drop and pick their children from the special schools were approached to participate in the study and informed consent was taken from them after explaining the study's purpose. A self-structured questionnaire was used to collect the socio-demographic information of the subjects. A Likert scale (consisting of 35 items) was developed by the researcher and was used to assess the attitude towards pre-requisite skills. The items on the scale were related to the aspects of scheduling, attention, socialization, self-control, self-advocacy, and safety aspects. Each item had 5 responses indicating strongly agree, agree, neither agree nor disagree, disagree, and strongly disagree with 1,2,3,4, and 5 ratings and vice versa for negative items.

The reliability of the scale was checked by using Cronbach's alpha reliability test which showed the good reliability (77). The levels of attitude were derived by averaging the total score indicating higher the score, favorable

the attitude. Frequency and percentages were calculated and multiple-linear regression analysis was applied to determine the relationship between the variables and identify the determinants of parents' attitudes.

## RESULTS AND DISCUSSION

**As per the objectives study results were presented under the following sections:**

Section I : Results for socio-demographic profile of the respondents

Section II : Results regarding the attitude of respondents for pre-requisite skills

Section III : Results for association of variables and testing of significance

**Section I : Results for socio-demographic profile of the respondents**

This section details the findings about the socio-demographic profile of the respondents' sex, educational qualification, occupation, family income, number of siblings, family type, and area of living.

Table 1 : Socio-Demographic profile of the respondents

Variables	Details	n =112	%
Sex of Parent	Father	31	27.4
	Mother	81	72.6
Education Qualification	Higher Secondary	0	0
	UG	42	37.2
	PG	68	61.1
	Ph. D	2	1.8
Occupation	Govt. employed	15	29.5
	Private Sector	22	47.5
	Self Employed	3	16.4
	Home Maker	72	63.7
Family Income	Under2-5 Lakhs	16	14.2
	Under 5-10 Lakhs	87	77.9
	10 lakhs & above	9	8.0

Variables	Details	n = 112	%
Number of Siblings	Single child	83	74.1
	1 Siblings	29	25.9
Family Type	Nuclear	86	77
	Joint	26	23
Area of living	Urban	93	83.2
	Semi-Urban	19	16.8
	Rural	0	0

Table 1 presents the socio-demographic profile of the respondents. It is evident from Table 1 that the majority of the parents who responded were mothers (72.6%) and the rest were fathers (27.4%). Most of the parents (61.1%) had postgraduate and graduate (37.2%) degrees. Parents were homemakers (63.7%), working in private (47.5%) as well as government sector (29.5%) and were self-employed (16.4%). It was noticed that 77.9% of respondents had family income between 5-10 lakhs, followed by 2-5 lakhs (14.2%) and above 10 lakhs (8.0%). The majority of the respondents had a single child

(74.1%) and 25.9% reported that the autistic child has one sibling. Further, the majority of respondents (77.0%) had nuclear families while 23% were living in joint families. The majority of the respondents were residing in urban (83.2%) and the rest (19.8%) were living in semi-urban areas. No respondent was living in a rural area.

### Section II : Results regarding the attitude of respondents for pre-requisite skills

This section describes the findings about the attitude of respondents about pre-requisite skills.

Table - 2 Attitude of respondents on pre-requisite skills

Variable	Favorable	Attitudes Neither favorable or unfavorable i.e. Neutral	Unfavorable
Attitude	0	99 (87.6%)	14 (12.4%)

Table 2 shows the attitude of parents on pre-requisite skills. A higher percentage (87.6%) of respondents tend to have a neutral attitude which indicates that they have neither a favorable nor unfavorable attitude while 12.4% indicated an unfavorable attitude and no parents seemed to exhibit a favorable attitude. As per these results, it is seen that parents' attitudes were neither favorable nor unfavorable towards pre-requisite skills.

According to the study most of the parents with neutral attitudes might be confused in accepting or denying their willingness to

provide the training on prerequisite skills. This could be because of social pressure and also due to a lack of support from their family members. The parents of an autistic child have a negative mindset that ASD is not curable and it's a lifelong process. Thus, according to them providing training on pre-requisite skills may not influence their child's behavioral change. Therefore, they may not want to acknowledge that training on prerequisite skills will improve their day-to-day life. Lack of community support is also a major issue in this regard. A study carried out

by Griffith *et. al* (2010) revealed that parents of ASD children scored low on helpful perceptions because they lacked social support for their children. With this, parents of autistic children end up showing higher stress levels that might affect their attitudes.

### Section III : Results for association of variables and testing of significance

This section details the findings drawn from the Multiple linear regression, testing of relevant assumptions on the sample of 112

respondents as independent variables were seven. The assumption of singularity was met and correlation (the independent variables did not have coefficient loadings with more than 0.8) was also met. The collinearity statistics were met with tolerance being less than 1 and VIF with less than 10. Extreme univariate outliers were identified during the initial screening and were modified after which the cook's distance was found to be .000 to .186.

**Table 3 (a) : Relation between parent's attitude and socio-demographic factors**

Variables	Attitude	Sex of Parent	Education Qualification	Parents Occupation	Family Income	Siblings of Child	Type of Family	Area of Living
Attitude	1							
Sex of Parent	-.162*	1						
Edu. Qualification	.019	-.080	1					
Parents Occupation	-.070	.738**	-.128	1				
Family Income	.249**	-.296**	.056	-.392**	1			
Siblings of Child	-	.047	.093	-.047	.079	1		
Type of Family	-.131	.009	.012	-.149	.254**	.206*	1	
Area of Residence	-.208*	.067	-.056	.101	-.295**	-.213*	-.079	1
Mean	1.88	1.72	2.64	3.16	2.94	2.26	1.23	1.17
Std.Deviation	.332	.449	.517	1.167	.470	.440	.424	.377
Number	112	112	112	112	112	112	112	112

Table 3 (a) explains the results of the correlation between the attitude of parents of autistic children and their socio-demographic factors. For this socio-demographic variables such as sex of parents, education, qualification, parent's occupation, number of siblings of child, type of family, and area of residence were the independent variables while parents' attitude was the dependent

variable. The attitude of respondents showed a significant negative association with the sex (-.162\*), number of siblings of the child (-.231\*\*), and area of residence (-.208\*) while a significant positive association was seen for family income (.249\*\*), The sex of the parent was significantly positively associated with occupation (.738\*\*) and negatively with family income (-.296\*\*). Occupation of

parents showed a negative association with family income (-.392\*\*). Family income has a significant positive association with the type of family (.254\*\*) and a negative with area of

residence (-.213\*). Siblings of the child were positively associated with the type of family (.206\*) and inversely with area of residence (-.213\*).

**Table 3 (b) : Summary of the model**

Model	Model Summary			
	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.444 <sup>a</sup>	.197	.143	.298

1. Predictors: (Constant), Area of Residence, Education Qualification, Type of Family, Parent type, Siblings of Child, Family Income, Parents Occupation
2. Dependent Variable: Total attitudes

**Table 3 (c): ANOVA results**

Model		ANOVA				
		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	2.268	7	.324	3.654	.001 <sup>b</sup>
	Residual	9.223	104	.089		
	Total	11.491	111			

1. Dependent Variable: Total attitudes
2. Predictors: (Constant), Area of Residence, Education Qualification, Type of Family, Parent type, Siblings of Child, Family Income, Parents Occupation

Coming to Tables 3 (b) and (c) represent the model summary and ANOVA respectively. Table 3(b) shows that the R-value is .444 indicating the relationship between the independent and dependent variable to be

positive with 19.7% of variance with  $R^2$  being .197. Also, Table 3(c) reflects the highly significant relationship between the socio-demographic factors and the parents' attitude with  $F(7,104) = 3.654, P < .001$ .

Model	Coefficients				
	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	2.167	.364		5.948	.000
Parent type	-.116	.095	-.162	-1.219	.225
Education Qualification	.015	.055	.024	.273	.786

Model	Coefficients			T	Sig.
	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta		
Parents Occupation	.038	.038	.139	1.007	.316
Family Income	.171	.070	.250	2.455	.016
Siblings of Child	-.186	.068	-.254	-2.747	.007
Type of Family	-.103	.071	-.136	-1.446	.151
Area of Residence	-.171	.080	-.200	-2.134	.035

1. Dependent Variable: Total attitudes

Further, the multiple linear regression analysis depicts that the family income ( $\beta = .250$ ,  $t = 2.455$ ,  $P = 0.016$ ), number of siblings ( $\beta = -.254$ ,  $t = -2.747$ ,  $P = 0.007$ ), and area of residence ( $\beta = -.200$ ,  $t = -2.134$ ,  $P = 0.035$ ) are the significant variables that are determining the parents' attitude in the study. Hence, one unit change in family income will increase .250 score in parents' attitude on prerequisite skills of autistic children, while one unit change in the number of siblings decreases the parents' attitude by -.254 score, and one unit change in area of residence will decrease -200 score in parents' attitude. It could be understood that a higher family income shows a favorable parents' attitude based on the ordinal score of 1 to 4 where a higher score denotes higher income. Similarly, the lesser the siblings show the parents' attitude to be unfavorable with the ordinal score of 1 to 3 indicating higher the score higher the number of siblings. However, the area of living indicates that parents from urban areas show unfavorable attitudes based on the given nominal score of 1 and 2 for urban and semi-urban areas respectively.

Having an autistic child in a family marks a workload not as usual as it is for a normal child, especially for the care taker as well as the family members. Following this, they

have to make a huge amount of savings for their child's treatment and other expenditures. An unspoken condition exists that if the family has a good level of income, the family can afford the best care and treatment for the autistic child along with the other family expenditures. The study has come by the fact that economic wellbeing is important and it has a significant effect on the parent's attitude level. Wellness in the economic status indicates a favorable attitude towards pre-requisite skills and it can be considered as one of the predictors for the desirable attitude of parents of autistic children. According to Banach *et.al.* (2010), "Parents whose child is diagnosed with ASD experience difficulties and it changes the dynamics of the family in that everyday activities need to be modified and the child with ASD will need extra attention from the parents. Parents have to work more, and spend more for the child and family. Learning that the child is autistic can result in scattered emotions for the parents. Each family handles the vision of their child differently".

Quite often, it happens that parents of autistic children look for one more child of their own who is not autistic which gives them hope and support. The point of view which takes to opinion is that, if an autistic child has a sibling, then the sibling will be able to take care of the autistic child by playing with them,

accompanying them, assisting them, etc. In that way, the parents feel that the child will be less dependent on them as well as makes them feel secure. Therefore, the parents may have more chances of getting their own time or extra time to focus on other aspects and their careers. Consequently, an autistic child having siblings is considered to be a predictor of favorable parents' attitudes. McHale *et al.*, (2016) found that "Siblings are often the first playmates, the first role models and the first teacher's children will have. As such this unique relationship provides the opportunity for social, emotional, behavioral, and psychological development, all of which are particularly important for children with ASD who can face many challenges across these areas. The sibling relationship may provide many positives for the child with ASD".

Parents who are living in urban areas have unfavorable attitudes compared to semi-urban areas. It may be assumed that semi-urban families are more interested in learning new ideas to provide their children with a better life than families residing in urban areas. It is also assumed that parents from urban areas seem to be occupied with exploring other ways of giving the best to their children outside the home and also squeeze in time to focus on their day-to-day work. Thus, they may be not in a position to or cannot give much time to their child. In this study, parents residing in semi-urban areas seem to hold a positive attitude towards autistic children as they would want to give training or practices that they can at home. In a conservative society, social norms, societal demands, and expectations play a vital role in determining parents' choices, attitudes, and acceptance. The stress levels vary and pressure from society may not have as much impact on the parents residing in the semi-urban area as it does to parents in urban areas.

## CONCLUSION

The study findings highlight the neutral attitude of parents indicating neither favorable nor unfavorable towards pre-requisite skills for autistic children with a considerable percentage of them reporting an unfavorable attitude as well. Socio-demographic factors such as family income, the number of siblings the autistic child has, and the areas of residence were found to be significant predictors of parents' attitudes towards pre-requisite skills. It is quite a task for a society like India that hosts varied cultures, traditions, languages, socioeconomic inequalities, and different education levels to understand Autism, and bringing about a change in their attitude towards pre-requisite skills is a challenge. In conclusion, the researcher deliberates on building a favorable attitude among parents by sensitizing them regarding the importance of training the children on pre-requisite skills and also, conducting an intervention programme to enhance positive mind set and mental health. These can give power to parents to steer beyond the existing socio-demographic conditions to have encouraging and resourceful parenting which can be more effective, helping them to enrich the social and emotional life of the ASD children and themselves. Owing to the limitation of a small sample size of the present study, it is recommended that research be carried out on a larger group for are presentation to infer the effects and impacts.

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## MENTAL HEALTH STATUS AND PARENTAL SELF-EFFICACY OF PARENTS OF CHILDREN WITH AUTISM

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### ABSTRACT

The current study was undertaken with a sample of 143 parents drawn through simple random sampling from various special schools in Coimbatore city of Tamil Nadu. The main aim was to assess the level of mental health and parental self-efficacy of parents with children with Autism. Socio-demographic profiles of parents were collected using a self-constructed questionnaire. The mental health inventory was used to assess the mental health status of parents and the early intervention parenting self-efficacy scale (EIPSES) was used to assess parenting self-efficacy. The investigation found that parents with autistic children have poor to very poor levels of overall mental health. The findings reveal that the majority of parents reported average to low levels of parental self-efficacy and very few parents showed a high level of parenting self-efficacy. The mental health of parents of children with ASD and parenting self-efficacy did not show a significant correlation, however, only group group-oriented attitude dimension of mental health was found to be a significant predictor for parenting self-efficacy.

**Keywords-** Autism, Mental health, Self-efficacy, Parents

### INTRODUCTION

ASD is a neurodevelopmental disability characterized by problems related to communication, social interaction, and repetitive behaviour. According to the National Center on Birth Defects and Developmental Disabilities (2022), “some children with ASD need a lot of help in their daily lives; others can work and live with little to no support”. ASD typically manifests in the first three years of life and is a disorder that affects 1 in 100 children worldwide, with symptoms varying between each person (Global Prevalence of Autism, 2022). Children diagnosed with ASD may fail to respond when they are called by their names, and they often avoid eye contact. Most of them have difficulty interpreting the feelings of others because they are not able to understand social cues such as the tendency of voice or facial expressions; in most cases, they lack empathy (Kishore, & Basu, 2014).

Deater-Deckard (2004) explains that, “parenting a child with ASD can compound the hardship and may experience significant stress while coping with developmental concerns that

result in social, economic/financial difficulties; physical and psychological difficulties; and low quality of life". FiratS,et al (2002) also said that, "parents often experience frustration and pessimism. It also has been reported that parents of children with autism experience more marital distress and conflicts which substantially contributes to the existing strain of parenting an autistic child". Tarabek J (2011) says that, "mothers experience a greater impact than fathers. They blame themselves for their children's disorder and they are also the parent who was most likely to be held responsible for their child's behavior. There exists a chain of events or circumstances that hamper the mental health status of parents with an autistic child. Parents undergo immense pressure of managing the child, themselves, and their family bringing work-life balance".

Parental self-efficacy is a belief in one's ability to complete parenting tasks, which is critical for parenting quality. Pakenham et al. (2014) examined the "role of mental health within the parental coping process of adjusting to their child's ASD diagnosis and found that parents with better mental health and coping skills had higher self-efficacy". Kuhn and Carter (2006) examined that, "the association between mental health and parental self-efficacy and found that maternal depression, stress, and guilt all accounted for unique variance in self-efficacy. Parents who reported higher levels of mental health and parental self-efficacy were also more active in promoting the development of their children, suggesting that self-efficacy may also play a role in parenting positive behaviors. Parents with low self-efficacy tend to experience more distress and report higher levels of parenting stress and depression". Guay (2009) added that, "social support is an important resource that can help individuals cope with stress, enhance self-confidence and improve mental health and self-efficacy."

Garrido et al., (2020) establish that, "families of children with ASD had lower social support than families of children with typical development. Social support was positively related to mental health and self-efficacy and it was determined to be a critical component of family interventions. With more support, parents of children with ASD may experience lower parental stress, better partnerships with professionals, and self-efficacy". Zeng et al., (2020) says, "Although there was evidence of a positive association between social support and parental mental health, there is limited information about whether social support acts as a mediator between cognitive variables in families of children with ASD. The attention toward maintaining adequate parental mental health in families of children with ASD is of great importance, there is not enough evidence to demonstrate the association between the mental health of parents and self-efficacy".

Parents of autistic children might report higher or average levels of self-efficacy because of their indispensable effort to provide the necessary care in the form of training and practices for their autistic child to promote them to be self-supporting. At the same time, may suffer from issues with mental health due to the strain and trauma they undergo in the management of their daily life activities. The current study, given the above facts, was planned with the following objectives

### **OBJECTIVES**

- To assess the level of mental health and parenting self-efficacy of parents with ASD children
- To examine the influence of mental health on parenting self-efficacy.

## METHODOLOGY

A total number of 143 parents were selected from various special schools in Coimbatore city of Tamil Nadu. The consent letter was submitted to the school authorities and permission was sought to conduct the study in their respective schools. After collecting relevant literature about the study including a range of available related tools, three sets of tools were selected for the study. The investigator developed a tool to elicit the general profile of respondents viz age and qualification of parents, occupation, family income, number of siblings, family type and area of residence, etc. Mental health inventory by Jagdish and Srivastava (2005) and the Early Intervention Parenting Self-Efficacy Scale (EIPSES) by Guimond, Wilcox, and Lamorey (2008) were used to assess the mental health and self-efficacy of parents.

The mental health inventory tool has 72 items using a 5-point Likert scale which are distributed in six dimensions namely Positive mental health Self-Evaluation (PMHSE), Perception of Reality, Integration of Personality, Autonomy, Group Oriented Attitudes and Environmental Mastery and responses ranging from very good to very poor. Total scores measure that the higher the score higher the mental health.

The Early Intervention Parenting Self-Efficacy Scale (EIPSES) consisted of 16 items using a 7-point Likert scale for responses ranging from strongly disagree (1) to strongly agree (7) indicating higher scores greater the perceived self-efficacy.

Further, the investigation sought the institute's research ethics committee clearance. Rapport was established with participants; the collected data were consolidated, tabulated, and classified according to the levels as per the norms of the manuals. Data were processed statistically by using SPSS software. Descriptive statistics and regression analysis were applied to find the significant association between mental health and parenting self-efficacy of parents of autistic children.

## RESULTS AND DISCUSSION

The results of the study are interpreted and discussed as follows

**Table-I Socio-demographic condition of the parents of autistic children**

Variables	Particulars	n=143	%
Sex of Parents	Father	35	24.5
	Mother	108	75.5
Qualification	HS	3	2.1
	Graduate	55	38.5
	Post-Graduate	83	58.0
	Ph. D	2	1.4
Occupation	Govt. employed	16	11.2
	Private Sector	31	21.7
	Home Maker	92	64.3
	Self- employed	4	2.8

<b>Family Income</b>	2-5 Lakhs	29	20.3
	5-10 Lakhs	102	71.3
	10 lakhs & Above	12	8.4
<b>Family Type</b>	Nuclear	108	75.5
	Joint	35	24.5
<b>Area of living</b>	Urban	122	85.3
	Semi-Urban	21	14.7

In the present study parents were the full-time primary caregivers of their autistic children. Mothers mostly accompanied their children to school, therapies, and treatments. From the table, it can be seen that the majority of parents who responded (75.5%) were mothers and (24.5%) of them were fathers.

Educational qualification plays an important role in the parents' lives for better understanding and acceptance of their child's disability as well as realizing the need for pre-requisite skills. From the present study, we can see that 58% of the parents were postgraduates; while 38.5% of the parents had pursued their graduation. The rest (2.1%) of the parents had studied up to high school and (1.4%) had completed their Ph.D.

Autism has an immense impact on the family as parents are required to provide full-time care for their children with autism. At the same time, a job is so important for providing for the family and contributing to the family's income. In the present study, a higher percentage of parents 21.7% were working in the private sector, 11.2% of them were government employees and 2.8% were self-employed. With regards to mothers, the majority (64.3%) of them were homemakers. It can be seen that (71.3%) of families' annual income was reported to be under the 5-10 lakhs range, some (20.3%) of families' income was under 2-5 lakhs and 8.4% of family's income was above 10 lakhs. In India even though many live in nuclear families, they reside near their extended family. In this present study, the majority of (75.5%) the families were nuclear families, and 24.5 % were from joint families. Tracing the area of living of the selected respondents, the majority (85.3%) were living in urban areas, whereas (14.7%) of the families were residing in semi-urban areas.

**Table-2 Level of Mental Health of parents of autistic children**

Dimension of Mental Health	Levels of Mental Health				
	Very Good	Good	Average	Poor	Very Poor
<b>PMHSE</b>	-	2(1.4%)	29 (20.3%)	94 (65.7%)	18 (12.6%)
<b>Perception of reality</b>	-	-	2(1.4%)	102 (71.3%)	39 (27.3%)
<b>Integration of personality</b>	-	-	8(5.6%)	87 (60.8%)	48 (33.6%)
<b>Autonomy</b>	-	3 (2.1%)	50 (35.0%)	83 (58.0%)	7 (4.9%)
<b>Group oriented attitudes</b>	-	-	6 (4.2%)	87 (60.8%)	50 (35.0%)

<b>Environmental mastery</b>	-	-	9 (6.3%)	85 (59.4%)	49 (34.3%)
<b>Overall Mental Health</b>	-	-	-	121(84.6%)	22(15.4%)

Table 2 shows the levels of mental health of parents with children with autism. A higher percentage (84.6%) of parents showed a poor level and 15.4 percent of parents reported to be in a very poor level of overall mental health. Looking into the dimension-wise mental health, in the dimension of PMHSE (parents' mental health self-evaluation) parents showed poor (65.7%) to average (20.3%) levels of mental health. Parents' involvement in providing for their children keeps increasing and they do not realize that they have completely forgotten to think about themselves. Though they understand their mood changes and fluctuations they would not do much about managing due to the dearth of time they get to spend on themselves.

In the dimension of perception of reality, it can be seen that the majority (71.3%) of the parents were showing poor to very poor levels (27.3%) of mental health. It is very important to note how parents understand and interpret autism in their children. Accepting the child's condition, and adapting to it, getting mentally prepared to support and encourage the child to develop takes a toll on parents.

In the dimension of integration of personality, parents were showing poor (60.8%) to very poor (33.6%) levels of mental health. Personality is said to be the organization of thinking, feeling, and behaviour. Bringing all the traits in unity such as emotions, intelligence, impulses, choices, desires, motives, etc is called the integration of personality. When parents find it difficult to organize this effectively, conflict arises and they might fail in attaining an ideal personality.

Parents showed a poor (58.0%) to (35.0%) average level of mental health in the dimension of autonomy. Autonomy in mental health generally is about having informed consent about something that they want to decide, and choose which is best for them independently. Parents face a lack of social acceptance for their children or less support from family, relatives, or the community. Their decisions are greatly influenced by this and it will incapacitate the parents to live a life of their own making.

Group-oriented attitudes dimension of mental health showed that 59.4% of parents had a poor to very poor (35.0%) level. Parents work as a team or with a team to provide the required care and guidance for their children. However, parents may withdraw themselves from being a part of a group due to various reasons based on the circumstances they are in. Like, the experiences they would have undergone due to the child's behaviour, a family not responding to them to work as a team, and letting down by co-workers and friends would have pushed them to have a settled feeling about not being a part of the group.

Lastly, in the dimension of environmental mastery, 59.4% of parents reported having poor to very poor levels (34.3%). Environmental mastery reflects how an individual utilizes the prospects effectively to manage their activities. Parents of autistic children testified to having poor to very poor levels of environmental mastery due to the feeling that they are not able to create a situation to benefit themselves or their child or family.

**Table-3 Level of parenting self-efficacy of parents of autistic children**

Parenting self – efficacy	High	Average	Low
	31 (21.7%)	61 (42.7%)	51 (35.7%)

Levels of parenting self-efficacy can be seen in Table 3, 42.7 percent of parents testified an average level, 35.7 percent of parents reported a low level and 21.7 percent of parents came up with a high level of parenting self-efficacy. Parents, despite their mental health status, are trying their best to give their children the needed training, intervention, and education to have a better lifestyle. But autism is a lifelong process, and at some point, in time, they lose their strength and hope because of the day-to-day events and circumstances of life. Parents’ attitudes towards autism also might steer the parenting self-efficacy bringing it down to average to low or rising to high.

**The results of multiple linear regression**

A multiple linear regression analysis was conducted to examine the relationship between parents’ mental health and parenting self-efficacy. The relevant assumptions were tested where a sample size of 143 was deemed to be adequate given the independent variable was seven. The assumption of singularity was met and, in the correlation, the independent variables did not have coefficient loadings of more than 0.8. The collinearity statistics were met with tolerance being less than 1 and VIF with less than 10. Extreme univariate outliers were not found and the cook’s distance was found to be in the acceptable range.

**Table 4(a) - Relation between Parents’ Mental Health and Parenting Self Efficacy**

Multiple linear Regression								
	Parenting Self Efficacy	PMH SE	Perception of Reality	Integration of Personality	Autonomy	Group-Oriented attitudes	Environmental Mastery	Parents Mental Health
Parenting Self Efficacy	1.000							
PMHSE	-.021	1.000						
Perception of Reality	.025	.192	1.000					
Integration of Personality	.109	-.016	.097	1.000				
Autonomy	.050	.016	.041	-.171	1.000			
Group-Oriented attitudes	<b>-.184**</b>	.034	.044	-.397	.256	1.000		
Environmental Mastery	-.076	.004	-.113	-.091	.217	-.007	1.000	
Parents Mental	-.033	.263	.261	.029	.306	.293	.198	1.000

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Table 4(a) – The results explain the correlation test between the mental health of parents of children with autism and parenting self-efficacy. Dimensions of mental health such as PMHSE, perception of reality, integration of personality, autonomy, group-oriented attitudes, environmental mastery and parents’ mental health are the independent variables while parenting self-efficacy is the dependent variable. The figures in the table showed that only the dimension of group-oriented attitudes (-.184\*\*) was found to be having significant negative correlation with parenting self-efficacy.

**Table 4 (b)**

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.238	.057	.008	8.423

- a. Predictors: (Constant), Parents Mental Health, Integration of Personality, Environmental Mastery, PMHSE, Perception of Reality, Autonomy, Group-Oriented attitudes
- b. Dependent Variable: Parenting Self Efficacy

**Table 4 (c)**

ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	576.343	7	82.335	1.161	.330 <sup>b</sup>
	Residual	9577.867	135	70.947		
	Total	10154.210	142			
a. Dependent Variable: Parenting Self-Efficacy Category						
b. Predictors: (Constant), Parents’ Mental Health Category, Integration of Personality Category, Environmental Mastery Category, PMHSE Category, Perception of Reality Category, Autonomy Category, Group-Oriented attitudes						

Coming to table 4 (b) and (c) represents the model summary and ANOVA respectively. The table shows that the R-value is .238 which indicated the relationship between the independent and dependent variables to be positive with 5.7% of the variance with R<sup>2</sup> being .057 and as per ANOVA, there was no significant relationship between mental health and parenting self-efficacy with F (7,135) = 1.161, P = .330.

**Table 4 (d)**

Coefficients					
Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	63.641	5.976		10.650	.000

PMHSE	-.281	1.212	-.020	-.232	.817
Perception of reality	.278	1.599	.015	.174	.862
Integration of Personality	.576	1.418	.038	.406	.685
Autonomy	1.795	1.276	.129	1.407	.162
Group-oriented Attitude	-3.172	1.522	-.205	-2.085	<b>.039</b>
Environmental mastery	-1.497	1.309	-.102	-1.144	.255
Overall mental health	.177	2.339	.008	.076	.940
Dependent Variable: Parenting Self-efficacy					

Further, the multiple linear regression analysis depicted that the group-oriented attitude ( $\beta = -3.172$ ,  $t = -2.085$ ,  $P = 0.039$ ) was the only dimension that predicted parenting self-efficacy in the study. It can be understood that one-unit change in the group oriental attitude will decrease the-3.172 score in parenting self-efficacy of parents of autistic children. Apart from this PMHSE, perception of reality, integration of personality, autonomy, and environmental mastery were found to not determine parenting self-efficacy in the present study.

## DISCUSSION

Parents of children with ASD are at risk for increased levels of emotional problems and fight against the challenges of hopelessness along with depression, anxiety, distress, guilt, and coping with different stressful events in everyday life. Parents continually carry the burden of raising an autistic child, thereby experience stress-related issues. Therefore, parents experience poor psychological well-being and low resilience, which results in increasing stress levels and feelings of despair (Desmarais, Barker, & Gouin, 2018). Li et.al. (2015) explains that “parents with autistic children have higher levels of stress and psychological disturbances. Also, parents of children with ASD reported significantly more parenting stress symptoms, more depression symptoms, and more frequent use of active avoidance coping, than parents of typically developing children”.

Indeed, it has been found that parenting a child with ASD can cause a disturbance in the whole family and may create several economic, social, physical, and psychological issues (Hartley et al., 2010). Therefore, in the proposed interventions for a child having ASD, it is necessary to give importance to the mental health status of that child’s parents. In the journey of providing the best effort and care to an autistic child, usually, parents have forgotten to take care of themselves and their own mental and emotional health.

According to Fields (2006), “Parents of children with autism spectrum disorders (ASD) may be at particular risk for lower parenting self-efficacy due to specific symptoms associated with the disorder. Since children with ASD struggle with difficult and rigid behavior, parents may likely experience more failure and frustration with typical parenting strategies”.

Ryan (2010) explains overall parenting self-efficacy, “which indicates that parents of children with autism are at particularly high risk for lower levels of parenting self-efficacy. Higher levels of stress, depression, and a difficult parent–child bond seen in parents with a child with ASD

also place them at higher risk. Lower levels of parenting self-efficacy may then exacerbate problems at home and interfere with their child's treatment. If parents of children with ASD are experiencing lower parenting self-efficacy, it is important to understand why and how professionals can help address parenting self-efficacy in treatment".

Russell and Ingersoll (2020) say that "if the parents have positive attitudes toward their child, it might help parents to reduce their mental stress positively and make better levels of confidence". Feng et al., (2021) also supported that, "parents with greater parental efficacy are more involved in rehabilitation and treatment processes. Some studies have revealed improvement in the levels of parenting self-efficacy among parents who take part in psycho-educational interventions and parent training". Benedetto et al., (2021) say that, "greater parenting sense of competence predicts better parent-child relationships and less parenting stress. Mothers with a high parenting sense of competence often have higher intervention willingness and motivation, can promote family members to actively participate in parenting, and play a vital role in children's therapy".

## **CONCLUSION**

Parents with autistic children always need support from their family and society. In this present study, the researcher observed the common challenge faced by the parents of children with autism is negative reactions from society. All human beings live in a society, there are different types of people having different mindsets about autism. Some of them are not supportive, kind, or accepting. Thus, getting negative impacts from people impacts the mental health and self-efficacy of the parents to raise their child and the challenges they will face in the coming time. Here is the requirement of a sensitization programme for gaining their self-efficacy and strengthening their mental health and parental self-efficacy.

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