

## CHAPTER III

### METHODOLOGY

Taking care of the autistic child takes up a lot of time for parents, leaving them with little time for themselves, like not getting enough sleep and eating regular meals. Not understanding their child's condition well can make them feel more stressed and sadder. Because they may not know enough about their child's disability, it can be hard for them to understand how it affects their lives. While they naturally care for their autistic children, teaching them pre-requisite skills requires specific knowledge, patience, and strategies. Teaching pre-requisite skills to a child with autism presents unique challenges for parents. Additionally, consistent practice plays a crucial role in reinforcing these skills.

Therefore, the present study, titled “*Parents’ Knowledge, Attitude, and Practice on Pre-requisite Skills for Children with Autism and its Influence on Parents’ Mental Health and Self-efficacy – A Sensitization Study.*” was undertaken. The focus was to enhance their knowledge, cultivate a more favourable attitude, and strengthen their practical application of pre-requisite skills essential for their child's development. Furthermore, literature highlighted that parenting a child with autism can be emotionally challenging. Therefore, beyond improving knowledge and practices, the study aimed to address mental health and parental self-efficacy. Additionally, the study also aimed to assess the sustainability of the sensitization programme over time.

Based on the study's objectives and the analysis of findings from the reviewed literature, the researcher has developed the following research questions.

#### **Research Question**

1. Do parents of autistic children know, believe and practice the pre-requisite skills of children with autism?
2. Does parents’ KAP on pre-requisite skills influence their mental health and self-efficacy?
3. Does a socio-demographic factor determine parents’ KAP, mental health and self-efficacy?

4. Does sensitising parents improve their KAP on pre-requisite skills, mental health, and self-efficacy?

Based on the theoretical framework, literature, and prior research discussed in the preceding chapter, the methodology of the study included the identification and formulation of research variables. In research, a variable refers to any characteristic, condition, or factor that can be measured or observed.

**Dependent variables** are the outcomes or responses that researchers observe and measure, anticipating changes due to the influence of other factors. In this study, the dependent variables include parents' knowledge, attitude, practices, mental health, and self-efficacy. These are expected to be influenced by the variations in other conditions.

**Independent variables**, on the other hand, are the factors that are manipulated or categorized to examine their effect on the dependent variables. They are considered stable or controlled elements in the study. The independent variables identified in this research include the gender, educational qualification, occupation, family income, number of siblings, type of family, and area of residence.

### **Research Design**

The current research was an action-based cross-sectional study. Survey, questionnaire, and interview methods were predominantly adopted to collect the data. With the objectives identified and research questions formed, the current study was framed under four phases:

#### **Phase I, the first phase was conducted under the following subheads:**

- A. Review of Literature Survey
- B. Population and Sampling
- C. Tool development
- D. Obtain institutional ethical clearance

#### **Phase II, the second phase was conducted under the following subheads:**

- A. Data collection

**Phase III, the third phase was conducted under the following subheads:**

- A. Development of an educational module (Sensitization Programme)
- B. Conduct Sensitization Programme

**Phase IV, the fourth phase was conducted under the following subheads:**

- A. Post sensitization data collection
- B. Pre and post data analysis

**Phase I:**

**A. Review of literature survey-**A literature survey is a key part of academic research that helps define the purpose and direction of a study. It is more than just a summary of past work; it involves carefully reading, analysing, and comparing existing research on a topic. The researcher in the present study conducted a comprehensive review of existing literature focusing on parents' knowledge, attitude, and practices (KAP) related to pre-requisite skills, and how these factors influence parents' mental health and self-efficacy. The literature was drawn from both Indian and international sources served as a foundation for understanding how these elements coexist and influence one another, especially in the context of parenting children with autism. It provided valuable insights that guided the researcher in shaping the study's objectives and developing focused research questions. These questions specifically aim to explore how enhancing parents' knowledge, attitude, and practice regarding pre-requisite skills can promote positive mental health and strengthen their self-efficacy, ultimately benefiting both the child and the parent.

**B. Population and Sampling-**Based on the purpose of the study, the sampling methods used for the target population are outlined. In the first phase of the study, purposive sampling technique was employed, implemented in two steps: (a) selection of the study area, and (b) selection of population.

**a. Selection of area:**

The study was conducted in Coimbatore city of Tamil Nadu State, India. Tamil Nadu, located in the southernmost part of India, is a state rich in cultural heritage, linguistic identity, and socio-economic development. It is bordered by the states of Kerala, Karnataka, and

Andhra Pradesh, and is flanked by the Bay of Bengal to the east. With a population exceeding 72 million (Census of India, 2011), Tamil Nadu is the sixth most populous state in the country. The capital city, Chennai, serves as a major hub for commerce, education, and technology in southern India. (Fig2)

One of Tamil Nadu's most remarkable features is its deep-rooted cultural legacy. The state is known for its classical Tamil language, one of the oldest living languages in the world. Tamil literature, dating back over two millennia, reflects the intellectual and philosophical achievements of ancient Tamil society (Zvelebil, 2021). The region is also famous for its temple architecture, with landmarks such as the Meenakshi Temple in Madurai and the Brihadeeswarar Temple in Thanjavur showcasing the grandeur of the Chola dynasty's architectural skills.

Economically, Tamil Nadu is one of India's most industrialised and urbanised states. It ranks among the top in manufacturing, information technology, textiles, and automobile production (Government of Tamil Nadu, 2025). The state is home to several Special Economic Zones (SEZs), technology parks, and industrial corridors that contribute significantly to India's GDP. Chennai, often referred to as the "Detroit of India," hosts major automobile manufacturers and suppliers.

Tamil Nadu is also known for its advancements in education and healthcare. The state boasts a high literacy rate, well-established universities, and a robust public health system. It has been a model for health indicators such as maternal and child health, owing to sustained government efforts and grassroots healthcare infrastructure (Jejeebhoy *et al.*, 2014).

**The city of Coimbatore:** Coimbatore city is situated in the state of Tamil Nadu, South India, a second largest city in area wise and 15<sup>th</sup> largest in India, making it one of the metropolitan cities. Being a major industrial hub of the country and is called the '*Manchester of South India*'. Education and industrialization is at fast pace, textiles and technology takes up a major portion making Coimbatore the second highest revenue yielding city in the State fourth in India (Tamil Nadu Tourism Development Corporation, 2025).

The culture of Coimbatore is deeply rooted in the traditions of the Kongu Nadu region, yet it stands out as distinctly unique. As a cosmopolitan city, Coimbatore's culture reflects the diversity of its population, resulting in a harmonious blend of traditions and

modern influences. While known for its traditional roots, the city is notably more diverse and cosmopolitan compared to other cities in Tamil Nadu. Traditional Tamil art forms such as music and dance thrive alongside contemporary expressions. The cultural landscape showcases a seamless mix from traditional cuisine to fast food, ancient temple architecture to modern skyscrapers, and classical arts to a burgeoning nightlife scene (Tamil Nadu Tourism Development Corporation, 2025).

Coimbatore, one of the major cities in Tamil Nadu, has a growing population with an estimated 3.16 million people in its metropolitan region as of 2025. Within the municipal corporation limits, the population stands at approximately 1.53 million. Among this, children form a significant part of the demographic structure. While the 0–6 age group accounts for about 9.7% of the city's population, it is estimated that children under 15 years of age constitute roughly 20–25% of the total population, indicating a substantial young population in the region. This demographic trend underscores the importance of investing in educational, healthcare, and developmental services targeted toward children (Mark, 2025).

Noticeably, the city of Coimbatore caters to the diverse educational and developmental needs of children, including children with special needs. Various special schools and clinics serve to the needs of special children offering a range of rehabilitation and training services. Some schools provide early intervention programs, life skills training, and inclusive education models that promote social integration. Furthermore, several NGOs and parent support groups are actively involved in advocacy and awareness efforts related to disability rights and inclusive education in the city. The presence of such resources reflects Coimbatore's progressive outlook and its commitment to fostering a supportive and accessible environment for children with special needs and their families.



Source: Coimbatore Municipal Corporation

Figure No.II Area of the Study – Location of Coimbatore City

## **b. Selection of population**

A sample is a subset of a population that is used to represent the entire group as a whole. For the present study, the investigator identified parents of children with autism as the sample of the study through purposive sampling technique. Purposive sampling is also called non probability sampling. Where the researcher chooses the sample based on who they think would be appropriate for the study. This is used mainly when there are a specific, relatively small, and difficult to reach group, limited number of people who can render information on this topic such as parents of children with ASD. Since Autism Spectrum Disorder (ASD) is a sensitive issue for parents, it was important to include only those parents who willingly gave informed consent to participate in the research.

The investigator collected contact information and addresses of various special schools in Coimbatore through online and websites. Subsequently, the investigator conducted a survey in Coimbatore to reach out to the schools on the list and seek their permission to carry out the study. A total of 16 schools were initially shortlisted for the study. After contacting the schools, the investigator submitted consent letters to the authorities of these schools, explaining the study's purpose and requesting their approval. However, only 5 schools agreed to participate and granted permission to conduct the research.

Initially, 250 parents were invited to be part of the study. Out of these, 200 parents agreed to participate after understanding the purpose and details of the research. However, not all of them were able to complete their participation due to personal reasons or availability. Finally, 143 parents completed the process and were selected for the study.

The inclusion criteria for the study consisted of parents of children who were enrolled in special schools specifically catering to children with Autism Spectrum Disorder (ASD) and also based on their direct caregiving role. Conversely, the exclusion criteria involved parents of children who had co morbidity conditions or other disabilities apart from autism, as the presence of multiple diagnoses could confound the study outcomes and influence parental experiences in ways that differ from those of parents of children diagnosed exclusively with ASD.

### **c. Tool development**

During the research process the instruments used to collect data were deemed to be consistent with the objectives of the study. After collecting relevant literature pertaining to the study including a range of available related tools, 4 sets of tools were needed for the study such as socio-demographic profile of parents, parents knowledge, attitude and practices on pre requisite skills scale, as well as scales to assess mental health and parenting self-efficacy.

The first two sets of tools namely socio-demographic profile of parents, parents knowledge, attitude and practices on pre-requisite skills scale was developed by the researcher, while standardised tools were used for the two sets namely mental health inventory by Jagdish and Srivatsa (2005) and the early sensitization parenting self-efficacy scale (EIPSES) by Guimond, Wilcox and Lamorey (2008).

#### **a. Questionnaire to collect socio-demographic profile of parents**

Obtaining personal information and family background of the respondents is vital. This includes socio demographic information such as age, gender, educational background, occupation, family structure, and socio-economic status. This information is needed to understand the respondents existing conditions, patterns, relationships, and variations in the study variables.

In the present study, socio-demographic markers such as gender of parents, educational qualification, occupation, number of siblings, family type, area of residence and family income were included.

#### **b. Parents knowledge, attitude and practices (KAP) on pre-requisite skills scale**

The development of tools to assess KAP of parents on pre-requisite skills consisted of conducting a comprehensive literature review, engaging in group discussions, obtaining expert evaluations, and carrying out pre-testing procedures. Initially, an extensive literature review was conducted to gather theoretical and empirical insights related to parents knowledge, attitude and practice on pre-requisite skills. Based on the review of literature, 56 preliminary statements were generated using Likert's method, employing a rating scale format to measure degrees of agreement or understanding.

## **Face validity and content validity**

In the second phase, the preliminary scale underwent a general scrutiny process. A group discussion was organised, involving academicians from the fields of Human Development, Special education and Psychology. At first, the initial item of the scale was critically evaluated to ensure clarity, grammatical accuracy, and relevance. Items found to be repetitive or ambiguous were either revised or eliminated to enhance the overall coherence and readability of the scale.

Following this, the refined version of the tool was subjected to expert evaluation. A total of five experts, three academicians from Human Development, and two practicing clinical therapists were consulted to assess the content validity and appropriateness of the items. Their feedback led to further refinement, ensuring that the tool was both theoretically grounded and practically applicable. The finalised tool was then systematically organised into three primary components: Knowledge, Attitude, and Practice (KAP). Specifically, the knowledge and attitude sections were structured under six dimensions with 30 items consisting of 5 items in each dimension, while the practices section was divided into seven dimensions, with 35 items consisting of 5 items in each dimension, ensuring comprehensive coverage of all relevant areas.

## **Tool description**

### **(i) Scale to assess knowledge on pre-requisite skills**

Assessing parents' knowledge of pre-requisite skills is vital, as they play a key role in the development of children with autism. It helps identify knowledge gaps among parents of autistic children allowing researcher to design a targeted guidance and support programme. Informed parents can better reinforce routines and strategies at home, promoting the child's learning, growth, and independence.

Focusing on the **knowledge scale on pre-requisite skills**, six key dimensions were identified and defined: **Scheduling, Attention, Socialisation, Self-Control, Self-Advocacy, and Safety**. These dimensions reflect essential developmental areas that are crucial for children with autism to function independently and adaptively. The knowledge scale comprised of 30 items with 5 items in each dimension, structured on a three-point Likert

scale. This format was intended to capture the depth and accuracy of parental understanding regarding the importance and practical application of each pre-requisite skill area. The finalised scale is thus a robust tool intended not only for assessment but also as a foundation for designing parent training modules and sensitization programmes.

- **Scheduling-** Teaching a child with autism to follow a schedule can be a challenging task, but it is essential for building routine and reducing anxiety. Schedules offer structure and help the child understand what to expect next, making transitions between activities easier. For instance, when a child experiences stress during morning routines, using a visual schedule with simple steps such as brushing teeth, eating breakfast and getting dressed can help the child feel more in control. Over time, this consistency allows the child to carry out the routine more independently and with less distress (Shook 2020).
- **Attention-** Attention is necessary for learning, communication, and social interaction. Many children with autism have difficulties maintaining focus or shifting attention appropriately, which can impact their ability to participate in classroom activities and daily routines. Teaching attention skills helps improve a child's ability to engage with tasks, follow instructions, and interact with others meaningfully (Murray *et al.*, 2005). For example, a child with autism may frequently look away or become distracted during a story time session. By using structured attention-building strategies, such as prompting the child to make eye contact or reinforcing attentive behaviour with praise or tokens, the child gradually learns to stay focused for longer periods, enhancing both learning and participation.
- **Socialisation-** Children with autism often struggle with social interaction, including making friends, understanding social cues, and joining group activities. Teaching socialisation skills helps them build relationships, improve communication, and function better in school and community life (White *et al.*, 2007). For example; a child with autism may not know how to greet peers. Through role-play and visual aids, they can learn to say "hello" and respond appropriately, making social engagement easier.
- **Self-Control-** Self-control is vital for helping autistic children manage their emotions, behaviour, and impulses in various situations. Many children with autism experience difficulty regulating frustration, waiting their turn, or coping with unexpected changes.

Teaching self-control improves their ability to function in social and academic settings (Mazefsky *et al.*, 2013). For example: a child with autism may have frequent outbursts when told "no." By using techniques like deep breathing, visual cues, or a calm-down corner, the child can gradually learn to manage anger more appropriately.

- **Imitation-** Imitation is a fundamental learning process through which children acquire new skills by observing and replicating others' behaviours. This process supports the development of social, motor, and communication abilities, especially through play, where children model gestures, language, and actions of caregivers or peers (Murray, 2012). For children with autism spectrum disorder (ASD), difficulties with imitation can contribute to developmental delays, making targeted interventions crucial. Early intervention strategies often use modeling techniques, prompts, and reinforcement such as "prompt and reward" methods to encourage skill acquisition through imitation. These approaches help children with ASD learn effectively by observing and engaging with others in their environment.
- **Self-Advocacy-** Self-advocacy skills involve capacity building in children with autism, and enables the child to make decisions for him or herself as well as engage in decision making processes, and express his or her needs. It becomes useful when children are transitioning from childhood to adolescence and adulthood where voice becomes critical during learning and working or employment and social life respectively. To encourage self-advocacy, children with autism can be taught how to use words to tell others what they like, want or don't want. A number of teaching aids such as use of pictures, use of speech therapy and drama, acting out of various scenes can be used to enhance self-advocacy (Advanced Autism Services, 2025).
- **Safety-** Safety awareness is crucial for all children, but especially for those with autism, who may not naturally recognise danger or understand how to respond in risky situations. They may struggle with knowing when it's safe to cross a road, how to avoid strangers, or what to do in emergencies (Ordaz-Villegas, 2019). Teaching safety skills through social stories, visual prompts, and role-play can help autistic children navigate their environment more safely and respond appropriately to potential dangers.

Together, these dimensions provided a comprehensive view of how well parents understand pre-requisite skills that is crucial for their child's development.

Further, the statements had three points with No, don't know and Yes options with a rating of 0,1 and 2 respectively. The score ranged from 0 to 90, 0 as minimum and 90 as maximum score, indicating higher scores as higher knowledge levels. Further, the knowledge levels as high, medium and low were classified by averaging the total score. The score <48 was classified as low level, 48 score was considered as medium level, and > 48 score were categorised as high level of knowledge.

### **(ii) Parents attitude on pre-requisite Skills**

Assessing the attitude of parents on pre-requisite skills is essential because their mindset and beliefs directly influence how consistently and effectively, they support their child's development. Positive attitudes toward skills like scheduling, attention, socialisation, self-control, self-advocacy, and safety increases the likelihood that parents will actively engage in teaching and reinforcing these skills at home. It also helps to understand any resistance, misconceptions, or emotional challenges parents may have, which can impact sensitization outcomes. By understanding parental attitudes, targeted support and sensitization programs can be developed to help parents reflect on their beliefs, ultimately promoting better developmental outcomes and greater independence for children with autism.

A self-constructed scale was designed to test the attitude of parents on pre-requisite skills. The scale was a 5 points likert scale consisting of 30 items with 5 items in each dimension. The items covered the aspects under **scheduling, attention, socialisation, self-control, self-advocacy and safety**. Each item had 5 responses namely strongly agree, agree, neither agree nor disagree, disagree, strongly disagree with 1, 2, 3, 4 and 5 ratings and vice versa for negative item. The score ranged from 1 to 150, 1 as minimum and 150 as maximum score indicating higher the scores favourable the attitude of parents of children with autism. Further, the attitude levels as favourable, neither favourable nor unfavourable (neutral) and unfavourable level of attitude were classified by averaging the total score. The score of >86 was classified as unfavourable level, 86 score was considered as neither favourable nor unfavourable level (as neutral) and > 86 score was categorised as favourable level of attitude.

### **(iii) Scale to assess parents practices on pre requisite Skills**

Assessing the practices of parents on pre-requisite skills is important because it reveals how parents actually apply their knowledge and attitudes in daily life to support their child with autism. While knowledge and attitude are important, consistent and effective practices such as following routines, promoting attention, encouraging social interaction, and ensuring safety are what truly impact the child's learning and development. By evaluating these practices, investigator can identify gaps between what parents know and what they do, allowing for more practical, hands-on training and support. This ensures that interventions and sensitizations are not only understood but also implemented effectively at home, enhancing the child's overall progress and independence.

The scale on practice of parents of autistic children is a likert scale consisting of 35 items with seven dimensions namely- **scheduling, imitation, communication, group work, express emotion, independent and safety**. Practicing these skills is vital for children with autism because these foundational abilities support their overall development, learning, and independence.

**Scheduling-** Training and practicing scheduling regularly provides structure and predictability for children by reducing anxiety and adapt to daily routines helping them become independent. Practicing schedules using aids audio or visual for daily routine such as waking up, brushing teeth, eating breakfast, and playtime. For example, after breakfast, the child knows to look at the next picture card, which might show a toy or puzzle, signaling its playtime.

**Imitation-** Parents practice imitation with the child to imitate things by using clear verbal cues like "Do like this" or "Your turn," and gently guide their hands if needed at first. Repeating simple words while doing actions, such as saying "fold" or "put," helps connect language with movement, so that they can acquire new skills by observing others. It will help children to acquire motor, social, and cognitive behaviours which are essential for daily functioning.

**Communication-** Practicing communication through play or guided interaction with siblings and peers helps children build relationships and understand social rules, expressing their needs. Parents practice communication with their child by giving chances to interact during daily activities using simple, clear language. For example, if the child wants water, the parent

can hold the glass and say, Do you want water? Say ‘water’ or show some gesture or picture if the child does not speak.

**Group work-** Practicing group work is essential to help these children connect with others, understand social norms, and build meaningful relationships. When these skills are taught and reinforced consistently by parents at home or school, children are more likely to participate in group activities, develop friendships, and experience a sense of belonging (Bellini et.al,2007).

Parents practice group work with their child to share toys and materials, teaching simple social skills like taking turns and saying “thank you” or “please.” These small practice experiences help the child build confidence and gradually become more comfortable in social situations.

**Express emotion-** Parents practice to express emotions by showing simple examples of feelings. For example, when the parent is happy, they can say, “I feel happy”, if the child looks upset, the parent gently say, “You look sad”. Parents also use picture cards with faces showing emotions like happy, sad, angry, or scared. Parents practice with their child to use words, signs, or pictures to show emotions and give praise and comfort when they try. With daily practice, the child will slowly learn to understand their feelings and become more confident in expressing them.

**Independent-** Parents practice independence with their child to help them build confidence, learn life skills, and become self-reliant. For example, parents practice sending their child to a nearby shop to buy small items like groceries or stationery while they can keep a close watch to ensure safety. They also ask the child to share opinions on things like food, taste, choosing clothes and their colors, schoolwork, or play activities such as games and craft work.

**Safety-** Parents practice safety while using some social stories to help the child understand about importance of safety rules, such as being careful about theft, accidents, or abuse. Parents also guide their child safely while answering the doorbell by first checking who it is and making sure if it is someone they know. Parents also practice asking help and make their child understand that it is okay to ask for help if something feels unsafe or confusing. These daily practices help their child to become more aware and confident about their personal safety.

Parents need to learn and reinforce these skills because they are the child's first and most consistent teachers. When parents understand and actively support these areas to their child, they create a nurturing and structured environment where learning can be generalised beyond therapy sessions. Their consistent involvement helps children build and maintain these skills in everyday life, promoting long-term development and enhancing the child's ability to function independently and successfully in different settings.

The practice scale on pre-requisite skill with 35 items under 7 dimensions was a likert scale with 3-point rating with 1 for Never, 2 for sometimes and 3 for Always. The score ranged from 0 to 150, 1 as minimum and 150 as maximum score. Further, the practices levels as low, moderate and high level of practices were classified by averaging the total score where higher score indicates higher levels of practice. A score of <82 depicts low level of practices, a score of 82 and > 82 indicate average and high level of practices respectively.

### **Pilot study**

Pilot studies are a fundamental stage of the research process. They can help to identify the design issues and evaluate a study's feasibility, practicality, resources, time, and cost before the main research is conducted. According to Simkus (2023), the main purpose of a pilot study is not to address the primary research questions, but also to help researchers identify and resolve potential issues in their study design before conducting a full-scale investigation. It serves to minimise the risk of encountering major methodological problems that could lead to wasted time and resources. In the present study, a pilot test was conducted to evaluate the tools that were developed by the investigator. The purpose was to examine whether the tools were clear, relevant, and capable of collecting meaningful data from the target population. The data for the pilot study was collected from 45 parents of children with autism.

Before beginning the data collection, the investigator clearly mentioned the aim and objective of the study and obtained formal permission from the respective special school authorities catering to autistic children to meet the parents. Following this, the researcher met the parents of the children and explained the purpose of the study. The parents were given detailed information about their participation and what it involved, and their informed consent was requested. After receiving positive responses and consent, a total of 45 parents were

selected using a simple random sampling method to ensure that each parent had an equal chance of being included in the sample.

The developed scale for knowledge, attitude and practices was administered and preliminary statistical analysis was performed to understand the overall pattern of data distribution and pre-test the developed tools as well as the standardised tools on mental health and self-efficacy.

### **Reliability and Validity**

After conducting the pilot study, the tools were evaluated for both reliability and validity. Reliability and validity which refers to the consistency and accuracy of a measurement, indicating the extent to which the instrument is free from error and produces stable results over time and across items. In this study, the reliability and validity of the developed scales was assessed using Cronbach's alpha and the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy (Table no I). According to Nunnally (1978), a Cronbach's alpha value above 0.70 is considered acceptable, while for exploratory research, a minimum value of 0.60 is also deemed sufficient (Malhotra & Birks, 2007; Hair, Black, Babin, Anderson, & Tatham, 2006).

**Table I Reliability and validity scores of KAP scale on pre-requisite skills**

| <b>Tools</b>     | <b>Total number of items</b> | <b>Reliability test Cronbach's Alpha</b> | <b>KMO Measure of Sampling Adequacy</b> | <b>Bartlett' test of Sphericity</b> | <b>Cumulative %</b> |
|------------------|------------------------------|--|---|-------------------------------------|---------------------|
| <b>Knowledge</b> | 35                           | <b>0.94</b>                              | 0.760                                   | 1892.611**                          | 69.240              |
| <b>Attitude</b>  | 35                           | <b>0.84</b>                              | 0.846                                   | 3145.672**                          | 69.652              |
| <b>Practices</b> | 35                           | <b>0.79</b>                              | 0.645                                   | 2104.728**                          | 69.201              |

The reliability and validity of the knowledge scale demonstrated excellent internal consistency, the attitude scale showed very good reliability, and the practice scale reflected good reliability. These findings suggest that the items within each scale were measuring the same underlying construct consistently, making the tool suitable for further data collection and analysis in the main study.

### **c. Mental Health Inventory**

Assessing the mental health of parents of children with autism is needed because their emotional well-being directly affects their ability to care for and support their child effectively. Parenting a child with autism can be highly demanding, often leading to increased stress, anxiety, depression, and emotional exhaustion. These mental health challenges can impact how parents manage daily routines, engage in intervention programs, and maintain patience and consistency in caregiving. By evaluating parents' mental health, investigator can identify those who may need psychological support, counseling, or stress management interventions. Supporting parental well-being not only improves their quality of life but also enhances their capacity to respond positively to their child's needs as well as their mental health well-being. The mental health inventory developed by Jagdish and Srivastava, 1995 was considered suitable for assessing the mental health of adults. It is specifically designed for individuals aged 18 and above. The inventory has 72 items which are distributed under six dimensions, which are as follows:

1. Positive Self-Evaluation (PSE): includes self-confidence, self- acceptance, self-identity, feeling of worth-wholeness, realisation of one's potentialities.
2. Perception of Reality (PR): relates to perception free from need distortion, absence of excessive fantasy and broad outlook on the world.
3. Integration of Personality (IP): indicates balance of psychic forces in the individual and includes the ability to understand and to share other people's emotions, the ability to concentrate at work and interest in several activities.
4. Autonomy (AUTNY): includes stable set of internal standards for one's action, dependence for own development upon own potentialities rather than dependence on other people.
5. Group Oriented Attitudes (GOA): associated with the ability to get along with others, work with others and ability to find recreation.
6. Environmental Mastery (EM): includes efficiency in meeting situational requirements, the ability to work and play, the ability to take responsibilities and capacity for adjustment.

### Reliability of the inventory:

The reliability of the inventory was determined by split half method using odd-even procedure. The reliability coefficients of different dimensions of mental health and over all are presented below in table II

**Table II The reliability of the Mental Health Inventory**

|    | <b>Dimensions</b>          | <b>Reliability Index</b> |
|----|----------------------------|--------------------------|
| 1. | Positive self-evaluation   | 0.75                     |
| 2. | Perception of reality      | 0.71                     |
| 3. | Integration of personality | 0.72                     |
| 4. | Autonomy                   | 0.72                     |
| 5. | Group oriented attitudes   | 0.74                     |
| 6. | Environmental competence   | 0.71                     |
|    | Overall                    | 0.73                     |

### Scoring:

In this scale 4 alternative responses have been given to each statement that is 4 scores to 'Always', 3, scores to 'Often', 2 scores to 'Rarely', and 1 score to 'Never' marked responses as to be assigned for true keyed (positive) statements whereas 1, 2, 3 and 4 scores for 'Always', 'Often', 'Rarely', and 'Never' respectively in case of false keyed (negative) statements.

**Table III Range: Interpretation Mental Health Inventory**

| <b>Dimension</b>                               | <b>Items</b> | <b>Negative/<br/>Positive</b> | <b>Very<br/>Good</b> | <b>Good</b> | <b>Average</b> | <b>Poor</b> | <b>Very<br/>Poor</b> |
|--|--------------|-------------------------------|----------------------|-------------|----------------|-------------|----------------------|
| Positive Mental Health Self-Evaluation (PMHSE) | 10           | 4(-), 6(+)                    | 37 & Above           | 33-37       | 28-33          | 23-28       | Below 23             |
| Perception of Reality                          | 8            | 4(-) 4(+)                     | 30 & Above           | 26-30       | 23-26          | 19-23       | Below 19             |
| Integration of Personality                     | 12           | 11(-),1(+)                    | 45 & Above           | 38-45       | 32-38          | 26-32       | Below 26             |

|                          |    |           |             |         |         |         |           |
|--------------------------|----|-----------|-------------|---------|---------|---------|-----------|
| Autonomy                 | 6  | 4(-),2(+) | 22 & Above  | 18-22   | 15-18   | 11-15   | Below 11  |
| Group-Oriented Attitudes | 10 | 6(-),4(+) | 41 & Above  | 36-41   | 30-36   | 25-30   | Below 25  |
| Environmental Mastery    | 10 | 3(-),7(+) | 36 & Above  | 31-36   | 27-31   | 22-27   | Below 22  |
| Over all Mental Health   |    |           | 196 & Above | 175-196 | 154-175 | 133-154 | Below 133 |

The total scores were indicative of the level of mental well-being among the parents, with higher scores representing better mental health and lower scores indicating poorer mental health status.

#### **d. The Early Sensitization Parenting Self-Efficacy Scale (EIPSES)**

Self-efficacy reflects parent’s confidence in managing and supporting their child with autism. Parents with high self-efficacy are more likely to actively participate in taking care of their child, handle challenges effectively, and consistently apply strategies that benefit their child’s development. Understanding their self-efficacy helps investigator to provide targeted support, build parental confidence, and empower them to play a stronger role in their child’s growth and independence.

The Early Sensitization Parenting Self-Efficacy Scale (EIPSES) by Guimond, Wilcox and Lamorey (2008) was used to assess the self-efficacy of parents of autistic children. The EIPSES significances to assess : (a) the degree to which caregivers perceive of themselves as being personally effective and capable in parenting their child and (b) the extent to which they believe child outcomes are a function of environmental influences or constraints, such as family background or the availability of early sensitization or community support. The internal consistency and reliability coefficients of personal and general parental efficacy were found to be .78 and .75, respectively. The EIPSES consisted of 16 items with a 7-point Likert-type scale for responses ranging from strongly disagree (1), disagree (2), Slightly Disagree (3), Neither (4), Slightly Agree (5), Agree (6) strongly agree (7).

Total scores were computed by summing all items of the scale. Range of the scale is 1-54 Low, 55-70 Moderate, 71-90 High self-efficacies. Scoring for items 3, 5, 6, 8, 12 and 16 were reversed, the parents who are getting higher score, reflected greater perceived self-efficacy.

### **Obtain Institutional Human Ethical Clearance**

Human Ethical Clearance is necessary in any research involving human participants to ensure their rights; dignity, safety, and well-being are protected. It confirms that the study follows ethical standards, including informed consent, confidentiality, and the right to withdraw without penalty. Additionally, it enhances the credibility and acceptability of the research findings in academic and professional communities

As a matter of ethics the parent's knowledge, attitude and practice on pre-requisite skills for children with autism and its influence on parents mental health and self- efficacy - a sensitization study is a very sensitive topic which have to be dealt with utmost care; Researcher conveyed that, ultimate objective of the study is to bring positive changes in the children's life. The parents were oriented and educated about the purpose and objectives of the study and their informed consent was obtained in writing before interviews. Confidentiality was assured to the parents and strictly maintained. Further, the study was subjected to Institutional Human Ethical Committee and was approved for the same with the approval number- **AUW/IHEC/HD-19-20/XPD-46.**

### **Phase II, The second phase was conducted under the following subheads:**

**A. Data collection:** Data collection was carried out during the second phase of the study. The data collection was done in two steps, first step was rapport building and the second was data collection.

**Step 1- Building rapport for collecting preliminary data:** After obtaining approval from the Institutional Human Ethical Committee (IHEC) and securing formal permission, the researcher initiated multiple visits to special schools to build rapport with the parents of children with autism before beginning the formal process of data collection. Establishing this connection was crucial, as it created a foundation of comfort and mutual respect, encouraging more open and honest communication. During these visits, a warm and respectful

introduction was provided to each parent, followed by informal conversations to break the ice. With these initial interactions the researcher created a safe and welcoming environment.

The researcher engaged parents in conversations that were designed to be open-ended, encouraging in-depth responses revealing factual information, emotional insights and personal reflections. The researcher avoided communication barriers by actively listening, avoiding judgment, and showing patience. This phase of rapport-building was critical not only for building a trusting relationship but also for ensuring the quality and validity of the responses that were sincere and thoughtful.

**Step 2- Data collection:** Data collection in special schools began soon after the researcher built a good relationship with the parents and taking their consent to take part in the study. The researcher clearly explained what the parents were expected to do and the purpose of the study before administering the questionnaires and scales. The parents were told about the time frame to fill up the questionnaires and scales which was about approximately 20 to 30 minutes. The set of tools given to the parents included a socio-demographic questionnaire, which asked for personal and family background information, and parents knowledge, attitude and practices on pre requisite skills scales along with Mental health inventory and self-efficacy scale. These tools were carefully combined into four parts to make them easy to follow.

While the parents were administered with the questionnaires and scales, the researcher stayed close by and was ready to help clear their doubts and explain. This made the parents feel supported and confident while filling out the questionnaires and scales. In this manner, the data were collected from parents and were analyzed using frequency and percentage and multiple liner regression.

### **Frequency and percentage**

Frequency and percentage analysis is a commonly used descriptive statistical method in research for organising and summarising categorical data. In the present study, frequency and percentage analysis were employed to assess the distribution of parents socio demographic factors such as age, qualification, occupation, family income, number of siblings and area of residence along with the levels of parents' Knowledge, Attitude, and Practice (KAP) regarding pre-requisite skills, along with their mental health status and self-efficacy.

This helped the investigator to examine parents' adequate or inadequate knowledge, favourable or unfavourable attitudes, and practiced skills effectively or ineffectively. Additionally, the analysis provided insights into the psychological well-being and confidence levels of the parents in managing their children's needs. By analysing these variables, the researcher was able to identify whether there existed significant gaps or deficiencies, thereby determining the necessity of implementing a sensitization programme aimed at enhancing parental understanding, coping strategies, and caregiving practices.

**Multiple liner regression analysis:** Regression analysis is a statistical technique used to examine and model the relationship between a dependent variable and one or more independent (or predictor) variables. This method helps researchers understand how the typical value of the dependent variable changes when any one of the independent variables is varied, while the others are held constant. In the present study, multiple linear regression analysis was conducted to examine how independent variables, such as socio-demographic factors, influence dependent variables including knowledge, attitude, practices (KAP), mental health, and self-efficacy. The analysis also aimed to investigate how KAP specifically impacts mental health and self-efficacy.

### **Phase III**

#### **A. Development of a Sensitization Programme:**

Based on the results of the data collected during the II phase the investigator proceeded to develop sensitization programme. In order to develop the sensitization programme, the investigator identified a model of instructional design called ASSURE model. It was developed in the mid-1990 by Robert Heinich and Michael Molenda of Indiana University and James Russell of Purdue University, based on Constructivist learning theory principles. The concept of ASSURE was originally developed as a general-purpose framework for use by teachers and instructors in traditional classroom settings. From many years until now, instructional designers and educational researchers alike have improvised and used the ASSURE model as a framework in designing as well as developing educational and training programs. For the present study, Forest (2015), ASSURE model has been followed. This model offers a structured approach that supports effective lesson planning and delivery by incorporating

technology and media. The acronym "ASSURE" represents the six key steps in this instructional design process namely (Figure No. III)

A –Analysis learners characteristic,

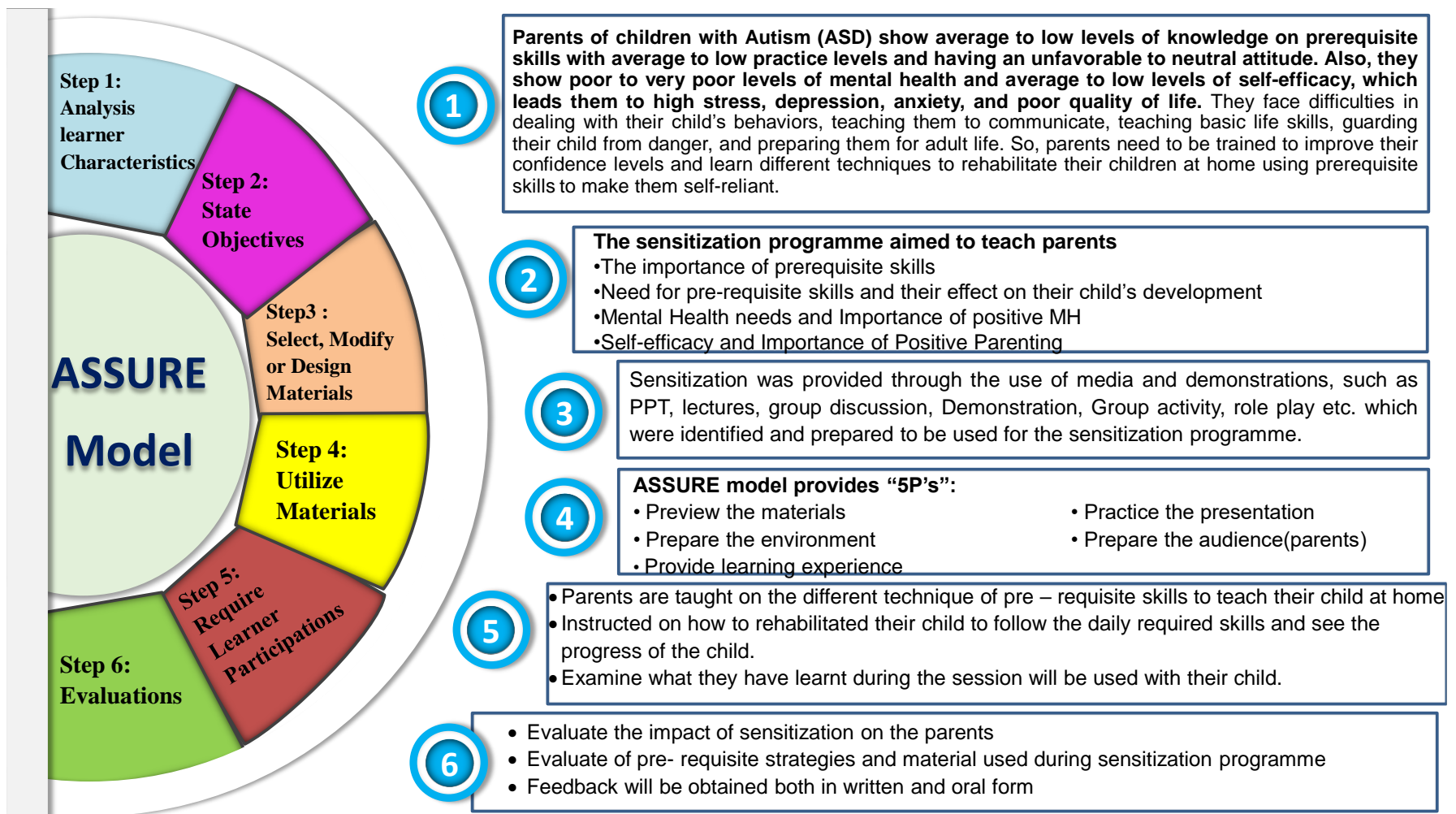
S –State objective

S – Select methods, media, and materials,

U – Utilise media and materials,

R – Require learner participation, and

E – Evaluation



**Figure No. III ASSURE Model for Sensitization Programme**

- **“A” - Analysis the learner characteristics**

The first step in the process is to analysis the attributes of the learners. In the present study, the investigator analyzed parents attributes, like, they had average knowledge on pre-requisite skills with a neutral attitude and low practice levels. They reported very low mental health status and a medium to low levels of self-efficacy leading to high stress, depression, anxiety and poor quality of life. They faced difficulties in dealing with child’s behaviours, teaching their child to communicate, teaching basic life skills, guarding their child from danger, and preparing their child for adult life. These attributes indicate that parents need to be sensitised on the knowledge, attitude, and practice on pre-requisite skills to train their autistic children at home and also enhance their own confidence levels to have improved mental health status and self-efficacy to lead a good quality of life.

- **“S” - State objectives**

After understanding the attributes of parents of autistic children, the second step is to state objectives for the sensitization programme. The investigator attempted to state the objectives that aimed at assisting parents to know the importance of pre-requisite skills, need for pre-requisite skills and its effect on their child’s development. Children with autism may struggle with acquiring basic competencies, which can hinder their progress in daily functioning and structured learning environments. Therefore, it is essential for parents to recognise the value of these skills and how their consistent support and reinforcement at home can significantly enhance their child's developmental trajectory.

The objectives also emphasised the need for early identification and nurturing of these skills. Additionally, the objectives aimed at parents mental health needs and positive mental health, parenting self-efficacy and importance of positive parenting. Ultimately, the objectives aimed to empower parents and families, laying a strong foundation for the child’s academic success and long-term adaptive functioning. The objectives were stated foreseeing the outcomes of the sensitization programme which is to have parents enhance their awareness, improve parent-child interactions, and have better preparedness to support the child’s learning process. As a result, children would be more likely to show progress in communication, social engagement, and independence.

- **“S”- Select, Modify, or Design materials**

Based on the objective materials were designed, selected or modified so that the objectives are effectively met. The programme highlighted how deficits in pre-requisite skills can impact the child's developmental trajectory and functional independence. In addition, the programme modules addressed the need for early sensitization/ intervention in building these pre-requisite skills and explained their long-term impact on the child's educational progress, social integration, and emotional growth. The programme also emphasised the significance of parental mental health, recognising that the well-being of parents directly affects their ability to support their child effectively. The modules aimed to sensitise parents on maintaining positive mental health, strategies to manage stress, coping with emotional challenges, and building resilience. Moreover, the concept of self-efficacy, encouraging parents to believe in their own abilities to manage parenting challenges and advocate for their child's needs were also included along with the principles of positive parenting, underlining its role in fostering a nurturing, structured, and emotionally supportive environment for children with autism.

The investigator carefully identified relevant teaching techniques and audio-visual aids, including PowerPoint presentations, interactive lectures, flashcards, video clips, group discussions, group activities, role plays, and motivational short stories to enhance the delivery and engagement of the sensitization programme.

The detailed content of the sensitization programme is presented in table no 4. In addition, the specific sessions of the programme are elaborated upon in the subsequent sections, providing a comprehensive overview of the session-wise structure and instructional approach used throughout the sensitization initiative.

- **“U” - Utilise materials**

This step in the ASSURE model process concerns about making a plan as to how to utilise the selected materials. The ASSURE model provides the "5 P's" as a guideline for proper utilization of materials and implementation:

## **1. Preview the Materials**

After preparing the teaching aids for the sensitization programme, the investigator conducted a preliminary review by presenting a selection of these materials to a group of randomly chosen special educators and parents. Previewing the materials ensures relevance, clarity, and effectiveness before use. The objective was to refine the content, format, and delivery methods based on practical insights. This helped in identifying areas for improvement and teaching aids were aligned with the learning needs which enhanced the quality and impact of the sensitization programme.

## **2. Prepare the materials**

The investigator developed a comprehensive set of instructional materials to effectively deliver the content of each module. Central to this was the preparation of power point presentations that outlined the core concepts of each module in a structured and visually engaging format. In addition, sample questions were included to encourage reflection, discussion, and active engagement with the content.

## **3. Prepare the environment**

In this step the investigator set up an encouraging environment by arranging adequate and comfortable seating for all participants ensuring clear visibility and ease of participation during the activities. A screen and projector were installed to facilitate the display of power point presentations, videos, and other visual materials, ensuring that all content could be viewed easily by the parents. Proper lighting was also ensured to maintain a well-lit space that supported focus and minimised eye strain. Additionally, all materials and resources required for interactive and hands-on activities such as flashcards, role-play props, and discussion guides were organised in advance and placed conveniently for use during the sessions. These environmental preparations aimed to minimise distractions, promote engagement, and create a welcoming and structured setting that supported effective learning and interaction among parents.

## **4. Prepare the learners**

The parents were clearly informed about the objectives of the sensitization programme. The investigator prepared a handout (Annexure VIII) as a roadmap of

programme, where the parents would know the outline about the programme, objectives, content of the sessions, duration/schedule, (number of days and number of sessions/time), topics and sub topics etc. This helped the participants to perceive what they would be learning throughout the sensitization programme. To ensure that participants were mentally prepared and fully aware of what to expect, the investigator took deliberate steps to orient the participants before starting the sensitization programme. This preparation also fostered a sense of commitment, motivation, and readiness among the learners, thereby laying a strong foundation for active and meaningful engagement throughout the sensitization programme.

### **5. Provide the learning experience**

To start the sensitization programme in a friendly and meaningful way, the investigator first had informal talks with the parents. This helped build a good connection and made the parents feel comfortable. Before the actual sessions began, the investigator conducted some fun ice-breaking activities and open discussions. During these sessions, parents were invited to talk about their personal experiences of raising a child with autism. They shared their thoughts, challenges, and how they came to understand their child's condition. These talks helped the investigator understand how much the parents already knew and how emotionally prepared they were. The information gathered from these conversations gave the investigator a starting point to plan the sessions better and make them more useful.

- **“R”-Require learner participation**

To encourage active participation from the parents, the resource person conducted a fun and engaging activity. Parents were asked to use emoji symbols to teach different facial expressions to children, helping their child to understand emotions in a simple way. This hands-on activity allowed parents to learn through practice. The parents also took part in a group discussion that was followed, where they shared their thoughts and ideas on how to teach pre-requisite skills to their children at home. The discussion was held allowing parents to exchange their views. It created a space where they could learn from each other and speak freely about their experiences. During the discussion, the resource person actively listened to the parents' concerns and questions there by answering clearly and patiently.

- **“E” - Evaluation**

In the last step of the ASSURE model, the investigator checked how well the sensitization programme worked in teaching parents of children with autism the necessary pre-requisite skills, how clear and useful the teaching methods and materials were, and how parents were involved during the sessions. Both the oral and written feedback was collected to evaluate the sensitization programme. It helped parents understand their learning effectively, become more involved, and support their children’s development in a better way. Overall, the ASSURE model was found to be a strong and useful guide for meeting the goals of the programme.

**Table IV Content of Sensitization Programme**

| <b>S.No.</b> | <b>Time/ session</b> | <b>Topics</b>   | <b>Objectives</b>  | <b>Technique of Presentation</b>  | <b>Learning outcome</b>  |
|--------------|----------------------|---|--|---|--|
| 1)           | 1 hour and 30 min    | <b>Orientation about the programme</b>  | <ul style="list-style-type: none"> <li>To provide concept about the sensitization programme</li> </ul>   | <ul style="list-style-type: none"> <li>Lecture</li> <li>Discussion</li> </ul>                               | <ul style="list-style-type: none"> <li>Understand the concept of the programme and its need and importance</li> </ul>  |
| 2)           | 1 hour and 30 min    | <p><b><u>All about autism</u></b></p> <ul style="list-style-type: none"> <li>➤ Prevalence</li> <li>➤ Symptoms, causes,</li> <li>➤ Risks related to the pregnancy and birth</li> </ul> | <ul style="list-style-type: none"> <li>To provide information about Autism</li> <li>To provide information on ASD support</li> </ul>   | <ul style="list-style-type: none"> <li>PPT, lecture, discussion</li> </ul>                                  | <ul style="list-style-type: none"> <li>Improved knowledge about ASD, its magnitude and services available</li> </ul>   |
| 3)           | 1 hour and 30 min    | <ul style="list-style-type: none"> <li>➤ Responsibility of care givers and family</li> </ul>  | <ul style="list-style-type: none"> <li>To give awareness about ASD impacted areas of functioning and daily life for both parents and child</li> <li>To understand how early interaction will help to improve their daily life functioning</li> </ul> | <ul style="list-style-type: none"> <li>PPT, lecture, discussion</li> <li>Question-answer session</li> </ul> | <ul style="list-style-type: none"> <li>Improved parents knowledge about ASD, functional and daily life activities</li> </ul>   |
| 4)           | 1 hour and 30 min    | <p><b><u>Pre-Requisite Skills</u></b></p> <ul style="list-style-type: none"> <li>➤ What is Pre-Requisite skill</li> <li>➤ Need and importance of Pre- Requisite Skills</li> </ul>     | <ul style="list-style-type: none"> <li>To increase awareness about Pre-Requisite skills</li> </ul>   | <ul style="list-style-type: none"> <li>PPT, Lectures</li> <li>Question-answer session</li> </ul>            | <ul style="list-style-type: none"> <li>Enhanced knowledge on pre requisite skills</li> <li>Importance for children's growth, independence and stability in their vocational life and in society</li> </ul> |

| S.No. | Time/ session     | Topics  | Objectives   | Technique of Presentation  | Learning outcome  |
|-------|-------------------|---|--|--|---|
| 5)    | 1 hour and 30 min | <p><b><u>Schedule</u></b></p> <ul style="list-style-type: none"> <li>➤ What is schedule?</li> <li>➤ Significance of following reschedule</li> <li>➤ Tips for parents to practice schedule</li> </ul>                              | <ul style="list-style-type: none"> <li>• To teach parents about the need and importance of scheduling</li> <li>• To help parents to make daily routine and its management</li> </ul>   | <ul style="list-style-type: none"> <li>• PPT, Lectures,</li> <li>• Discussion</li> </ul>   | <ul style="list-style-type: none"> <li>• Understand the need of schedule/daily routine, techniques to make a schedule, practicing and management</li> </ul>       |
| 6)    | 1 hour and 30 min | <p><b><u>Socialisation</u></b></p> <ul style="list-style-type: none"> <li>➤ What is Socialisation?</li> <li>➤ Need and Importance of Socialisation</li> <li>➤ Strategies for helping children to develop social skills</li> </ul> | <ul style="list-style-type: none"> <li>• To identify and practice Socialisation and social skills to connect with people</li> <li>• To teach parents tips on how to make their child to socialise using certain social skills and connecting words.</li> </ul> | <ul style="list-style-type: none"> <li>• Videos</li> <li>• Short stories</li> <li>• PPT, lectures</li> <li>• Discussion</li> </ul>                         | <ul style="list-style-type: none"> <li>• Enhanced knowledge on applying different techniques to help children socialise and connect with others</li> </ul>        |
| 7)    | 1 hour and 30 min | <p><b><u>Self-Control</u></b></p> <ul style="list-style-type: none"> <li>➤ What is self-Control?</li> <li>➤ Need, importance and impact on children</li> </ul>  | <ul style="list-style-type: none"> <li>• To understand the significance of training a child to have self-control</li> <li>• To teach parents some guidelines of how to practice coping and expressing of emotions at home.</li> </ul>                          | <ul style="list-style-type: none"> <li>• Emotion chart</li> <li>• PPT, videos</li> <li>• Short stories</li> <li>• Role play</li> <li>• Lectures</li> </ul> | <ul style="list-style-type: none"> <li>• Learn to keep their child calm, teach/practice emotional expressions, coping and identifying sensory triggers</li> </ul> |

| S.No. | Time/ session     | Topics  | Objectives  | Technique of Presentation  | Learning outcome  |
|-------|-------------------|---|---|--|---|
| 8)    | 1 hour and 30 min | <p><b><u>Self-Advocacy</u></b></p> <ul style="list-style-type: none"> <li>➤ What is self-Advocacy?</li> <li>➤ Need and importance</li> <li>➤ Components and ways to teach Self- Advocacy to children</li> </ul> | <ul style="list-style-type: none"> <li>• To help parents to understand self-advocacy and where it is needed</li> <li>• To teach parents on how to practice self-advocacy at home with their children and encourage them</li> </ul>            | <ul style="list-style-type: none"> <li>• PPT, lectures</li> <li>• Discussion</li> <li>• Question-answer session</li> </ul> | <ul style="list-style-type: none"> <li>• Knowledge on self-advocacy, its application at home to practice with their children.</li> <li>• Strategies to encourage children for self-advocacy</li> </ul>  |
| 9)    | 1 hour and 30 min | <p><b><u>Safety</u></b></p> <ul style="list-style-type: none"> <li>➤ What is safety? and its significance</li> <li>➤ How to teach children about safety</li> </ul>  | <ul style="list-style-type: none"> <li>• To understand the need and importance of safety for autistic children</li> <li>• To identify different zones of safety</li> <li>• To practice safety measures at home with their children</li> </ul> | <ul style="list-style-type: none"> <li>• PPT, Cards on Symbols of which shows danger</li> <li>• Question-answer</li> </ul> | <ul style="list-style-type: none"> <li>• Deeper insight into safety of autistic children</li> <li>• Different technique of using symbol of danger signs</li> <li>• Knowledge on various measures of safety to be taken for home safety, road safety and stranger safety.</li> </ul> |
| 10)   | 1 hour and 30 min | <p><b><u>Mental health</u></b></p> <ul style="list-style-type: none"> <li>➤ What is Mental Health?</li> <li>➤ Early Warning Signs</li> </ul>  | <ul style="list-style-type: none"> <li>• To make parents aware about mental health</li> <li>• To identify mental health issues within and take help</li> <li>• To understand early warning signs</li> </ul>                                   | <ul style="list-style-type: none"> <li>• PPT, short videos, lectures</li> <li>• Question-answer session</li> </ul>         | <ul style="list-style-type: none"> <li>• Enhanced knowledge on mental health issues</li> <li>• Knowledge on available referral support services for mental health</li> </ul>  |

| S.No. | Time/ session      | Topics   | Objectives  | Technique of Presentation   | Learning outcome   |
|-------|--------------------|--|---|---|--|
| 11)   | 1 hour and 30 min  | <ul style="list-style-type: none"> <li>➤ What is positive mental health and its importance</li> <li>➤ Tips for positive mental health</li> </ul>   | <ul style="list-style-type: none"> <li>• To have awareness on positive mental health and identify the signs</li> <li>• To understand what is thinking and feeling good.</li> </ul>                | <ul style="list-style-type: none"> <li>• PPT, lectures</li> <li>• Focus group Discussion</li> </ul> | <ul style="list-style-type: none"> <li>• Strategies to have positive mental health</li> <li>• Life style changes to enhance positive thinking</li> </ul>   |
| 12)   | 1 hour and 30 min  | <p style="text-align: center;"><b><u>Self- Efficacy</u></b></p> <ul style="list-style-type: none"> <li>➤ What is self-efficacy?</li> <li>➤ How to increase self - efficacy?</li> <li>➤ Tips for improving self-efficacy</li> </ul> | <ul style="list-style-type: none"> <li>• To understand the need and importance of self-efficacy</li> <li>• To identify the factors contributing to enhance self-efficacy among parents</li> </ul> | <ul style="list-style-type: none"> <li>• PPT, Lectures</li> <li>• Focus group Discussion</li> </ul> | <ul style="list-style-type: none"> <li>• Enhance knowledge on the significance of self-efficacy and its effect on the child's growth and development</li> <li>• Strategies to improve self-efficacy and enhance parenting skills and confidence</li> </ul> |
| 13)   | 1 hour             | <p style="text-align: center;"><b><u>Positive parenting</u></b></p> <ul style="list-style-type: none"> <li>➤ What is Positive Parenting</li> <li>➤ Benefits of Positive Parenting</li> </ul>                                       | <ul style="list-style-type: none"> <li>• To understand positive parenting and its importance</li> <li>• To know the implications of positive parenting on self and children</li> </ul>            | <ul style="list-style-type: none"> <li>• PPT,</li> <li>• Focus group Discussion</li> </ul>          | <ul style="list-style-type: none"> <li>• Attitudinal change towards parenting an autistic child</li> <li>• Understand the benefits of positive parenting and practicing it</li> </ul>  |
| 14)   | 45 minutes- 1 hour | Tips for Positive parenting  | <ul style="list-style-type: none"> <li>• To assist parents to start positive parenting by coping with the child care stress</li> </ul>  | <ul style="list-style-type: none"> <li>• PPT,</li> <li>• Focus group Discussion</li> </ul>          | <ul style="list-style-type: none"> <li>• Strategies to reduce stress and implement positive parenting tips</li> </ul>  |

| S.No. | Time/ session      | Topics                         | Objectives  | Technique of Presentation  | Learning outcome   |
|-------|--------------------|--------------------------------|---|--|--|
| 15    | 45 minutes- 1 hour | <b><u>Feedback Session</u></b> | <ul style="list-style-type: none"> <li>• To make parents have an insight into the learning process</li> <li>• To help them realise their learning and evaluate</li> <li>• To understand the lacunas and the scope for improvement in organizing programmes</li> </ul> | <ul style="list-style-type: none"> <li>• Group discussion</li> </ul> | <ul style="list-style-type: none"> <li>• Recall the learning process and the take aways</li> <li>• Have an insight about the practices in training the children</li> <li>• Points for improvements in future programmes</li> </ul> |

## **B. Conduct of the sensitization programme**

The sensitization programme was conducted in one of the special schools in Coimbatore. A total of 60 parents were selected for the sensitization programme using a controlled randomised selection technique, where 30 parents were taken as experimental group based on their willingness to participate in the programme and 30 parents were taken as control group (waitlist). The investigator conducted the sensitization programme over a period of 15 days – 6 days a week from Monday to Saturday. Each session lasted for one and half hour. Questioning and focus group discussion were also included in the end of each session. The programme was conducted with the help of the clinical therapist and experts from field of Human Development. The role of the investigator was to conduct focus group discussions, activities for the parents and facilitate the clinical therapist, provide accurate information, carryout evaluation and conduct impact assessment. The session contents are given in table no. IV. and the details are as follows.

### **Session1- Orientation**

The orientation session, was the first step of the sensitization programme. It was meant to help participants understand what the programme is, how it will work, and why it is important. The investigator started by asking simple, close-ended questions to get the participants involved and find out how much they already knew. After that, the investigator explained the background of the programme and its main goals in a clear and easy way. Any questions or confusion from the participants were discussed and clarified, so that everyone could follow along. The session used both lectures and group discussions to keep it engaging and interactive.

### **Session2- All about autism**

The session focused on giving parents and participants a thorough understanding of Autism Spectrum Disorder (ASD). The session covered important topics such as the symptoms of autism, possible causes, and the risks that may be related to pregnancy and birth. The resource person began the session by asking close-ended questions to check participants' existing knowledge and to get them involved from the beginning. Using power point presentations and lectures, the resource person clearly explained the key concepts. Cross-training techniques were used to reinforce learning after any confusion or questions that were raised. By the end of the session, parents felt confident in understanding and supporting their children with ASD.

### **Session3- Responsibility of care givers and family**

The session aimed to educate parents about their essential role in supporting a child with Autism Spectrum Disorder (ASD). The session began with a discussion on the prevalence of ASD, helping participants understand how common the condition is and how it affects families. The resource person focused on how autism impacts various areas of daily functioning for both the child and the parents and emphasised the importance of early interaction and involvement in improving the child's overall development and quality of life. The session was designed to be interactive, with opportunities for parents to ask questions and clarify their doubts. To help participants better understand the content, the resource person used various teaching techniques and real-life examples. Overall, the session aimed at enhancing the parents' knowledge of ASD, equipping them with practical tools, and reinforcing their confidence in handling caregiving responsibilities effectively.

### **Session4- Pre-requisite skills**

The session on Pre-requisite Skills, focused on building parents' awareness and understanding of the pre-requisite skills that children need to develop before they can learn more complex abilities. The resource person began with an open discussion, inviting parents to share their existing knowledge and experiences regarding pre-requisite skills and their importance. This interactive introduction helped engage the participants and set the context for the rest of the session. The content covered the definition of pre-requisite skills, the areas they are concerned with (such as scheduling, socialisation, attention, imitation, and following simple instructions), and why these skills are essential for a child's independence and overall development. Through power point presentations, lectures, and illustrative pictures, the resource person explained how these basic skills support learning in communication, self-care, social interaction, and academic readiness. Various methods of training and teaching these skills at home were discussed, including the use of simple daily routines, structured play activities, and positive reinforcement. Participants were introduced to useful resources that could support skill-building at home, such as visual charts, daily activity planners, and simple instructional tools.

## **Session 5 - Schedule**

The session on Schedule, aimed to educate parents on the importance of creating and following a consistent schedule for children, especially those with Autism Spectrum Disorder (ASD). The session began with the resource person giving a general introduction to the concept of a schedule, including what it is and why it plays a crucial role in a child's daily life. The resource person also provided an overview of how schedules are connected to pre-requisite skills, setting the foundation for the rest of the session.

Parents were taught the significance of routine and predictability in a child's life, particularly how following a structured schedule can help reduce anxiety, improve behaviour, and support learning. Tips were shared on how to introduce and teach schedules to children. Practical demonstrations were provided to show parents how to create simple morning, school, and bedtime routines. The instructor used a mix of power point presentations, lectures, and hands-on practice to explain the concepts clearly and interactively. Questions and doubts from parents were addressed throughout the session to ensure understanding.

## **Session6- Socialisation**

The session on Socialisation, focused on teaching parents about the importance of social skills and how to help their children develop healthy social behaviour. The resource person began the session with close-ended questions to engage parents and understand their existing knowledge. The context and key concepts of socialisation were explained clearly, with doubts and questions addressed throughout to ensure everyone understands. The session content included what socialisation means, why it is important for a child's overall development, and strategies to improve social health. Parents were taught practical ways to encourage their children to imitate actions and pay attention, which are essential early steps in social development. To support learning, the resource person used a variety of tools including videos, short stories, power point presentations, and lectures. These helped parents see examples of social situations and understand effective techniques to encourage positive social behaviour in their children.

### **Session 7- Self-control**

The session on Self-Control, aimed to help parents understand the concept of self-control and its importance for their children's emotional and behavioural development. The resource person began by explaining what self-control means and why it is necessary for children to manage their emotions, reactions, and impulses effectively. Parents were taught practical ways to support their children in developing self-control. This included teaching children to follow schedules, make choices, and practice calm behaviours such as distancing themselves when upset. The resource person emphasised the importance of parents staying calm and patient themselves, so they don't get frustrated when their child is struggling. Techniques were shared on how to help children recognise and manage their emotions, using tools like emotion charts and role play exercises. The session utilised a mix of teaching materials including power point presentations, videos, short stories, and interactive role-playing to engage parents and demonstrate effective strategies.

### **Session 8- Self-advocacy**

The session on Self-Advocacy, focused on helping parents understand the concept and importance of teaching self-advocacy for their children. The resource person began the session with close-ended questions to engage parents and assess their current understanding. Following this, the resource person explained self-advocacy. The session covered the key components of self-advocacy, such as decision-making skills, self-confidence, communication, and flexibility in handling challenges.

Parents were taught why self-advocacy is important for a child's autonomy and personal growth. They learned how to support their child in making choices and expressing their needs and preferences. The resource person emphasised techniques to encourage and motivate children to take an active role in their own lives. Practical examples and evidence were shared to help parents understand how to apply self-advocacy skills in everyday situations.

### **Session9- Safety**

The session on Safety aimed to help parents understand the concept, importance, and methods of teaching safety to children. The resource person started with a discussion on what safety means and why it is essential for children's well-being. Emphasis was placed on teaching children the importance of safety and how to recognise and respond to dangerous situations. Parents were guided on how to teach their children various safety

measures, including home safety (avoiding electrical appliances, sharp objects), road safety (understanding traffic signals, crossing roads properly), and stranger safety (not speaking to strangers, identifying safe adults). The session included the use of visual aids like power point presentations and flashcards displaying common danger symbols to enhance learning. Hands-on activities for positive reinforcement techniques were conducted. Practical examples and techniques for teaching children to understand and remember danger signs were shared. Record-keeping tools and rewarding techniques were suggested for parents to track the child's progress in learning safety measures, making the session both informative and engaging.

### **Session 10- Mental health**

The Mental Health session aimed to help parents understand the importance of maintaining positive mental health. The session began with close-ended questions to engage participants, followed by a discussion on what mental health is, how to recognise early warning signs like stress, irritability, or emotional withdrawal, and what constitutes good mental health including positive thinking and giving oneself time for daily routines. For parents of children with autism, positive mental health is essential because they often face high levels of stress, emotional exhaustion, and uncertainty about their child's development. A stable and healthy mental state allows parents to be more patient, resilient, and effective in supporting their child's needs. The session comprised of power point presentation and interactive lectures to introduce simple yet impactful techniques for improving mental well-being. Additionally, various resources and tools were shared to help parents build emotional strength, manage daily challenges, and maintain a sense of balance, ultimately creating a more supportive and nurturing environment for their child's growth (Annexure IX).

### **Session 11- Need of positive mental health**

This session focused on the importance of good mental health for parents of children with autism. Raising a child with autism can be emotionally demanding, often leading to high levels of stress, anxiety, and burnout. Therefore, good mental health enables parents to manage these challenges more effectively, supports better decision-making, strengthens parent-child relationships, and enhances overall family well-being. The session highlighted techniques to promote positivity, such as training parents to think and feel good, encouraging

self-confidence, and providing simple stress-reduction strategies like breathing exercises, mindfulness, and time management.

To reinforce these concepts, the resource person used power point presentations and lectures, which included real-life success stories from other parents of children with autism who have used mindfulness or support groups to improve their mental well-being. Various interactive techniques such as role-play on stress management, guided relaxation exercises, and group sharing circles were demonstrated to help parents reflect on their emotions and learn coping skills. These strategies aimed to create a more hopeful and encouraging environment, both for the parents and their children, ultimately empowering families to lead more emotionally balanced and healthier lives. (Annexure X)

### **Session12- Self-efficacy**

This session was designed to help parents understand the concept of self-efficacy and learn how to improve it, and apply it in their daily parenting journey. The session started with the resource person asking questions about parenting experiences, encouraging participants to share their thoughts, which was followed by a discussion to introduce the concept of self-efficacy defined as a person's belief in their ability to succeed in specific situations or accomplish a task. The context was clearly explained, and doubts were addressed to ensure everyone is on the same page. Parents were given an idea about practical ways of developing self-efficacy, like developing a positive self-image, setting small, achievable goals, and celebrating parenting successes, no matter how small. Along with power point presentation and lectures, real-life examples and strategies were used to enlighten parents on self-efficacy. Session objectives were achieved, such as helping parents understand the link between self-confidence, self-esteem, and parenting effectiveness. This supportive approach empowered parents to become more confident and resilient, fostering a more positive and capable mindset in raising their child (**Annexure XI**).

### **Session 13-Positive parenting**

Positive Parenting was designed to help parents understand the core principles of positive parenting and how to apply them effectively in everyday life. The resource person started describing the context, defining what positive parenting is, describing it as an approach that emphasises warmth, empathy, clear communication, and consistent guidance rather than punishment. Common doubts were clarified to ensure a shared

understanding. Parents were made aware about the benefits of positive parenting, such as building a strong emotional bond between parent and child, encouraging positive behaviour, and enhancing the child's emotional regulation and self-esteem. Through power point presentations, and real-life examples, participants explored effective strategies like active listening, positive reinforcement, and setting respectful boundaries. To make the theme more engaging, the session integrated interactive components, such as case scenarios, role-play, and reflection activities. Ultimately, the session attempted to equip parents to have emotionally expressive parent-child relationship while fostering a nurturing home environment.

#### **Session 14- Positive parenting tips**

This session is focused on guiding parents to adopt effective and nurturing parenting practices. The session began with power point presentations that illustrated real-life scenarios and strategies to help parents set positive examples for their children through calm communication, patience, and consistent routines. The resource person emphasised the importance of modeling good behaviour, as children often learn by observing. Interactive activities were used to help parents reflect on and identify old parenting habits, understand their impact, and replace them with healthier, more positive behaviours. Through guided goal-setting exercises, parents learnt to set realistic and positive goals for their children, fostering a hopeful and structured family environment. By the end of the session, participants gained practical tools and a renewed mindset to approach parenting with empathy, resilience, and positivity (Annexure XI).

#### **Session15- Feedback Session**

The feedback session, provided an opportunity for parents to reflect on their learning experience and share their thoughts on the previous sessions. The investigator invited verbal reflections by asking participants what they found most valuable, how they feel about the information shared, and any suggestions for future topics. This is followed by distributing simple written feedback forms with questions on clarity, usefulness of resources like power point presentation as it was mostly used in all sessions and other visual aids like videos, flash cards etc. The parents were also requested to give their ideas for improvement. The session was organised to ensure the participation of all parents comfortably. The session concluded with the investigator thanking everyone for their involvement, summarising key takeaways, and explaining how the feedback will help

enhance future sessions, while offering any additional resources or materials for continued learning.

**Phase IV, The fourth phase was conducted under the following subheads:**

**A. Post sensitization data collection**

After conducting the sensitization programme the post sensitization data was collected three times, the first round of post data was collected immediately after concluding the sensitization programme, the second time post data was collected with an interval of 10 days which is the follow up I and third time post data was collected after a gap of one month which is follow up II.

During the three-post data collection, the investigator collected data from both the control group and the experimental group using the same assessment tools that were applied during the pre- sensitization phase. This was done to determine whether there had been any improvement in KAP of parents on the pre-requisite skills. Additionally, this phase of post data collection aimed to assess the effect of the sensitization programme on the mental health status and self-efficacy of the participating parents.

The follow-up I and II was planned not only to assess improvement post sensitization but also to evaluate the sustainability of the effect on their KAP, mental health and self-efficacy over time. This enabled the investigator to determine not only the immediate outcomes but also the long-term effectiveness of the sensitization programme in promoting positive parental involvement and improved outcomes for children with autism.

**B. Pre and post data analysis**

In this phase, the pre data (data collected during the II phase before sensitization programme) and the post data were processed statistically to examine the effect of the sensitization programme and its sustenance among the parents. Statistical analysis such as paired sample t test, Cohen's D test, and Repeated Measures ANOVA, were applied to identify the significant difference between the experimental and control groups in their pre and post sensitization data scores including data from follow up one and follow up two phases.

- **Paired sample t test-**The Paired Sample t-test was employed to analyse within-group differences among parents in the experimental group and control group. This test

compared the mean scores of the same group before and after the intervention to determine whether there was a statistically significant improvement in parents' KAP, mental health, and self-efficacy due to the sensitization programme. This test provided insight into the immediate effect of sensitization programme on parents' KAP, mental health, and self-efficacy.

- **Cohen's D** - To supplement the significant differences, Cohen's D was used to calculate the effect size of the change observed between the pre- and post-sensitization scores. This standardised measure computed the size of improvement beyond statistical significance.
- **Repeated Measures ANOVA** – Repeated Measures ANOVA was adopted to examine the effect of the sensitization programme on parents' KAP, mental health, and self-efficacy. This was particularly useful in identifying whether there were significant differences within the group across four time points, namely pre, post-sensitisation, and follow-up 1 and 2, among the experimental groups. It also helped in estimating the proportion of variance attributed to the sensitization.

Together, these statistical tests provided a strong setting to assess not only the immediate but also the sustained effect of the sensitization programme on parents, ensuring that the findings were both statistically reliable and eloquent.

## **Conclusion**

This chapter provided a comprehensive rationale for the methodological decisions undertaken throughout the research process. It included detailed justifications for the selection of the study area, the sampling design, the target population, and the tools and procedures used for data collection, aligning with the objectives of the research.

Following the methodology, the subsequent chapters are structured to present a logical flow of the study. Chapter IV focuses on the findings that are interpreted and discussed in depth, supported by related literature to validate the results and situate them within the broader context of existing research. Chapter V, the final chapter of the study, is dedicated to research reporting, outlining the process of compiling and presenting the study's findings coherently, serving as a vital tool for translating empirical findings into practical insights.