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**A Study to Assess the Knowledge and Attitude Regarding Play Therapy in Autistic Children Among Parents in Selected Autism Training Centres, Bangalore with a View to Develop an Information Booklet.**

**Dr. Juliet K Sudheer**

*Principal*

*Sanjay Gandhi College of nursing*

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**ABSTRACT**

**Background of the study:** Play helps the autistic child to grow, develop, learn and ultimately mature. Parents are the child's first and best play mates. The most creative children are those who have had the parents involved in their play. Therefore, parents must have adequate knowledge and favourable attitude towards play therapy in autistic children. This study is conducted to assess the knowledge and attitude regarding play therapy in autistic children among parents and to associate the knowledge and attitude with selected demographic variables. **Statement of the problem:** A study to assess the knowledge and attitude regarding play therapy in autistic children among parents in selected autism training centres, Bangalore with a view to develop an information booklet. **Objectives of the Study:** 1. To assess the knowledge of parents regarding play therapy in autistic children. 2. To assess the attitude of parents regarding play therapy in autistic children. 3. To find the relationship between level of knowledge and attitude of parents regarding the care of children with autism. 4. To determine the association between level of knowledge and attitude of parents and selected demographic variables. 5. To develop an information booklet for parents on selected aspects of autism and play therapy. **Methods:** The descriptive survey approach was used to assess the knowledge and attitude regarding play therapy in autistic children among parents in selected autism training centres, Bangalore. Convenient sampling technique was used to collect data from the selected samples. The tool used for the study was self-administered questionnaire and a modified Likert's attitude scale. The obtained data was analysed by using descriptive and inferential statistics and interpreted in terms of objectives of the study. The reliability of the self-administered questionnaire was 0.862 and for the attitude scale was 0.910. Since the score was positive, the tool was found to be highly statistically reliable for the present study. **Results:** The overall knowledge of parents regarding play therapy in autistic children showed that majority of the samples, 68% had moderately adequate, 21 % had inadequate, and 11 % had adequate knowledge. Assessment of level of attitude among parents regarding play therapy in autistic children shows that 90% of the subjects had moderately favourable attitude, 10% had favourable attitude and none had unfavourable attitude. The mean value of overall knowledge score

was 18.12 with a standard deviation of 3.066; and the mean value of attitude score was 67.33 with a standard deviation of 5.822. The stated hypothesis is: "H1: There will be significant relationship between knowledge and attitude regarding play therapy in autistic children". The correlation was found to be -0.0763. This shows that there is relatively no correlation between the knowledge and attitude of parents regarding play therapy in autistic children. Thus, the hypothesis (H1) is rejected. There was no significant association found between the demographic variables and knowledge and attitude of women at  $p < 0.05$  level. **Interpretation and conclusion:** The study showed that the majority of the samples (68%) have moderately adequate knowledge regarding play therapy in autistic children and majority (90%) have moderately favourable attitude towards play therapy in autistic children. The study also showed that there is no statistically significant relationship between knowledge and attitude of parents regarding the care of children with autism. The study also showed that there is no statistically significant association between level of knowledge, attitude of parents and selected demographic variables such as age, gender, educational status, occupation, area of residence, number of children, monthly income, age of the affected child, gender of the affected child, birth order of the affected child, type of delivery, any birth injuries, history of neonatal infections. The obtained data was analyzed by using descriptive and inferential statistics. Karl Pearson's coefficient of correlation and chi square test at 0.05 level of significance to find out the association of knowledge and attitude of parents with selected demographic variables was done. There is no correlation between knowledge, attitude and selected demographic variables.

**Keywords:** Attitude, play therapy, autistic children, and selected autism training centres.

## INTRODUCTION

Normal behaviour in children depends on child's age, personality and physical and emotional development. A child's behaviour is said to be normal at his 7th year of age when he develops a concept of himself, begins to understand, gains respect for others, and develops a sense of responsibility.<sup>1</sup> Autism is a developmental disability with symptoms first observed during infancy. It is characterized by variants in communication abilities, personality, cognitive abilities and social skills.<sup>2</sup> Children with autism tend to have poor social and emotional relationships with peers and are highly sensitive and perform ritualistic behaviours.<sup>3</sup>

Autism currently affects approximately 1 in every 150 children and males tend to be diagnosed with autism at a rate of four to five times higher than females.<sup>4</sup> One specific type of therapy that has proven to be beneficial for children with autism is play therapy. Through play children learn to communicate with others, express feelings, modify behaviour, develop problem solving skills, and learn a variety of ways of relating to others.<sup>5</sup> Most research conducted on autism evaluates the effects of behavioural therapy on children with autism. Since children with autism struggle to develop close relationship with their peers and have poor social skills, play therapy seems to be a good fit for these children.

## NEED FOR THE STUDY

World Health Organization defines health as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. All cultures of the world recognize that the care givers have great power towards positive physical, mental and social wellbeing.

The number of children known to have autism has increased dramatically since 1980's. Incidence of autism in India is 5-15 autism cases in about 10,000 population. 1 in 500 Indian infants suffers from

autism. 20,000 new cases are reported every year. The risk of autism is associated with several prenatal factors including advanced parental age and diabetes in mothers during pregnancy. Experts estimate that there are probably just ten schools in India that provide special education exclusively for autistic children. Significant decrease is observed in autism care coverage. 8 Autism is largely a social communication disorder. Children with autism find it extremely difficult to relate to others particularly to peers in ordinary ways. Instead of playing with toys in imaginative or symbolic ways that may perseverate on objects, use them for self-stimulation and become entirely self-absorbed. 5 Since autism is continuing to increase over time, it is important that research continues in this area. There is still much that is unknown about this disorder which makes it complex and confusing. It is important for research to evaluate different treatments for autism. Specifically, there is a need for research on play therapy and the effectiveness on social skills in children with autism. Several past studies have shown some benefits to using play therapy with children diagnosed with autism; however, there is still a lot of research needed in this area.

## **REVIEW OF LITERATURE**

The prevalence of parent-reported diagnosis of autism spectrum disorder among United States children aged 3 to 17 years was estimated from the 2007 National Survey of Children's Health. The sample size used was 78037. The weighted autism spectrum disorder point-prevalence was 110 per 10,000. The estimate was 673,000 United States children had autism spectrum disorder. Odds of having autism spectrum disorder were 4 times as large for boys than girls<sup>6</sup>

A study was done by reviewing the scientific literature for clinical studies on birth and newborn conditions that were associated with autism. 60 different birth-related conditions suspected as increasing autism risk were explored. These included complications such as prematurity, low birth weight, multiple birth, and birth injury, as well as broader factors such as season of birth. Specifically, the following complications and conditions were identified as having the strongest association with increased risk that a child will develop autism: abnormal birth presentations (e.g., breech), umbilical-cord complications (e.g., cord wrapped around neck), fetal distress, birth injury or trauma, multiple birth (twins, triplets, etc.), maternal bleeding, low birth weight or small for gestational age, physical birth defects, newborn anaemia or hyperbilirubinemia etc.<sup>7</sup>

A study to find out the play behaviours in children with autism was done. Cognitive and social levels of play engaged in by 4- to 8-year-old children with autism spectrum disorders were examined in naturalistic classroom settings. In addition, play at home was compared with play at school via mother and educator questionnaires. Seventeen school-aged children, their educators, and their mothers participated in the study. Each participant was observed for one free play session on 5 separate days. The most frequently observed play behaviours included parallel-functional play, adult interactions, and solitary-functional play. It was concluded that the cognitive and social levels of autistic children improved by the adoption of specific play therapy<sup>8</sup>

## **RESEARCH HYPOTHESIS**

H1: There will be significant relationship between knowledge and attitude regarding play therapy in autistic children.

H2: There will be significant association between knowledge and attitude with selected variables.

## CONCEPTUAL FRAMEWORK

The conceptual framework selected for the study was based on Bernard's Parent Child Interaction Model. (1979)

## VARIABLES

- Independent variable

The independent variable in this study is an information booklet

- Dependent variable

The dependent variable in this study is the knowledge and attitude regarding play therapy in autistic children among parents.

## DEVELOPMENT OF THE TOOL

After an extensive review of literature, Personal experience and discussion with experts, the Structured questionnaire to assess the knowledge regarding play therapy in autistic children among their parents and Modified Likert's 5-point scale to assess the parent's attitude regarding play therapy in autistic children were developed. The tool consists of 3 parts

### Part I: Demographic variables:

This section consisted of 13 items describing characteristics of parents such as age, gender, educational status, occupation, area of residence, monthly family income, number of living children, and characteristics of the child such as age of the child in years, gender of the affected child, birth order of the affected child, type of delivery, history of any birth injuries, history of neonatal infections.

### Part II: Structured knowledge questionnaire

The Structured knowledge questionnaire 30 multiple choice questions under 4 sections.

- Section 1: Definition, incidence and causes of autism.
- Section 2: Clinical features, diagnosis, management and complications.
- Section 3: Safety measures during play.
- Section 4: Importance of play therapy in autism.

**Part III:** A Modified Likert's 5-point scale is prepared with attitude statements towards play therapy in autistic children. It consists of 20 statements, and 5 columns such as strongly agree carries 5, agree carries 4, uncertain 3, disagree 2, strongly disagree 1. And the total score is 100; there are 13 positive statements with the total score of 65 and 07 negative statements with the total score of 35.

## DATA ANALYSIS

- Descriptive statistics: Percentage, mean, median and standard deviation was used to explain demographic variables and compute knowledge and attitude scores
- Inferential statistics:

Non-Parametric test: - Chi- square test and Fisher's exact Probability test and yate's correction

were used to study the association between knowledge and attitude scores with demographic variables.

## **PILOT STUDY**

The pilot study was conducted to find out the feasibility of the tool. The pilot study revealed that there was moderately adequate knowledge regarding play therapy in autistic children among majority of parents. Present attitude scores showed that there was moderately favourable attitude towards play therapy in autistic children among majority of parents. The time taken by the respondents to answer the tool was 30 minutes. Hence the study was considered feasible.

## **RESULTS AND DISCUSSION**

### **The first objective was to assess the knowledge of parents regarding play therapy in autistic children.**

The knowledge regarding play therapy in autistic children among parents was assessed and depicted in figure 14 and table 3. With respect to play therapy in autistic children, 68% had moderately adequate knowledge, 21 % had inadequate knowledge and 11 % had adequate knowledge. The maximum score, range, mean, mean percentage, and standard deviation of the total score is 30, 12-25, 18.12, 60.4 % and 3.066 respectively. These findings showed that majority of the samples had moderately adequate knowledge regarding play therapy in autistic children.

### **The second objective was to assess the attitude of parents regarding play therapy in autistic children.**

The attitude regarding play therapy in autistic children among parents was assessed and depicted in figure 15 and table 5. Assessment of level of attitude among parents regarding play therapy in autistic children shows that 90% of the subjects had moderately favourable attitude, 10% had favourable attitude and none had unfavourable attitude. The overall range of the attitude score was 56-82, mean was 67.33, mean% was 67.33% and the standard deviation was 5.822. These findings showed that majority of the samples (90) had moderately favourable attitude towards play therapy in autistic children.

### **The third objective was to find the relationship between level of knowledge and attitude of parents regarding the care of children with autism.**

The correlation of the parents' knowledge and attitude towards play therapy in autistic children was assessed and depicted in figure 16. There was no significant correlation found between the knowledge and attitude of parents ( $r = -0.0763$ ). Thus, the stated hypothesis H1 is rejected. Findings of the study show a statistically no relative correlation between the knowledge and attitude of parents regarding play therapy in autistic children.

### **The fourth objective was to determine the association between level of knowledge, attitude of parents and selected demographic variables.**

The relationship of the parents' knowledge and attitude and demographic variables are listed in table 7, 8 and 9. There was no significant association found between the variables and knowledge and attitude of women at  $p < 0.05$  level.

### **The fifth objective was developing an information booklet for parents on selected aspects of autism and play therapy.**

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A short information booklet was prepared which contains information regarding definition of play therapy and autism, types of play therapy, developmental disabilities of autistic children, importance of play therapy for autistic children, why would a child with autism need to see a play therapist, what does a play therapist do for children with autism and how can they find a qualified play therapist.

**Limitations**

The limitations of the present study were;

- Study was limited to restricted area of setting.
- The data was collected only on selected aspects by pre constructed tool which limited the exploration of limited data.

**Recommendations**

- On the basis of the findings of the study it is recommended that;
- Similar study can be undertaken with large samples to generalize the findings.
- Short lectures and seminars can be conducted in the autism training centres, community and hospitals for parents of autistic children regarding importance of play therapy.
- A comparative study can be done with other variables of parents regarding play therapy in autistic children in different settings.
- An experimental study can be conducted with structured teaching programme on knowledge.
- A study can be conducted in a hospital setting.

**IMPLICATIONS****Nursing Education**

The present study emphasis on enhancement of knowledge regarding importance of play therapy in autistic children. In order to achieve this health professional should educate the parents regarding play therapy in autistic children.

**Nursing Practice**

Nurses are the core of health team; their role has the major impact in the healthy outcome of the patients, nursing is a practicing profession, so the researcher should integrate finding into practice.

**Nursing Administration**

The nurse administrator should arrange in-service education programme, continuous education programme for the nursing personnel and more detailed education programme for the parents which will help to influence the improvement of their knowledge level.

**Nursing Research**

The importance of researcher in nursing is to build the body of knowledge. The findings of the present study serve as the basis for the professional and the students to conduct further studies.

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## CONCLUSION

Present knowledge scores showed that there was moderately adequate knowledge regarding play therapy in autistic children among majority of parents. Present attitude scores showed that there was moderately favourable attitude towards play therapy in autistic children among majority of parents.

## REFERENCE

- [1] Is my child's behaviour normal. [dltk-kids.com](http://www.dltk-kids.com). 1998-**2010**.  
URL: <http://www.dltk-kids.com/articles/behaviour.htm> (17 Sept. **2010**).
- [2] Pasiali V. The use of prescriptive therapeutic songs in a home-based environment to promote social skills acquisition by children with autism -Three case studies. *American Music Therapy Association* 2004;22(1):11-20.  
URL: [http://library.berklee.edu/research/12.\\_Autism\\_Spectrum\\_Disorders](http://library.berklee.edu/research/12._Autism_Spectrum_Disorders) (25 Aug. **2010**).
- [3] Wolff S. The history of autism. *European Child and Adolescent Psychiatry* 2004;13(1): 201-208. URL: <http://www.cwru.edu/med/epidbio/mphp439/Autism.htm> (25 Aug. **2010**).
- [4] Autism speaks-Ten most significant autism research achievements in 2009. *Snap Deal.com*. 1 Nov. 2011. URL: <http://www.news-medical.net/news/20100210/Autism-speaks-ten-most-significant-autism-research-achievements-in-2009> (5 Sept. 2010).
- [5] Play Therapy and the Effects on Social Skills in Children with Autism. *Research Autism*. 11 June. 2011. URL: [http://www.researchautism.net/autism\\_treatments\\_therapies\\_intervention\\_ikml?print&ra=32&infolevel=4](http://www.researchautism.net/autism_treatments_therapies_intervention_ikml?print&ra=32&infolevel=4) (13 Aug. **2010**).
- [6] Michael D Kogan et al. Prevalence of Parent-Reported Diagnosis of Autism Spectrum Disorder Among Children in the US, 2007. *pediatrics. aappublications. org*. **2009**.  
URL: <http://pediatrics.aappublications.org/content/124/5/1395.abstract>
- [7] Hannah Gardener et al. Birth Complications and Autism. [www.autismspeaks.org](http://www.autismspeaks.org). 2005-2011. URL: <http://www.autismspeaks.org/science/science-news/birth-complications-and-autism> (11 Nov **2011**)
- [8] Elizabeth Holmes and Teena Willoughby Play behaviour of children with autism spectrum disorders. *Journal of Intellectual and Developmental Disability*. **2005**;30(3): 156-164. URL: [http://www.eric.ed.gov/ERICWebPortal/search/detailmini.jsp?\\_nfpb=true&ERICExtSearch\\_SearchValue\\_0=EJ717875&ERICExtSearch\\_SearchType\\_0=no&accno=EJ717875](http://www.eric.ed.gov/ERICWebPortal/search/detailmini.jsp?_nfpb=true&ERICExtSearch_SearchValue_0=EJ717875&ERICExtSearch_SearchType_0=no&accno=EJ717875)