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To assess the effect of home-based intervention on knowledge in autism care among mothers of children with autism at special school, Thiruvallur district

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Abstract
Children are not the future, they also present. All children and autism children also need help to satisfy their developmental needs. Identify their behavioural problems and correction is very important. Parents are usually the first notice unusual behaviours to their child. In some cases parents notice in early delayed growth and development. parents particularly mother have often been dealing with and worrying over their child for months or even years before the child is diagnosed and brought treatment, the mother usually feel anxious, tired, guilt, and confused. An assessment of their strengths, weakness and resources can help to define type of treatment that is possible. The study was conducted to assess the effects of home base intervention of children with autism among mothers. The study was conducted 60 mothers by non-probability purposive sample. A structured questionnaire is used. The demographic variable except mother caring your children in home (χ^2=8.000, p=0.046) had shown association with post test level of knowledge regarding Home Based Intervention of Autism Children among mothers at $p<0.05$ level and the other demographic variables had shown statistically significant association with post test level of knowledge regarding Home Based Intervention of Autism Children among mother. It is indicated that home based intervention of autistic children among mother was found to be effective and the post test level of knowledge significantly improved among them in the post test.

Keywords: Home Base Intervention, Mother Knowledge In Autism Care, Children With Autism

Introduction
Autism not a disability, it's a different ability - Leo Kenner
The word "autism" comes from the Greek word "autos", which means "self". It describes conditions in which a person is removed from social interaction. In other words, he becomes an "isolated self".
Children are innocent, they are "angel". The childhood should be very important each child, they feel more happiness, memories, joy fullness. According their growth and development they gain more knowledge and new experiences. Each child is a unique person, a person whose future will be affected for better or worse by the influences that mould his or her life during the early years. Parents are wall for the child lives make joy and happy. When child born with developmental disorder, parents need adequate knowledge and skill, Parents are primary care taker for their children and also teacher of the child, also give proper information about disease condition and commercially available devices that can aid in achievement of independence of their life.
There are many things parents' help most important children with autism spectrum disorder over- come their challenges because the child active emotional intellectual different from others. Autism disorder is not unique. It is different category, most child look like normal but they have problem with spending their time engaged in puzzling and disturbing behaviours, communication, delayed speech, less activities, not mingle with pear groups and some have loneliness or playing with other children, but they have some developmental delay which are markedly different from those typical children.
2021, people of all races and socioeconomic groups are impacted by the disorder. Worldwide, roughly 1 in 160 people is thought to have autism.

According to World review, France: 69.3 per 10,000/1 in 144, Portugal: 7.5 per 10,000/1 in 142, Iceland: 71.9 per 10,000/1 in 139, Norway: 72.0 per 10,000/1 in 139, Italy: 72.0 per 10,000/1 in 139, Spain: 73.0 per 10,000/1 in 137.

There are five countries with autism rates above 100 per 10,000. These countries are: Qatar: 151.2 per 10,000/1 in 66 United Arab Emirates: 112.4 per 10,000/ 1 in 89Oman: 107.2 per 10,000/1 in 93Bahrain: 103.3 per 10,000/1 in 97. Saudi Arabia: 100.7 per 10,000/1 in 99. Here are the 10 countries with the highest autism rates: Qatar (151.20 per 10k children), United Arab Emirates (112.40 per 10k children), Oman (107.20 per 10k children), Bahrain (103.30 per 10k children), Saudi Arabia (100.70 per 10k children), Kuwait (97.70 per 10k children), Jordan (92.10 per 10k children), Syria (91.90 per 10k children), Afghanistan (91.20 per 10k children), Palestine (91 per 10k children).

In 2025, the estimated prevalence of autism spectrum disorder ASD in the US is 1 in 31 childern aged 8, a significant increase from 2000.

Treatment of autistic children may involve unravelling the causes of autism and developing effective treatments. Early diagnosis (before the age 3) and early intervention may help effective treatment. There is no medical detection or cure for autism. But early diagnosis and intervention improve outcomes.

A diagnosis of autism spectrum disorders includes an assessment of "intellectual disability and language impairment." The pervasive and server deficits often present in children with ASD are associated with plethora of difficulties in mothers, including increased parenting stress, and increase in mental and physical health problems compared with parents of both typically developing children and other developmental disorders. These parenting tips can help by making life with an autism child easier. The interventions are The interventions are personalized learning environments, family cantered approach, flexible scheduling, real time progress tracking, building life skills, Self-care actives, communication, safe home environment, daily routine, personalised treatment. The therapies are physical therapy occupational therapy, speech and language therapy, behavioural therapy, sensory integration therapy, cognitive stimulation therapy. The home base intervention best way to improve knowledge of autisms mothers

Autism and developmental disability monitoring network (2012) due to growing number of children with autism and the significant needs of this population, there is also an urgent need for the development of cost – effective and efficient models of treatment delivery that can provide services to as many families as possible, including those in geographically remote areas. Without the development of new models of delivery, providers will struggle to meet this growing need. After reviewing above facts, the researcher focuses on assessing effects of home based intervention among mothers towards care of children with autism.

Objectives of the Study

To assess the pre and post-test level of knowledge in autism care among mothers of children with autism.

To evaluate the effectiveness of home-based intervention on knowledge in autism care children among mothers of children with autism.

To associate the socio-demographic variables with post-test mean differed level of knowledge on autism care among mothers of children with autism care.

Research Methodology

The study adopted Quantitative research approach and it was an pre-experimental pretest and post test research design. The sample size of the study was 60 mothers of autism children in selected setting. The samples were selected by using non probability purposive sampling technique. The tool consists of demographic proforma and structured knowledge questionnaire which consists of 25 questions. The right answer was given 1 mark and 0 for wrong answer. The data collected was organized for data analysis and interpretation. Both descriptive and inferential statistics was used to analyse the collected data.

Inclusive Criteria

Mothers who are

- Having a child with autism
- Able to speak or understand Tamil.

Exclusive Criteria

Mothers who are

- Not willing to participate in the study.
- Sick at the time of data collection.
- Belong to health care field.
- Not present at the time of data collection.

Description of the tool

Section –A: deals with demographic variables. The demographic data such as age of the mother, mother education, religion, educational status of the mother, residential area of the mother, type of family, type of marriage, and except you caring your children..

Section –B: structured questionnaire It comprise of a multiple choice questionnaire which consist of questions regarding knowledge on home base intervention among mother. It has a four options among one is correct answer.

Ethical Consideration

The proposed study was conducted after the approval of the dissertation committee of Indira college of nursing, thiruvallur. Permission was obtained from the in charge of balavihar special school, veppampattu. Assurance was given to all the study subjects that anonymity of each individual will be maintained.

Result

Section A: Description of the demographic variables of the mothers of children with autism.

Table 1: Description of the demographic variables of the mothers of children with autism

Demographic Variables	Frequency	Percentage
Age of the child (in years)		
0 – 5	7	11.7
6 – 10	25	41.6
10 – 15	15	25.0
16 – 20	13	21.7
Gender of the child		
Male	40	66.7
Female	20	33.3
Birth order of the child		
First	13	21.7
Second	38	63.3
Third	5	8.3
Fourth	4	6.7
Number of siblings		
1	23	38.3
3	27	45.0
2	9	15.0
Above 3	1	1.7
Age of the mothers (in years)		
25 – 35	16	26.7
36 – 45	24	40.0
46 – 55	14	23.3
56 – 65	6	10.0
Mothers education		
Iliteracy	4	6.7
Primary school	21	35.0
Higher secondary education	24	40.0
Graduate / Post graduate	11	18.3
Occupation		
Government	12	20.0
Private	30	50.0
Own Business	14	23.3
House wife	4	6.7
Family Income		
<Rs.2,000	1	1.7
Rs.2000 – Rs.5000	10	16.7
Rs.5000 – Rs.8000	31	51.6
>Rs.10000	18	30.0
Religion		
Hindu	38	63.4
Christian	11	18.3
Muslim	11	18.3
Others	-	-
Area of residence		
Rural	16	26.7
Urban	44	73.3
Type of marriage		
Consanguineous	11	18.3
Non-Consanguineous	49	81.7
Type of family		
Nuclear	45	75.0
Joint	15	25.0
Except you caring your children in home		
Husband	36	60.0
Mother-in-law	16	26.6

Father-in-law	4	6.7
All the above	4	6.7

The table 1 shows that, most of the children 25(41.6%) were aged between 6 – 10 years, 40(66.7%) were female, 38(63.3%) were second born child, 37(45%) had 3 siblings. Regarding mothers, most of them 24(40%) were aged between 36 – 45 years and had higher secondary education, 30(50%) were private employees, 31(51.6%) had a family income of Rs.5000 – Rs.8000, 38(63.4%) were Hindus, 44(73.3%) were residing in urban area, 49(81.7%) had non-consanguineous marriage, 45(75%) belonged to nuclear family and 36(60%) had husband to take care of the children apart from them.

Section B: Assessment Of Pretest and Post Test Level of Knowledge Regarding Home Based Intervention of Autism Children Among Mothers

Table 2: Frequency and percentage distribution of pretest and post test level of knowledge regarding home based intervention of autism children among mothers. N = 60

Knowledge	Inadequate (0 – 8)		Moderately Adequate (9 – 17)		Adequate (18 – 25)	
	No.	%	No.	%	No.	%
Pretest	41	68.33	19	31.67	0	0
Post Test	0	0	5	8.33	55	91.67

The table 2 shows that in the pretest, 41(68.33%) had inadequate knowledge and 19(31.67%) had moderately adequate knowledge whereas in the post test after the administration of Home Based Intervention on Autism 55(91.67%) had adequate knowledge and 5(8.33%) had moderately adequate knowledge regarding Home Based Intervention of Autism children.

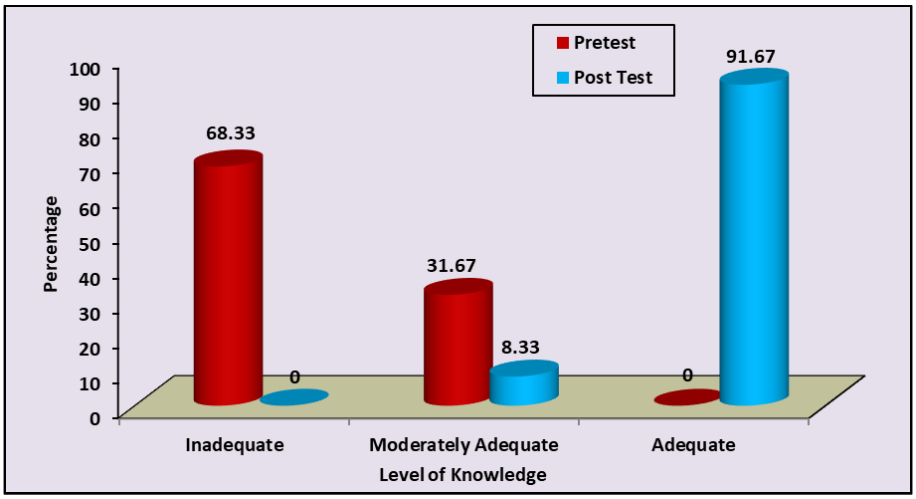

Fig 1: Percentage distribution of pretest and post test level of knowledge regarding home based intervention of autism children among mothers. (N = 60)

Section C: Effects Of Home-Based Intervention of Autism Children Among Mothers

Table 3: Comparison of pretest and post test scores of knowledge regarding Home Based Intervention of Autism Children among mothers. N = 60

Knowledge	Mean	Mean %	S.D	Mean Improvement Score & %	Paired 't' test Value
Pretest	7.83	31.32%	1.39	10.73	**t = 45.881**
Post Test	18.56	74.24%	1.28	(42.92%)	**p = 0.0001 S*** **

***p<0.001, S – Significant

The table 3 depicts that in the pretest mean score of knowledge regarding Home Based Intervention among mothers was 7.83±1.39 and the post test mean score was 18.56±1.39. The pretest mean percentage was 31.32% and the post test mean percentage was 74.24%. The mean improvement score was 10.73 and mean improvement percentage score was 42.92. The calculated paired 't' test value of t = 45.881 was found to be statistically highly significant at p<0.001 level.

From the above findings it is indicated that Home Based Intervention of Autistic children among mothers was found to be effective and the post test level of knowledge significantly improved among them in the post test.

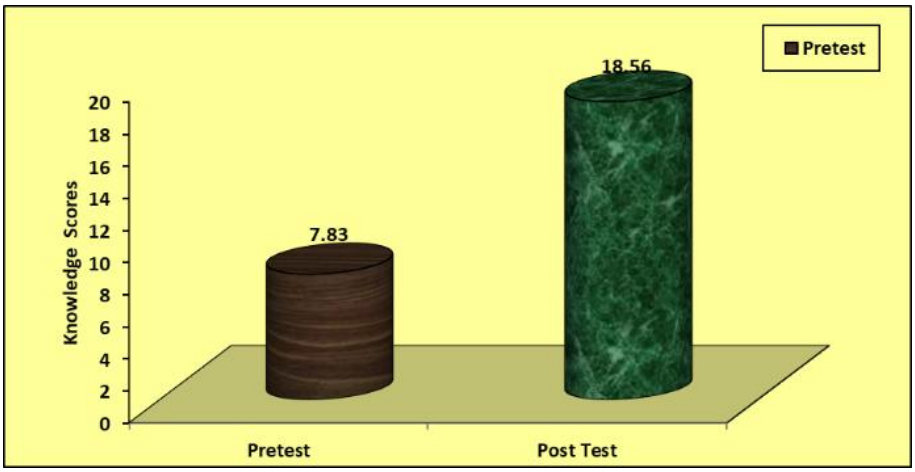

Fig 2: Comparison of pretest and post test scores of knowledge regarding Home Based Intervention of Autism Children among mothers (N = 60)

Section D: Association of post test level of knowledge with demographic variables

Table 4: Association of post test level of knowledge regarding Home Based Intervention of Autism Children among mothers with their selected demographic variables. N = 60

Demographic Variables	Inadequate		Moderate		Adequate		Chi-Square Value
	F	%	F	%	F	%	
Age of the child (in years)							χ^2=1.138 d.f=3 p = 0.768 N.S
0 – 5	-	-	0	0	7	11.7	
6 – 10	-	-	3	5.0	22	36.7	
10 – 15	-	-	1	1.7	14	23.3	
16 – 20	-	-	1	1.7	12	20.0	
Gender of the child							χ^2=0.436 d.f=1 p = 0.509 N.S
Male	-	-	4	6.7	36	60.0	
Female	-	-	1	1.7	19	31.7	
Birth order of the child							χ^2=1.064 d.f=3 p = 0.786 N.S
First	-	-	1	1.7	12	20.0	
Second	-	-	4	6.7	34	56.7	
Third	-	-	0	0	5	8.3	
Fourth	-	-	0	0	4	6.7	
Number of siblings							χ^2=1.186 d.f=3 p = 0.756 N.S
1	-	-	2	3.3	21	35.0	
3	-	-	3	5.0	24	40.0	
2	-	-	0	0	9	15.0	
Above 3	-	-	0	0	1	1.7	
Age of the mothers (in years)							χ^2=1.208 d.f=3 p = 0.751 N.S
25 – 35	-	-	1	1.7	15	25.0	
36 – 45	-	-	3	5.0	21	35.0	
46 – 55	-	-	1	1.7	13	21.7	
56 – 65	-	-	0	0	6	10.0	
Mothers education							χ^2=1.948 d.f=3 p = 0.583 N.S
Iliteracy	-	-	0	0	4	6.7	
Primary school	-	-	2	3.3	19	31.7	
Higher secondary education	-	-	3	5.0	21	35.0	
Graduate / Post graduate	-	-	0	0	11	18.3	
Occupation							χ^2=2.462 d.f=3 p = 0.482 N.S
Government	-	-	0	0	12	20.0	
Private	-	-	4	6.7	26	43.3	
Own Business	-	-	1	1.7	13	21.7	
House wife	-	-	0	0	4	6.7	
Family Income							χ^2=5.103 d.f=3 p = 0.164 N.S
<Rs.2,000	-	-	0	0	1	1.7	
Rs.2000 – Rs.5000	-	-	0	0	10	16.7	
Rs.5000 – Rs.8000	-	-	5	8.3	26	43.3	
>Rs.10000	-	-	0	0	18	30.0	
Religion							χ^2=0.026 d.f=2 p = 0.987
Hindu	-	-	3	5.0	35	58.3	
Christian	-	-	1	1.7	10	16.7	

Muslim	-	-	1	1.7	10	16.7	N.S
Others	-	-	-	-	-	-	
Area of residence							χ^2=0.124 d.f=1 p = 0.725 N.S
Rural	-	-	1	1.7	15	25.0	
Urban	-	-	4	6.7	40	66.7	
Type of marriage							χ^2=0.010 d.f=1 p = 0.920N.S
Consanguineous	-	-	1	1.7	10	16.7	
Non-Consanguineous	-	-	4	6.7	45	75.0	
Type of family							χ^2=3.564 d.f=1 p = 0.059 N.S
Nuclear	-	-	2	3.3	43	71.7	
Joint	-	-	3	5.0	12	20.0	
Except you caring your children in home							χ^2=8.000 d.f=3 p = 0.046 S*
Husband	-	-	1	1.7	35	58.3	
Mother-in-law	-	-	4	6.7	12	20.0	
Father-in-law	-	-	0	0	4	6.7	
All the above	-	-	0	0	4	6.7	

*p<0.05, S – Significant, N.S – Not Significant

The table 4 depicts that the demographic variable except you caring your children in home (χ^2=8.000, p=0.046) had shown association with post test level of knowledge regarding Home Based Intervention of Autism Children among mothers at p<0.05 level and the other demographic variables had shown statistically significant association with post test level of knowledge regarding Home Based Intervention of Autism Children among mothers.

Implications

The investigator has drawn the following implications from the study which is of vital concern for nursing practice, nursing education, nursing administration and nursing research.

Nursing Service

1. The primary role of the Mental Health Nurse is to provide knowledge and enhance a good attitude to mothers on home base intervention of Autistic children.
2. The nurse needs to encourage and motivate the mothers to identify their children's problem and refer them to mental health professionals.
3. In the community and hospital the nurse can design a protocol for managing Autistic children and promote adequate home base intervention of Autistic children.

Nursing Education

1. Nurse educators should develop the skill of nursing students in counselling parents about home base intervention of Autistic children.
2. Nurse educator should encourage the students to organize community psycho educational programs to create awareness among public regarding importance of home base intervention of Autistic children.
3. In-service education, refresher course and training programs on home base intervention of Autistic children should be systematically planned and regularly conducted at various settings.

Nursing Administration

1. Nurse administrator should remain updated about home base intervention of Autistic children.
2. The nurse administrator can organize conferences, continuing education programs, in-service education programs to introduce the needed changes coming up through ongoing scientific research regard to home base intervention of Autistic children.

Nursing Research

The finding of the present study serves as basis for other professionals and the student nurses to conduct further studies and to find out the effectiveness of various nursing interventions.

The nurse scientist should communicate these findings to the public sector so as enhance their knowledge on home base intervention of Autistic children.

Conclusion

From the result of the study, it was concluded that caregivers of autistic children needs to be given education on understanding autistic children, their needs and communication and also promote factors that would increase caregiver's satisfaction which helps them to provide quality care to their autistic children and improve their quality of life.

In the community and hospital the nurse can design a protocol for managing Autistic children and promote adequate home base intervention of Autistic children. In-service education, refresher course and training programs on home base intervention of Autistic children should be systematically planned and regularly conducted at various settings. The nurse administrator can organize conferences, continuing education programs, in-service education programs to introduce the needed changes coming up through ongoing scientific research regard to home base intervention of Autistic children.

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