Impact of Knowledge, Attitude, Familiarity, and Behavior on Autism-Related Community Stigma Among College Students in Ireland

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Abstract

This study examines the impact of knowledge, attitude, familiarity and behavior on autism-related community stigma among college students in Ireland. The research is based on a quantitative approach, collecting data though an online survey form 102 college students. The questionnaire measures knowledge, attitude, familiarity and behavior towards autism, along with community stigma.

The key findings of this study indicate that attitude and behavior towards an individual with autism are related. It is shown that college students with more negative attitudes tend to distance themselves socially from those who have autism. Knowledge about autism does not significantly influence attitudes but has a complex positive effect on behavior, suggesting that increasing knowledge can improve behavior but is not enough to change attitudes. Regarding familiarity with autism and community stigma, there is not an impactful correlation between these two factors.

The study emphasizes the need for more extensive comprehensive strategies to address knowledge and attitude when it comes to decreasing autism-related community stigma. If knowledge is improved about autism, it can create positive behaviors. In conclusion, reducing autism-related community stigma among college students requires a versatile approach that expands more on knowledge and attitudes. Implementing a mindful, active educational approach regarding an individual with autism can help communities to work towards reducing community stigma.

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Chapter One: Introduction

Autism Spectrum Disorder (ASD) is a condition that affects how people communicate and interact with others. Through the years there has been a growing awareness about autism, people within this community still face community stigma. Stigma can impact the mental health of those with ASD. Understanding what impact community stigma is important for implementing programs that promote acceptance and support. This study focuses on assessing the impact of knowledge, attitude, behavior and familiarity on autism related community stigma among college students in Ireland.

Previous studies have shown that people who have experienced a personal encounter with someone with autism, such as a family member or caregiver, tend to have less negative attitudes (Crowe and Kim, 2020). For example, example Shawahna (2021) found that college students who are knowledgeable about autism we less likely to be prejudiced. However, there is still a lot we do not know how different types of relationships with people with autism affect community stigma.

By addressing these diverse factors, the research aims to contribute to reducing autism related community stigma.

1. Background

Stigmatization is a process that is shaped by cultural and social factors, this is usually presented when a person is labeled a different, leading to discrimination. There are to be considered four types of stigmas: public stigma, self-stigma, structural stigma and stigma by association. Public stigma involves peoples' thoughts, actions and feelings towards an individual with a particular condition. Self-stigma is the anticipation of society's negative beliefs about a condition, but it occurs at a personal level. Structural stigma refers to society's institution, usually occurs on organizations or at a societal level. Stigma by association generally involves being associated with a stigmatized individual, for example being connected with someone with a condition (Stutterheim and Ratcliffe, 2021). Autism is classified as a medical condition and usually diagnosed by medical professionals using the diagnostic criteria from the manual of psychiatric disorders (DSM-V) Leatherland and Chown (2015). The main signs and symptoms of autism usually involve social behavior, language, behaviors concerning routines or objects. However, different people with autism might experience different signs, which is why health care professionals think of autism as a spectrum disorder (*Autism Overview: What We Know*, 2005).

Autism is considered one of the most stigmatized conditions. Past research has shown that this is prevalent issue for individuals with autism, who often tend to feel excluded from those who are considered to be "neurotypical". Some people with autism may exhibit behaviors that provoke negative attitudes from the community (Lester and O'Reilly, 2021). When a stigmatised

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individual is denied the basic good things in their everyday life this leads to stress, more discrimination and deeply affects their self-esteem (Link and Phelan, 2006). When a person favors negative stereotypes, they often show prejudice and negative emotional responses from themselves and others. This means that stereotypes and prejudice lead to discrimination. Negative perceptions attitudes and behaviors will vary depending on the context that they perceive a person with a condition. For example, the generally public tends to believe that mental-behavioral illnesses are controllable, making a person believe that they are responsible for their own behaviors. Attitude, Knowledge and Behavior may vary depending on the level of stigma someone might have regarding certain topic (Riffel and Chen, 2020).

Understanding how knowledge can influence attitude change is crucial for identifying its impact on reducing stigma. A stigmatized attitude can significantly affect a person's life and well-being. The information people have about autism can influence stigma, it has been reported that an educated person can present a more positive attitude towards autism and have fewer stigma. It has also been suggested that the formation of public stigma is due to the lack of knowledge Laura Simmons (Tim Jones and Eleanor Bradley, 2017).

The background research indicates the importance of understanding the impact attitude, knowledge, familiarity and behavior can have on community stigma. This is particularly significant in the context of autism, in the most stigmatized conditions, where usually this population often face social exclusion and negative attitudes. The findings of this research emphasize that

public stigma is deeply rooted in cultural and social factors, often shown by a lack of understanding and awareness. Overall, researching on this particular area is essential to uncover the diverse ways in which community stigma works and to find a solution they can help the autistic community.

1.2 Research Objectives

The primary focus of this study is to assess the impact of Knowledge, Attitude, Familiarity, and Behavior on Autism-Related Community Stigma Among College Students in Ireland. The research aims to identify key factors that contribute to autism-related public stigma within this demographic. College students' perceptions and behavior can shape inclusivity in several environments. Students with autism face significant public stigma, understanding this can help develop strategies to improve in such matters. It will also explore the misconceptions in understanding what contributes to stigmatization behaviors. By addressing these factors, the research aims to contribute to reducing autism-related public stigma.

2. Rationale

This study aims to understand and provide results that can help on reducing public stigma associated with Autism Spectrum Disorder among college students in Dublin, Ireland. The motivation for this research is based on several important factors. Why research Autism-related stigma? Despite the awareness campaigns about autism, people with autism often face community stigma, which can deteriorate their mental health and social inclusion (Lester

and O'Reilly, 2021). Reducing stigma is vital for creating a more inclusive and supportive community (Link and Phelan, 2006).

To aim this study toward college students it is crucial, since they are seen as the future leaders, educators and professionals. Their attitudes and behaviors towards autism can impact and influence societal views (Davidson, DiClemente and Hilvert, 2023). By studying this population, we can address public stigma early and promote positive changes in how society views autism (Vincent and Fabri, 2022).

While previous research has studied several aspects of autism-related community stigma, there is a need for studies focused on college students in Ireland. The findings can help shape policies and procedures in educational institutions to create a more inclusive environment for individuals with autism (Kitchin and Karlin, 2022).

Chapter 2: Literature Review

2.1 Autism Spectrum Disorder

According to Slaughter (2024) autism spectrum disorder (ASD) is a neurodevelopmental disorder that is characterized by impairment in emotional expression and recognition, difficulty with social relationships and delayed communication, it is often diagnosed in early childhood. Autism occurs in all ethnic, racial, and social groups (Slaughter, 2024). A number of behavioral symptoms and comorbidities are associated with this diagnosis, such as, problems with eye contact, attention difficulties, difficulties in communication (Slaughter, 2024).Other related disorders include anxiety, obsessive

compulsive disorder (OCD), eating disorders, attention deficit hyperactive disorders and sleep disorders (Slaughter, 2024).

Through the years the number of people with autism has increased in diagnosis being 1 out of every 36 individuals has autism, and societal acceptance has improved leading to more people with autism integrated into society, attending school and maintaining employment (Davidson, DiClemente and Hilvert, 2023).The population of ASD students rises in higher education during the past four decades. Experiencing the college years by adults with ASD can be challenging, since they struggle with social communication, planning academic life, and increased anxiety and depression. College students with ASD show more academic difficulties and social isolation than other students (Davidson, DiClemente and Hilvert, 2023).

A question that was asked by Jaqueline Lubin "why college students with ASD are struggling to meet higher educational expectations?" College educators are aware of their strengths and weaknesses, but most of the challenges come through academic engagement (Lubin and Brooks, 2021). To reduce anxiety related to academic expectations and peer interactions, it is crucial to create a more inclusive environment. Institutions need to offer adequate support by adapting their ecosystem to be more inclusive (Vincent and Fabri, 2022).

The moment a group of individuals are labelled as different, society tends to marginalize them. This can have negative effects, it can increase anxiety, stress or low self-esteem, and even affect the persons ability to access education or job opportunities .These labels tend to focus on their diagnostics criteria difficulties and not on their strengths (Honeybourne, 2019).

To conclude this section, the challenges faced by students with ASD are not solely academic, but societal stigma plays a significant role in their struggles, as being said before the moment a group is labelled as different society tends to marginalize them. In the next section, the discussion will focus on the concept of community stigma and its impacts on individuals with autism spectrum disorder (ASD).

2.2 Community Stigma

Stigma is created and primarily maintained through communication. Messages about labels, responsibility attributions and certain perceived dangers related to a group's moral, social and psychical differences spread through media and social communications. If not handled properly, this information can evoke fear, disgust and anger towards those who are different. Stigma is typically communicated through prejudice, stereotyping and discrimination. Stigmatized individuals can face varied numerous threats to their mental, physical and social wellbeing. They often worry about embodying negative stereotypes about their group, this usually led to self-stigmatization, they begin to believe and internalize these stereotypes can be true (Underhill *et al.*, 2024).

Stigma associated with autism can arise with two different sources: stimuli: the word "autism" and the behaviors associated with it. For example, a study found that college students in the US had negative views about autistic behaviors but not about the term "Asperger's Disorder" (Someki, F. *et al.*, 2018). However, only 59% of these students knew about Asperger's Disorder before the study. The term "autism" is more familiar and has been shown to be more greatly stigmatized. Public stigma associated with autism is often stronger

among people who have limited knowledge about it. This suggests that just knowing about autism does not always reduce stigma. Therefore, increasing awareness and understanding the concept of autism may help reduce autism related public stigma (Someki, F. *et al.*, 2018). Public stigma reduction and social acceptance in a university setting is essential for promoting the long-term academic success of students diagnosed with autism (Kitchin and Karlin, 2022). In short, recognizing that stigma around autism arises from both the term autism and related behavior is essential.

Public or Community Stigma as defined by Aubé *et al.* (2021) it refers to individuals reactions to people that they might perceive as different from them. Public stigma includes stereotypes, attitudes and discrimination. Those with a disability are often subject to ambiguous stereotypes, they tend to be viewed as warm and not competent, this can also be called "compensation effect", it is usually when a person balances a negative assessment in one area with a positive assessment in another. Zuckerman *et al.* (2018) explains that when an individual internalizes public stigma, those negative perceptions they might have causes them to feel shame or guilt even if the stigma is directed at someone they care about. An example of this provided by Zuckerman *et al.* (2018) is how stigma can negatively affect both the individual with autism and their caregivers. Both parties can experience public and affiliated stigma, this sort of stigmatization can lead to stress. Despite increased public awareness of autism spectrum disorder (ASD), many people still lack the necessary understanding to recognize someone with ASD, leading to more stigmatizing experiences for families (Zuckerman *et al.*, 2018).

In conclusion, public stigma surrounding autism is a complex issue essentially focused through communication channels. Stigmatized individuals face significant threats to their physical, mental and social well-being. Despite efforts to increase knowledge and awareness about autism, stigma remains prevalent, particularly those with limited understanding of the condition. Therefore, the next section will discuss the importance of knowledge, attitude and behaviors regarding autism.

3. Knowledge and Community Stigma

To better understand the community stigma components such as attitudes, knowledge and behavior, these must be defined. According to Durand-Zaleski *et al.* (2012) prejudice and discrimination have evolved over time, influenced by the changes in social attitudes and improvements in mental health literacy. Gossou *et al.* (2022) refers that in high-income countries, knowledge regarding Autism has seen significant progress, particularly in areas such as early diagnosis, evidence-based intervention, and access to early intervention services. These advancements have contributed to greater public understanding and support for individuals with ASD. Kuzminski *et al* 2019 emphasize the role of the neurotypical population in shaping how individuals with Autism Spectrum Disorder (ASD) are treated. The level of knowledge that a neurotypical person might possess about Autism can significantly impact their attitudes and behavior.

Bury *et al.'s* (2023) study explains that autism knowledge is negatively correlated with stigma, this suggests that individuals with greater knowledge about autism tend to experience less stigma. Durand-Zaleski *et al.* (2012).

refers that, an individual can recognize or have the knowledge about a mental disorder, but just knowledge alone is insufficient to reduce stigma unless it is accompanied by a deeper understanding of the matter. Jones *et al. (2021)* discusses the relationship between public stigma and knowledge about autism in several ways, it exists a significant knowledge gap in the general public about autism, including incorrect beliefs. An example would be that autism is caused by vaccines. These misconceptions contribute to stigmatizing beliefs (Jones *et al, 2021)*. While there is a general awareness regarding autism in a community, deeper understanding is lacking. Their studies revealed that individuals with more exposure to autistic individuals tend to have accurate knowledge and less stigmatizing attitudes (Dell'Armo and Tassé, 2021). Knowledge about autism is generally linked to more positive attitudes, individuals with more knowledge about autism tend to hold more positive attitudes. However, such findings have not been consistent across all studies (Dell'Armo and Tassé, 2021).

In conclusion, while social attitudes towards Autism Spectrum Disorder (ASD) have become more positive over time, prejudice and discrimination still persist. High income countries have made significant advancements in early diagnosis and interventions regarding autism, leading to general public understanding. More knowledgeable about autism results in less stigma, but knowledge alone is not enough to reduce public stigma completely.

4. Attitude and Community Stigma

Researchers like Alamri and Tyler-Wood (2016) define that attitude can be divided into three components: affective, behavior and cognitive. They

describe attitude as an individual's enduring favorable or unfavorable cognitive evaluations, actions and feelings towards an object or data. Palou *et al.* (2022) claims that attitudes can be shown in two ways; negative attitudes and positive attitudes. Negative attitudes include prejudice, discrimination, and devaluation of individuals with mental illness. Such attitudes can lead to social distance and ineffective care. Positive Attitudes include acceptance, support, and a person centered-approach to people with mental disorders (Palou *et al.*, 2022).

Dell'Armo and Tassé (2021) outline that those who belong to a differently-abled community have long regarded attitudes and stigma surrounding their conditions as a significant aspect of their experience. As people with intellectual disabilities become more integrated into communities, the hope has been that public attitudes would improve. Individuals form attitudes nearly about everything in their lives, often subconsciously. Higher levels of education are consistently linked to more positive attitudes towards people with autism, it is perceived that more educated individuals report lower levels of social distance (Dell'Armo and Tassé , 2021). A greater prior contact with someone with autism can be associated with more positive attitudes, however the effect may be more complex; quality and quantity of contact matters. The greater quality of contact the more positive attitude, whereas the greater quantity of contact can be associated with negative attitude (Dell'Armo and Tassé , 2021).

White *et al.* (2019) looked exclusively at students' perceptions of individuals with ASD to help from strategies for increasing peers' acceptance. They found high levels of basic knowledge among college students, but with a certain degree of misconceptions around the topic, change in attitude and behavior

can occur when individuals share a common goal and have an opportunity to get to know each other well. Universities tend to encourage diversity and inclusion, and increasing interactions among diverse groups can lead to significant social change (White *et al*, 2019).

Overall, attitudes towards people with autism, mental illness or any sort of disabilities have diverse factors, including education, personal contact, and an influential society. Negative attitudes, can lead to prejudice, and positive attitudes involve acceptance and support. These elements of attitude are related to the concept of public stigma.

5. Behavior and Community Stigma

According to Fabrigar *et al.'s* (2006) study , they define the concept behavior as being influenced by attitudes, which are based on different types of knowledge (like facts or feelings). For attitudes to guide behavior effectively, the knowledge behind the attitude needs to be relevant to the behavior. In simpler terms, if what one knows about something directly relates to what they need to do, their attitude might predict their actions. Lipson *et al.* (2020) refers that behavior is defined by the actions and mannerism of individuals. Their research found that biases play a great role when it comes to behavior, an individual can consciously hold positive views, but their unconscious bias can be negative. This can help reduce social barriers for individuals with ASD.

Based on Brown *et al.'s* (2011) research, they explain that attitude and behavior can be connected or separated. There is a general agreement that behavioral intentions are better at predicting actual behaviors than attitudes

alone. To measure what people intend to do is considered more useful for understanding inclusive practices regarding autism. As attitude and behavior continue to be studied, it was found that the general public tend to have positive attitudes, which means being concerned or being nice towards a person who has autism, however, they tend to restrain themselves from forming close friendships with someone with autism. This can be correlated to public stigma by highlighting how stigma influences behavioral intentions (Brown *et al.'s*. , 2011).

To conclude, the relationship between attitude and behavior is complex. Attitudes, based on knowledge, can properly guide behavior. However, unconscious bias can affect behavior, leading to social distancing from an individual with autism, despite having a positive conscious view. Behavioral intentions tend to be more accurate predictors of actual behavior than attitudes alone. While the general public may show kindness and express concern towards someone with autism, they still tend to limit their social interactions towards them. This indicates how significant the role of public stigma plays regarding the actions and intentions towards someone with autism.

2.3 Familiarity towards Autism

Individuals who are familiarized with autism, either through personal experience or are in a situation as caregivers usually have less stigmatization towards autism. Exposure to these demographics can reduce fear, hesitation and judgment towards people with ASD (Crowe and Kim, 2020). According to Shawahna's (2021) study they were able to identify that assessing college students familiar with autism can serve as a measure of educational quality,

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those students who were knowledgeable about autism spectrum disorder (ASD) showed a reduced amount of stigma towards them, however college students who were not well-informed about ASDs are unlikely to be as inclusive more likely to harbor prejudice, thus increasing stigma. Regarding stigma towards autism, key concepts include familiarity and social distance. Familiarity influences stigma, which then influences social distance. Individuals that harbor stigma are likely to socially distance themselves from people with autism which may manifest as not including them in social activities, community events and not providing proper accommodations or support they might need (Corrigan *et al.* ,2001).

The level of contact Report (LCR) is commonly used to measure familiarity with mental illness. However, this report assumes that familiarity increases based on the nature of the relationship. To date, there is limited research on familiarity and public stigma. However, it has been found that greater familiarity is positively correlated with increased stigma (Corrigan and Nieweglowski, 2019).

To bring a further explanation, Corrigan and Nieweglowski's (2019) finding suggests that there is an interesting pattern in how public stigma relates to mental illness and that it changes with familiarity. At first, as an individual becomes more familiar with mental illness, stigma tends to decrease, this means the more people know about mental illness or autism in a general or personal way, the less stigma they have. However, as the relationship becomes more intimate, like with immediate family members or mental health care providers, stigma can start to increase again. This creates U-shape curve

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(please refer to Appendix A) where stigma decreases with some familiarity but increases again with very close familiarity. The increase in stigma with close relationship might be because these relationships involve deep emotional connections, which can lead to more negative perceptions or feelings (Corrigan and Nieweglowski, 2019).

To conclude, measuring familiarity and its impact on community stigma is still an ongoing and complex topic. Initially, increased familiarity can reduce public stigma, but when familiarity involves a closer relationship, community stigma can increase again due to deeper emotional connections. As can be seen on appendix a, this can create a U-shaped curve, where community stigma decreases with some familiarity but increases with close familiarity.

Chapter Three: Research Question and Hypothesis

3.1 Research Question

This study examined knowledge, attitudes, familiarity and behaviors on Autism-Related Community Stigma Among College Students in Ireland. To better understand student views on Autism. By examining these aspects among college students, this insight can inform the development of interventions, educational programs and even polices that enable inclusion, and support for individuals with autism within a college campus.

Research question one: *What are the levels of community stigma towards autism, as determined by measuring knowledge, attitudes and behaviors, amongst third level college students in Ireland?* This question aims to identify the levels of stigma towards autism among college students. Understanding

this, it can develop a target intervention to address knowledge gaps, attitudes and behaviors that contribute to stigma.

Research question two: *Is there an association between the three stigma components (knowledge, attitudes and behavior) in relation to autism as measured amongst third level college students in Ireland?* This research questions aims to investigate with the survey to provide insight into the complex relationship between the stigma components of knowledge, attitude and behavior and if they have influence on stigma.

Research question three: *Does familiarity impact stigma towards Autism amongst third level college students in Ireland?* It aims to understand how students' personal experiences and interactions with individuals on the autism spectrum disorder influence their attitudes and behavior towards autism.

3.2 Research Hypothesis

The following hypotheses have been formulated based on the existing literature review on community stigma towards autism within a college setting. These hypothesis will examine whether the findings on this research correlates with prior studies. Through analysis of data collected from survey participants, these hypotheses also aim to contribute to a better understanding of community stigma towards autism.

H1: Third-level students in Ireland show stigma towards autism, characterized by low levels of knowledge, negative attitudes, and negative behaviors.

H2: An association will be found between knowledge, attitude and behavior in relation to autism among third-level college students.

H3: Greater familiarity with autism, whether through educational exposure or personal relationships, is associated with increased community stigma towards students with autism.

Chapter 4: Research Methodology

4.1 Philosophical Assumptions

Figure 1:The research onion. (Saunders, Lewis and Thornhill, 2019, pp.130)
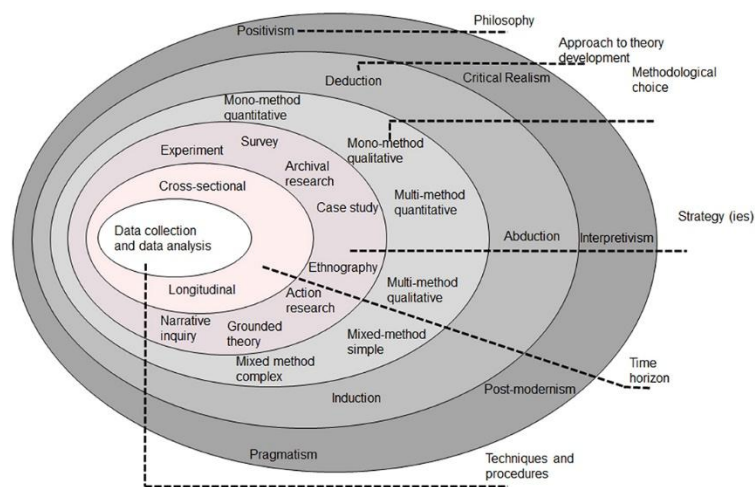
This study followed the research process as outlined in **Figure 1** of the research onion by Saunders. The model is depicted as an onion with layers, each representing a different stage of the research process, such as philosophies, approaches to theory development, methodological choice, strategy, time horizon and techniques and procedures (Saunders *et al.,* 2019).The research design used is a quantitative approach, it usually examines relationships between variables, which are then measured numerically and analyzed using a range of statistical and graphical designs; this research designed used a single data collection method, which it was a questionnaire, and using a quantitative analytical procedure (Saunders *et al.,* 2019).

The research philosophy used in this study is positivism. This is used since it is a highly structured data collection technique. Positivism as explained by Saunders *et al.* (2019), is a research philosophy that emphasizes the use of observable and measurable facts to develop knowledge. Positivists begin their research process by formulating hypotheses, which are provisional assumptions based on existing theories. This will also allow us to have a neutral perspective and analyze the data objectively. The aim of this research is to identify the Impact of Knowledge, Attitude, Familiarity, and Behavior on Autism-Related Stigma Among College Students in Ireland. The data collected by this research will be analyzed objectively.

4.2 Research Approach

This section discusses the inductive and deductive approaches in research, detailing how the deductive approach was utilized in this study. There are three approaches to theory development. An inductive approach, it starts by collecting data to explore a phenomenon and the researcher builds a theory and an abductive approach the data is collected to explores a phenomenon, identify themes and explain patterns to modify and existing theory and then that being tested trough additional collected data (Saunders *et al.,* 2019). This study will be using a deductive approach, which involves testing a hypothesis from an existing theory, providing a structure that will generate knowledge (Saunders *et al.,* 2019). As previously discussed, this study aims to use a quantitative approach to collect data and test the formulated hypotheses to finally formulate a result for the research question and its objectives.

4.3 Participants

A survey was conducted with 102 college students, aligning with the literature that suggest a sample size 100 participants is sufficient for a questionnaire base study to ensure reliable results (Kitchin and Karlin, 2022). The study by Kitchin and Karlin (2022) , which included 144 college students, supports using a familiar sample size. Convenience sampling was used, and the survey was distributed through an online survey platform via college forms to easily reach the targeted population.

4.4 Research Design

4.4.1 Instrument

An online questionnaire was selected as a data collection method for college students in this quantitative cross sectional study for several reasons. It offers accessibility and convenience, enabling participants to complete the survey at their own pace. It also allows for a more diverse and larger sample of participants, along with the anonymity and privacy it affords participants. According to Montee (2011) a questionnaire is any written instrument that presents participants with a series of questions to which they must respond to. Questionnaires can provide three types of data about participants: factual, behavioral and attitudinal. The factual questions determine who the participants are, such as demographic, age, gender, education, occupation, and other relevant background information. Behavioral questions explore what participants have done in the past, focusing on actions, habits or personal history. Attitudinal questions seek to understand what participants think, covering opinions, attitudes, beliefs or values. The following section discusses the use of existing questionnaires that were used to collect the data to identify

the Impact of Knowledge, Attitude, Familiarity, and Behavior on Autism-Related Stigma Among College Students in Ireland.

4.4.2 Questionnaire Structure

This questionnaire was designed using several existing surveys, which are peer-reviewed and validated to structure the following sections (see appendix B).

Section 1: Demographic Information

The first section of the questionnaire consists of the respondents' demographic information. The selection of demographic variables such as gender, age, level of education and field of study is important for several reasons. Gender and age can shape different perspectives and levels of awareness. Education level often correlates with knowledge and understanding, affecting towards attitudes towards autism. Different fields of study also offer different viewpoints. Including these variables ensures a diverse understanding of the factors that influence autism-related stigma among college students.

Section 2: Attitudes

Section two of the survey focuses on identifying the college students' attitude towards individuals with autism. To measure these attitudes, participants were presented with the following scenario: "*Harry is a 30-year-old single man who lives alone and attends your college. He has no friends. Sometimes he acts*

very strangely, in ways that are hard to understand. For example, he won't make eye contact if you speak to him, he always talks quite loudly, and he tends to rock back and forth in class during the lecture. He has been absent six times because of his condition". The statement describes a specific behavior and circumstances surrounding Harry. This context explains why participants responded as they did to questions about attitudes toward Harry. Understanding Harry's situation provides insight into the respondents' attitudes.

The questionnaire used to measure attitude, was the Psychometric Evaluation of the Revised Attribution Questionnaire (r-AQ) to measure attitude to people with mental illness (Pinto *et al.*, 2013). Some of the questions were adapted from the original to fit into the student population regarding autism. The r-AQ questionnaire is a 9-item self-administered scale designed to measure stigma related to mental illness. The nine items cover the factors of blame, anger, pity, help, dangerousness, fear and avoidance (Pinto *et al.*, 2013). The participants rate each item on a Likert scale from 1 (Not at all) to 9 (Very Much) based on the scenario. In this survey, the scores were analyzed by SPSS software. Notably, question number seven *"How likely is it that you would help Harry?"*, had to be reversed coded because it was with a positive valence, unlike the other items which were negatively valanced. This adjustment ensures that the interpretation of the scores remains consistent across all items.

Section 3: Knowledge

Section three of the questionnaire consists of a Knowledge Assessment on Autism Spectrum Disorder. The survey used was based on the Evaluation of

a French parent training program in young children with autism spectrum disorder (Ilg *et al.*, 2018). As the original survey was designed to assess parents' knowledge before and after a training program, this was adapted for college students by modifying language and context of questions to be more relevant to the demographic. The adapted assessment serves to provide insights into the baseline knowledge of ASD. The assessment consists of 23 multiple choice questions. Higher scores represent greater knowledge regarding Autism Spectrum Disorder. Correct answers were assigned higher scores, while incorrect answers were or I don't know responses were assigned a score of 0 points. This scoring method ensures that accurate knowledge is rewarded more than uncertainties or incorrect information.

Participants were instructed to select from the various responses "Always", "Sometimes", "Never", and "I don't know". On this section, certain characteristics regarding someone with autism might present were assessed such as: oral language delays, difficulty communicating, avoiding eye contact, difficulties socializing, having an intellectual disability, repetitive behaviors, behavioral problems hyperactivity, special talents, and desires and beliefs to others.

Section 4: Behavior

Section four of the survey studies college student's Behavior towards individuals with Autism Spectrum Disorder. The RIBS is a brief and practical tool that consists of two parts: reported or actual behaviors and intended behaviors. It evaluates these behaviors in four different contexts: 1) living with, 2) working with, 3) living nearby, and 4) continuing a relationship with a person

who has a mental condition, in this case specifically someone with ASD (Őri *et al.,* 2023). The first four items assess the frequency of reported or actual behaviors among participants, even if they have not engaged in those behaviors. Therefore, these items are not scored, and not taken into account (Őri *et al.,* 2023).

Items 5 to 10 measure intended behavior and are scored on a Likert scale from 1 to 5, the point will depend on the level of agreement of the participant. The items accounted for are:

- In the future, I would be willing to live with someone with Autism
- In the future, I would be willing to work with Autism
- In the future, I would be willing to live nearby to someone with Autism
- In the future, I would be willing to continue a relationship with a friend who is late diagnosed with Autism
- In the future, I would absolutely be open to my child attending school alongside a classmate who has autism
- In the future, I would be willing to have my child taught by someone with autism.

A strong agreement scores a punctuation of 5 and strong disagreement scores (1 point), if the participant responds with "I don't know" they scores 0 points, and "Neither Agree nor Disagree" is considered a neutral scores (3 points). The total score is calculated by adding the participants response values of items 5 to 10.

Section 5: Familiarity

Section five consists of measuring the participants' familiarity with a person with autism spectrum disorder (ASD). The survey used was based on the

questionnaire titled Familiarity with and Social Distance from People Who Have Serious Mental Illness (Corrigan *et al.'s* , 2001). To better fit the demographics of college students, some statements in the evaluation were modified, replacing the word mental illness to autism. Referring to Corrigan *et al.'s* (2001) research, this study investigated how familiarity with and social distance from individuals with serious mental illness affects stigmatization attitude towards mental illness. The level of contact consists of 12 scenarios of different intimacy levels involving individuals with mental illness. To score their familiarity towards autism, the most personal situation they selected was selected. Each situation had a ranked scored, with higher numbers representing a more personal experience. For example: *"A friend of the family has autism" (score 9), " I have watched a documentary on television about autism"(score 4) and "My job includes providing services to people with autism" (score 7),* if the respondent selected all three of those options, their score will be 9, because having a friend of the family has autism is the most intimate experience. Higher scores indicate closer familiarity.

Section 6: Community Stigma The final section of the questionnaire aims to measure community stigma. The 5-question stigma indicator is specifically designed to evaluate and track community stigma. Cultural validity was tested by assessing the conceptual, item, semantic, operational and measurement equivalence of the 5-QSI-CS. To better fit the current topic of investigation, some statements in the evaluation were modified, adding the word autism into the questions. The participants rate each item on a Likert scale 'Never' or 'I don't know' responses scored as 0, 'Sometimes' scored as 1 point, and

'Often/usually' scored as 2 points. A higher score closer to 10 would suggest a higher perception of community stigma.

4.4.3 Procedure

This study was conducted to assess the Impact of Knowledge, Attitude, Familiarity, and Behavior on Autism-Related Community Stigma Among College Students in Ireland. The following steps outline the procedure for carrying out the study:

1. **Recruitment of Participants:** Participants were recruited from the National College of Ireland (NCI). An email invitation was sent to students across different academic departments, ensuring a diverse sample. The email included information about the study's purpose, procedures, and the voluntary nature of the participation. It also included a link to the online survey.

2. **Informed Consent**: Before participating, participants were required to read and informed consent clause within the survey. This detailed the study's objectives, confidentiality assurance, and the voluntary nature of the study.

3. **Survey Administration**: The survey was conducted using an online questionnaire platform, which allowed participants to complete the survey at their own time. The questionnaire was divided into different sections, each designed to measure a different aspect of the study.

4.4.4 Analysis

The analysis of this study involved both descriptive and inferential statistics to examine the Impact of Knowledge, Attitude, Familiarity, and Behavior on

Autism-Related Community Stigma Among College Students in Ireland. The statistical analysis was conducted using SPSS software (IBM Corp., 2017).

Descriptive Statistics

Descriptive Statistics were used to summarized the demographic characteristics key variables. This included calculating averages, standard deviations, ranges and frequencies for: Gender, age, education level field of study and knowledge, attituded, behavior, familiarity and community stigma.

Inferential Statistics

To test the study's hypothesis, inferential statistics were conducted, including correlation analysis.

Hypothesis One

H1: Third-level students in Ireland show stigma towards autism, characterized by low levels of knowledge, negative attitudes, and negative behaviors.

Analysis: Descriptive statistics were used to determine the levels of knowledge, attitude and behavior among participants. Standard Deviation and Mean scores were calculated to asses the overall level of these variables. High levels of community stigma were indicated by low knowledge scores, negative attitude scores, and negative behavior scores.

Hypothesis Two

H2: An association will be found between knowledge, attitude and behavior in relation to autism among third-level college students.

Analysis: To analyze this hypothesis, Spearman correlation coefficients were calculated to examine the relationship between knowledge, attitude and behavior. The correlation between knowledge and attitude assessed if greater knowledge about autism was associated with positive attitudes. Similarly, the correlation between knowledge and behavior was evaluated so observe if increased knowledge led to more positive behavior towards a person with autism. Finally, the correlation between attitude and behavior was assessed to understand if positive attitudes were linked with positive behavior.

Hypothesis Three

H3: Greater familiarity with autism, whether through educational exposure or personal relationships, is associated with increased community stigma towards students with autism.

Analysis: To evaluate this hypothesis, , Spearman correlation coefficients was calculated between familiarity and community stigma. The analysis indicates that higher familiarity with autism, was associated with lower levels of perceived community stigma. However, a significant negative correlation would indicate that greater familiarity increases stigma.

4.4.5 Ethical Considerations

The ethical considerations for this research proposal would be obtaining informed consent from all participants, ensuring they are aware of the study's purpose and procedures, and ensuring their participation is voluntary with the option to withdraw at any time (Saunders et al., 2019). To safeguard the

information provided by the participant, all data collected has been anonymized and emails were ensured to not be trackable. Since sensitive topics were discussed, participants were provided information on support resources in case the questionnaire provoked anxiety or discomfort (Saunders *et al.,* 2019). The research aims to protect the rights of all participants, ensuring their integrity and credibility of the study on autism-related stigma among college students.

Chapter Five: Data Analysis and Findings

This section discusses the findings from the questionnaire shared to college students in Dublin, Ireland. The respondents were asked to answer questions provided in the survey which aim to answer this study's research questions. To analyze the data SPSS software was utilized (IBM Corp., 2017).

5.1 Descriptive Statistics

5.1.1 Study Sample

Table 1:Sociodemographic of sample

		Count	N%	Range	SD	Mean	Min.	Max.
Gender	Male	46	45.1%					
	Female	55	53.9%					
	Other	1	1.0%					
Age				36	8	26	18	54
Level of Education	Under-graduate	51	50.0%					
	Post-graduate	51	50.0%					
Field of Study	School of Business	43	42.2%					
	School of Computing	18	17.6%					

School of Education	13	12.7%		
School of Psychology	28	27.5%		

This study considered a sample of 102 college students in Dublin, Republic of Ireland. 46 (45.1%) were male, 55 (53.9%) were female, and a single respondent indicated gender other. In regards of the level of education, 51 (50%) indicated they were undergraduate and 51 (50%) post-graduates. In relation to their field of study 43 (42.2%) were in school of business, 17 (17.6%) school of computing, 12 (12.7%) school of education and 28 (26%) in school of psychology (see Table 1). The average age of the participants was 36 years with an associated Std. Deviation (SD) of 8 years, the minimum age being 18 and the maximum was 54.

5.1.2 Scale Reliability

Reliability is an important aspect of survey research, ensuring that the tools used to measure reflect the construct it aims to measure. In this study Cronbach's alpha was used to evaluate the internal consistency of the questionnaire. This section reflects the findings of the reliability analysis.

Table 2. Overview of the reliability and scope of the measures used for assessing attitude, knowledge, behavior, familiarity and community stigma.

		Attitude n(%)	Knowledge n(%)	Behavior n(%)	Familiarity n(%)	Community Stigma n(%)
Case	Valid	102 (100)	102 (100)	102 (100)	102 (100)	102 (100)
	Excluded	0	0	0	0	0
	Total	102	102	102	102	102

Cronbach's Alpha	0.658	0.750	0.858	0.702	0.779
N of Items	9	23	7	12	5

102 participants provided complete data for each section, with no exclusions. The Attitude scale was measured using 9 items, the Cronbach's alpha for these items was 0.658, although this value falls short of the ideal of 0.7, it is considered acceptable for this research.

The Knowledge scale was measured using 23 items, the Cronbach's alpha for these items was 0.750, suggesting the scale has good reliability, suggesting that the items were consistent in measuring the participants' "knowledge". The Behavior scale was measured using 7 items. The Cronbach's alpha shown is 0.858, suggesting the scale has good reliability, and that the items were consistent in measuring behavior.

The Familiarity scale was assessed using 12 items, with a Cronbach's alpha of 0.702, the items are consistent in measuring reliability. Community Stigma was measured using 5 items. The Cronbach's alpha shown is 0.779, indicating good reliability and that items are consistent in measuring community stigma. In summary, reliability analysis across all scales exhibits good reliability, and can be used for this study.

5.1.3 Attitudes towards people with Autism

Attitude	Not at all n(%)	A little n(%)	Slightly n(%)	Mildly n(%)	Somewhat n(%)	Rather n(%)	Moderately n(%)	Pretty Much n (%)	Very Much n (%)
I would feel pity for Harry	11 (10.8)	5 (4.9)	9(8.8)	8(7.8)	10(9.8)	13(12.7)	12(11.8)	14(13.7)	20(19.6)
How dangerous would you feel Harry is?	46 (45.1)	19(18.6)	18(17.6)	6(5.9)	6(5.9)	5(4.9)	1(1)	1(1)	1(1)
How scared of Harry would you feel?	54 (52.9)	16(15.7)	12(11.8)	8(7.8)	4(3.9)	3(2.9)	1(1)	1(1)	1(1)
I would think that it was Harry's own fault that he is in the present condition.	80 (78.4)	11(10.8)	3(2.9)	4(3.9)	2(2)	1(1)	1(1)	1(1)	1(1)
I think it would be best for Harry's community if he were put away in a psychiatric hospital.	75 (73.1)	10(9.8)	9(8.8)	4(3.9)	1	2(2)	1(1)	1(1)	1(1)
How angry would you feel at Harry?	77 (75.5)	12(11.8)	7(6.9)	2(2)	3(3)	1(1)	1(1)	1(1)	1(1)
I would try to stay away from Harry.	39 (38.2)	12(11.8)	13(12.7)	12(11.8)	11(10.8)	1(1)	9(8.8)	3(2.9)	2(2)
How much do you agree that Harry should be forced into treatment with his doctor, even if he does not want to?	3(34.3)	11(10.8)	11(10.8)	8(7.8)	17(16.7)	8(7.8)	6(5.9)	2(2)	2(2)

Attitude	Definitely would not help	Would not help	Probably would not help	Neutral	Probably would help	Would help	Definitely would help	Strongly would help	Extremely would help
How likely is it that you would help Harry?	3(2.9)	4(3.9)	4(3.9)	13(12.7)	12(11.8)	19(18.6)	17(16.7)	10(9.8)	20(19.6)

Table 3. Participants Attitudes towards people with Autism

Interesting findings from the table above:

-The most frequent response to the question of "I would feel pity for Harry" was very much 19.6%, the very much response is the highest level of agreement in the context of this particular question, indicating a strong emotional response of pity among the respondents. This response can also be interpreted as reflecting a deep concern for Harry's situation. However, the responses varied, with 11% of participants indicating they would not feel any pity at all. While many participants expressed strong pity for Harry, it is important to consider that pity can sometimes have a negative connotation. It can be seen as infantilizing, where the induvial is being seen as helpless or incapable.

-The majority of the participants state that they do not view Harry as dangerous, with a (45.1%) selecting "Not at all". However, this indicates that 55% of participants believe there is some level of danger associated with Harry.

-78.4% of respondents do not believe that it is Harry's own fault that he has autism.

-The respondents believe that it would not be best for the community if Harry were to be hospitalized with 73.1% choosing "not at all". This suggests they are more inclined to integrate a person with autism into the community rather than isolating them.

-When it comes to anger 75.5% of participants do not feel angry towards Harry.

-Regarding avoiding Harry, 38.2% of participants would not try to stay away from someone with autism, selecting "Not at all". However the remainder of participants (61.8%) would avoid Harry to some extent. This represents there is a mixed feeling about how to properly interact with someone with autism, someone might feel open to this interaction, but some remain quite hesitant to do so.

-The majority of participants (34.3%) do not believe that Harry should be forced into treatment suggesting that survey participants respect the person's autonomy, but they also want to ensure proper care.

-For the question regarding willingness to help Harry, 19.6% answer that they "Would help". This indicates that there is a will to provide some sort of assistance towards a person with autism.

In can be concluded, that generally the participants have greater acceptance, understanding and willingness to provide support towards someone with autism.

5.1.4 Knowledge on Autism Spectrum Disorder

The frequency data presented in **Table 4**, indicates the understanding participants have regarding Autism Spectrum Disorder (ASD). Most of the respondents demonstrated a strong understanding regarding autism, including its characteristics and some implications the diagnoses might bring.

Tables 5, 6 and 7 assessed if participants are able to recognize the symptoms an individual with Autism Spectrum Disorder (ASD) might present. The majority of respondents understood that the symptoms of autism will vary between individuals, there is awareness that people with autism have attention difficulties and detailed focused. They are generally knowledgeable that people with autism find it hard to handle changes.

People with ASD…	Always n(%)	Sometimes n(%)	Never n(%)	I don't Know n(%)
…Have oral language delays	6(5.9)	82(80.4)	1(1)	13(12.7)
…Have difficulty communicating	13(12.7)	81(79.4)	0	8(7.8)
…Have difficulties in social relations	32(31.4)	65(63.7)	1(1)	4(3.9)
…Avoid eye contact	14(13.7)	75(73.5)	3(2.9)	10(9.8)
…Have an intellectual disability	5(4.9)	55(53.9)	24(23.5)	18(17.6)
…Have restricted and repetitive behaviors, interests or activities	41(40.2)	48(47.1)	3(2.9)	10(9.8)
…Have behavioral problems	6(5.9)	75(73.5)	8(7.8)	13(12.7)
…Have hyporeactivity to sensory input or unusual	37(36.3)	52(51)	0	13(12.7)

interests in sensory aspects of the **environment**			
…Have extraordinary talents	22(21.6)	69(67.6)	3(2.9)	8(7.8)
…Have generally very good **at** attributing intentions, desires, and beliefs to others**.**	13(12.7)	43(42.2)	22(21.6)	24(23.5)

Table 4 Participants Knowledge on autism

However, most of the respondents present confusion if autism is more prevalent in boys than girls with a (44.1%) that they "don't know", **see table 5**, indicating there is a knowledge gap regarding this topic.

For participants' knowledge on frequent comorbidities with someone with Autism, refer to **table 7.** Participants understand that anxiety, OCD and phobias are commonly experienced by a person with autism. However, participants are less sure of the association between eating disorders and depression.

Table 5 Participants Knowledge on autism regarding their criteria diagnosis

Question	True n(%)	False(%)	I don't know n(%)
Understanding of oral language is not impaired in people with ASD	27 (26.5)	30(29.4)	45(44.1)
ASDs are more common among girls than boys	10(9.8)	47(46.1)	45(44.1)
The symptoms of ASD are very different from one person to another	78(76.5)	13(12.7)	11(10.8)
Attentional difficulties are frequently found in children with ASD	75(73.5)	8(7.8)	19(18.6)
People with ASD are usually interested in details	75(73.5)	3(2.9)	24(23.5)
People with ASD usually adapt easily to changes	2 (2)	80(78.4)	20(19.6)

Table 6 Participants Knowledge on what is the ratio of children with autism

Question	Biological (blood test) n(%)	Genetics (karyotype) n(%)	Clinical Observation of certain behaviours n(%)	I don't Know n(%)
How is ASD diagnosed	1(1)	3(2.9)	79(77.5)	19(18.6)
	1 in 100 children n(%)	**1 in 1500** children n(%)	1 in 15 000 children **n(%)**	**I don't Know n(%)**
Current number of children with ASD	30(29.4)	26(25.5)	7(6.9)	39(38.2)

Table 7 Participants Knowledge on frequent comorbidities with ASD

Individuals with ASDs may present the following	More Frequently n(%)	As Frequently n(%)	Less Frequently n(%)
Depression	34(33.3)	49(48)	19(18.6)
Anxiety	74(72.5)	27(26.5)	1(1)
Obsessive Compulsive Disorder	74(72.5)	26(25.5)	2(2)
Phobia	55(53.9)	44(43.1)	3(2.9)
Eating Disorders	30(29.4)	61(59.8)	11(10.8)

5.1.5 Behavior towards people with Autism

Table 9 represents the participants actual behaviors towards someone with autism, the most frequently answered question is *"Are you currently working with, or have you ever worked with, someone with Autism?"* with a (45.1%) selecting "yes", this indicates that many participants have had a professional interaction with an individual with autism. This might present a high exposure to autism in a professional environment. Table 10 refers to participants "intended behavior" towards someone with autism, the most frequently answered question being *"In the future I would be willing to continue a relationship with a friend who is late diagnosed with Autism"* with 70.6% selecting agree strongly. This indicates that the participants are willing to

engage in social interactions despite someone having autism, this reflects

acceptance and a positive attitude.

Table 6 The frequency of reported or actual behaviors among participants, even if they have not engaged in those behaviors.

Question	Yes n(%)	No n(%)	I don't Know n(%)
Are you currently living with, or have you ever lived with, someone with **Autism?**	15(14.7)	81(79.4)	6(5.9)
Are you currently working with, or have you ever worked with, someone with **Autism?**	46(45.1)	47(46.1)	9(8.8)
Do you currently have, or have you ever had, a neighbour with **Autism?**	24(23.5)	66(64.7)	12(11.8)
Do you currently have, or have you ever had, a close friend with **Autism?**	25(24.5)	71(69.6)	6(5.9)

Table 7. Participants "Intended Behavior" towards individuals with autism

In the future, I would be willing…	Agree strongly n(%)	Agree slightly n(%)	Neither agree or disagree n(%)	Disagree strongly n(%)	Disagree slightly n(%)	I don't know n(%)
…To live with someone with Autism	31 (30.4)	22 (21.6)	35 (34.3)	6 (5.9)	3 (2.9)	5 (4.9)
…To work with Autism	52 (51)	26 (25.5)	19 (18.6)	2 (2)	1 (1)	2 (2)
…To live nearby to someone with Autism	62 (60.8)	16 (15.70	17 (16.7)	3 (2.9)	1 (1)	3 (2.9)
…To continue a relationship with a friend who is late diagnosed with Autism	72 (70.6)	13 (12.7)	14 (13.7)	1 (1)	0	2 (2)
…To absolutely be open to my child attending school alongside a classmate who has autism.	79 (77.5)	13 (12.7)	7 (6.9)	1 (1)	0	2 (2)
…To have my child taught by someone with autism.	59(57.8)	18(17.6)	17(16.7)	2(2)	3(2.9)	3(2.9)

5.1.6 Familiarity to people with Autism

From Table 11, the main focus is the "Yes" column, which indicates the number of participants who have experienced each situation related to familiarity with autism. Overall, most of the respondents with a significant number of 82.4% have observed a person with autism , indicating some level of indirect contact, only a small percentage 17.6% have never observed a person with autism. It can also be shown that 62.7% have watched movies about autism, and 60.8% have observed a person with autism in passing. Direct interactions are also common, with 41.2% having observed a person with autism frequently and 40.2% having worked with someone with autism.

Overall, the data suggests that while participants have had a level of contact with autism through media or direct interaction, there is still a significant portion with limited direct engagement, particularly in professional contexts.

Table 8. Participants responses of all the situations that they had experienced in their lifetime regarding someone with Autism

Familiarity	Yes n(%)	No (n%)
Never observed person with Autism	18(17.6)	84(82.4)
Observed, in passing, person with Autism	62(60.8)	40(39.2)
Watched movie about Autism	64(62.7)	38(37.3)
Watched television documentary about Autism	38(37.3)	64(62.7)
Observed person with Autism frequently	42(41.2)	60(58.8)
Worked with a person with Autism	41(40.2)	61(59.8)
Job includes services for persons with Autism	22(21.6)	80(78.4)
Provides services to persons with Autism	22(21.6)	80(78.4)
Family friend has Autism	27(26.5)	75(73.5)
Relative has Autism	26(25.5)	76(74.5)
Lives with a person who has Autism	13(12.7)	89(87.3)
Has Autism	11(10.8)	88(86.3)

5.1.7 Community Stigma toward people with autism

Table 12 provides the participants responding regarding community stigma towards people with autism spectrum disorder (ASD). It can be observed that 45.1% of participants believe that sometimes an individual can have difficulties finding a job. This can suggest that people with autism can face employment discrimination. 51% answer that they think people might avoid a person with autism, suggesting avoidant behavior in the community towards individuals with autism.

Table 9. Participants responses regarding community stigma towards people with ASD.

Community Stigma	Never n(%)	Sometimes n(%)	**Often/**Usually n**(%)**
Would having (had**) Autism** cause problems for a person to find work or keep **their job?**	17(16.7)	46(45.1)	39(38.2)
Would someone with Autism be worried about others knowing this?	35(34.3)	40(39.2)	27(26.5)
Does having Autism causes shame to the person affected**?**	40(39.2)	46(42.2)	19(18.6)
Would Autism cause a problem for a person to get married or in an existing marriage**?**	30(29.4)	55(53.9)	17(16.7)
Would people try to avoid someone with **Autism?**	22(21.6)	52(51)	28(27.5)

5.1.8 Descriptive Variables

Five Psychometric Scales Table

	N	Minimum	Maximum	Mean	Median	Std. Deviation
Attitude	102	9	51	25	25	9
Knowledge	102	43	77	67	68	7
Behavior	102	6	30	26	27	5
Familiarity	102	1	12	7	7	3
Community Stigma	102	0	10	5	5	3

*Scores	Attitude: 9 - 81	Higher total scores indicate a higher level of negative attitudes towards Autism
	Knowledge: 23 – 82	Higher scores represent greater knowledge
	Behavior: 0 – 30	Higher scores indicate more positive intended behaviors towards individuals with Autism
	Familiarity: 1- 12	Lower scores indicate greater familiarity with Autism
	Community Stigma: 0-25	Higher scores indicate higher perceived community stigma

On the five psychometric scale table we list the numerical descriptive statistics for each of the five psychometrics scales reduced with the study. The first scale lists each of the five variables: Attitude, Knowledge, Behavior, Familiarity, Stigma. Each column in the table represents different statistical measures for these variables, based on a sample of 102 valid observations. The "N" column shows the order of valid observations (102) and missing values (0), indicating a complete data set for analysis. The "Mean" column shows the average score for each variable, the "Median" column shows the middle value when the data is ordered, the "Standard Deviation" measures the amount of deviation from the mean. The "Minimum" and "Maximum" columns show the range of scores from each variable.

On the Attitude scale it intends to measure the attitude towards an individual with autism. Higher scores represent a more negative attitude. The scores range from 9 to 81, and the participants score sample ranges from 9 to 51. The mean score is 25, this represents a balanced or moderately positive level of attitudes towards a person with autism. A standard deviation of 9 represents more variability in attitude.

For the Knowledge scale, shows a mean of 25, indicating a high level of knowledge about autism, the median score is 68, indicating that the distribution of knowledge is not evenly distributed, a standard deviation 7 suggests there is a lot of difference between knowledge levels and the score ranges from 23 to 82 suggesting that the higher the score the greater knowledge represent about autism.

Regarding the Behavior scale, the mean score is 26, indicating positive behavioral actions related to autism, the median score is 27, implying a balanced distribution, with a standard deviation of 5, and a score range from 6 to 30, which indicated a diverse behavior towards autism. Higher scores indicate more positive intended behaviors towards individuals with Autism

The Familiarity scale, the mean score is 7, showing a high level of familiarity regarding autism, the median score is 7, showing a balanced distribution, for the standard deviation of 3, meaning participants are similarly familiar towards autism, their score ranges from 1 to 12 . Indicating how familiar are participants regarding someone with autism.

The Stigma scale, the mean is 5, indicating a moderate level of stigma towards autism, the median, can be portrayed as a concern, the median is 5, a standard deviation of 3 a diverse variability among the participants, some perceive more stigma towards autism than others. The score ranges from 0 to 10, this reveals a broad spectrum of perception regarding community stigma associated with autism.

5.2 Inferential Statistics

5.2.1 Scatter Plots

Scatter plots are an excellent tool that helps visualize the relationship between two variables across different groups. On the (Y) axis will be the Dependent variable and the (X) axis the Independent one.

5.2.1.1 Scatter Plot: Autism-related stigma and Attitude towards autism

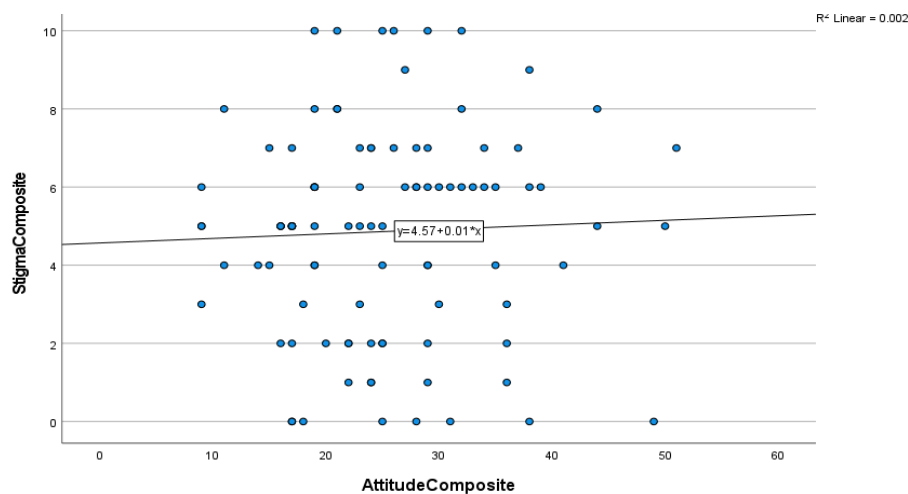*Figure 2.Community Stigma and Attitude Composite Variable*

Figure 2 represents the scatter plot illustrating the perceptions that university students in Dublin, Ireland have towards autism. The x-axis depicts the attitude composite towards autism, while the y-axis shows the community stigma towards autism.

The coefficient of determination (R^2) is observed to be very low , at 0.002. This indicates that only 0.2% of the variability of the community stigma can be explained by attitudes towards autism. In other words, the relationship between both of these variables is weak. This suggests that student's attitudes toward autism might be better explained by other variables. The equation of the regression line is: *Y=4.57+0.01xX.* When analyzing the components of the

equation, the intercept is 4.57, which means that when the attitude composite (X) it at a minimum value of 9, the community stigma composite (Y) is approximately 4.66. The slope is 0.01, indicating that for every unit increase in the attitude composite, the community stigma increases by only 0.01 units. This implies that even a significant change in attitude would result in only a minor change in community stigma. Therefore, while a higher level of negative attitude towards autism corresponds to a slight increase in community stigma, the impact is minimal.

5.2.1.2 Scatter Plot: Autism-related stigma and Knowledge towards autism

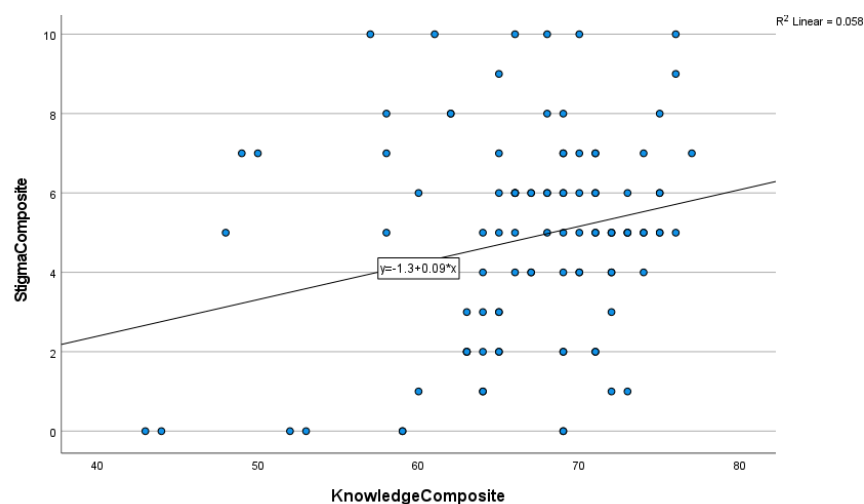*Figure 3. Community Stigma and Knowledge Variable*

Figure 3 presents a scatter plot that illustrates the relationship between Irish college students' knowledge about autism. The x-axis depicts the knowledge composite about autism, while the y-axis shows the community stigma towards autism. The coefficient of determination (R^2) is 0.058, which means that 5.8% of the variability in community stigma can be explained by the student's knowledge. Although this is a higher value compared to the factor depicted in

figure 2, it is still relatively low and does not fully explain the community stigma. The equation of the regression line is: Y=1.3+0.09X. When analyzing the components of the equation, the intercept is 1.3. Given that the minimum score on knowledge assessment is 23, the intercept indicates that with the minimum knowledge score, that the community stigma score would be 3.37. The slope of 0.09 indicates that for each additional unit of knowledge obtained in the questionnaire, the community stigma score increases by approximately 0.09 points. While the positive slope demonstrates greater knowledge correlates with an increase in community stigma, the increase is still weak. Overall, the analysis of this graph suggests that an increase in knowledge about autism regarding college students results in a slight increase in community stigma towards individuals with autism.

5.2.1.3 Scatter Plot: Autism-related stigma and Behavior towards autism
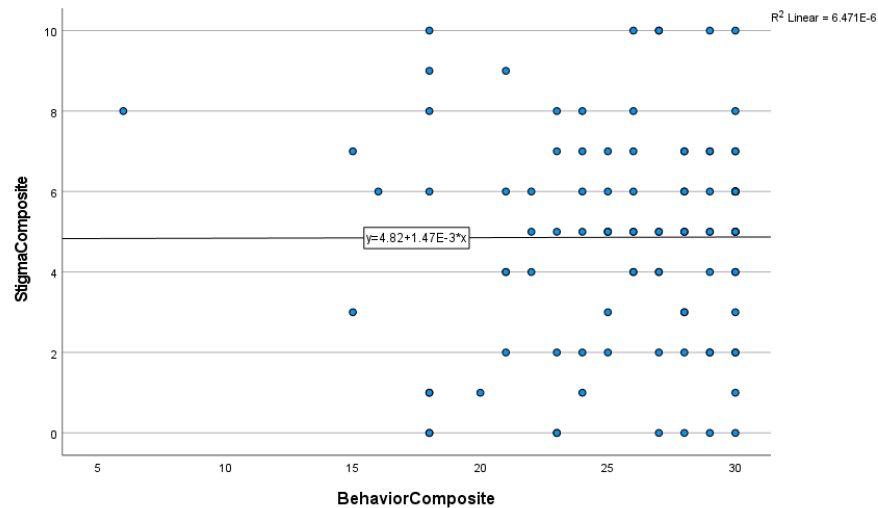
Figure 4. Community Stigma and Behavior Variable

Figure 4 presents a scatter plot that illustrates the relationship between Irish college students Behavior towards autism. The x-axis depicts the behavior composite towards autism, while the y-axis shows the community stigma

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towards autism. The coefficient of determination (R^2) is $6.47×10^{-6}$. This is extremely low. Indicating that less than 0.001% of the variability of community stigma can be explained by behavior towards autism. In simpler terms, there is no linear relationship between these two variables in the studied sample. The equation of the regression line is: $Y=4.82+1.47×10^{-3}X$. The term $1.47×10^{-3}$ is the slope of the regression line. This suggests that for each unit increase in the Behavior composite, the community stigma composite increases by $1.47×10^{-3}$ units. The slope is small and almost insignificant, reflecting the lack of relationship between these two variables. It can be concluded that there is no significant relationship between behavior towards autism and community stigma towards autism.

5.2.1.4 Scatter Plot: Attitude, Knowledge, Behavior

Figure 5 Attitude towards autism and Knowledge about autism composite variables
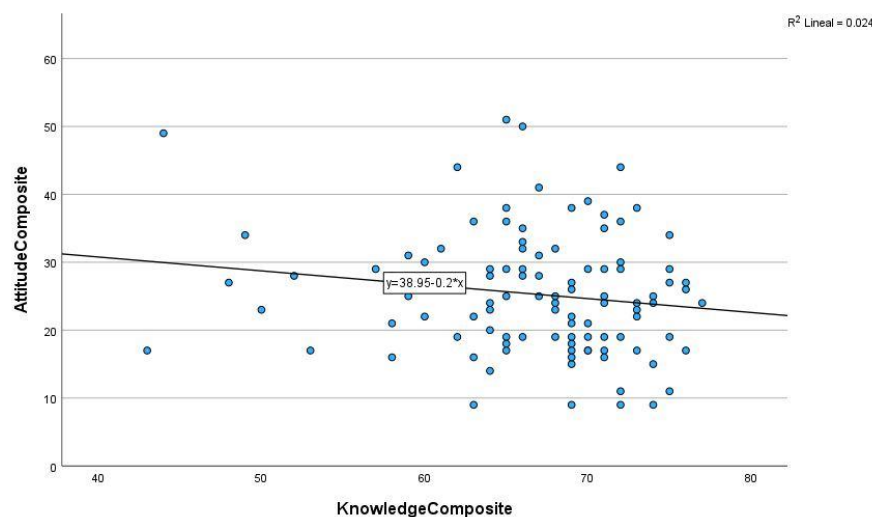

Figure 5 presents a scatter plot that illustrates the relationship between attitude towards autism (y-axis) and knowledge about autism (x-axis) among university students in Dublin, Ireland. The coefficient of determination (R^2) is 0.024. This represents that 2.4% of the variability in attitude toward autism can be

explained by knowledge about autism. The equation on the regression line is Y=38.95-0.2X. The term -0.2 is the slope of the regression line. This suggests that for each unit increase in the Knowledge Composite, the Attitude Composite decreases by 0.2 units. The negative slope indicates that higher knowledge tends to correspond with more positive attitudes, although this relationship is still not as strong. The dispersion of points on the graph and the negative slope suggest that as knowledge increases, attitudes may tend to become more positive. This finding could indicate that greater knowledge about autism is associated with a better understanding and acceptance of individuals with autism, resulting in less public stigmatizing attitudes.

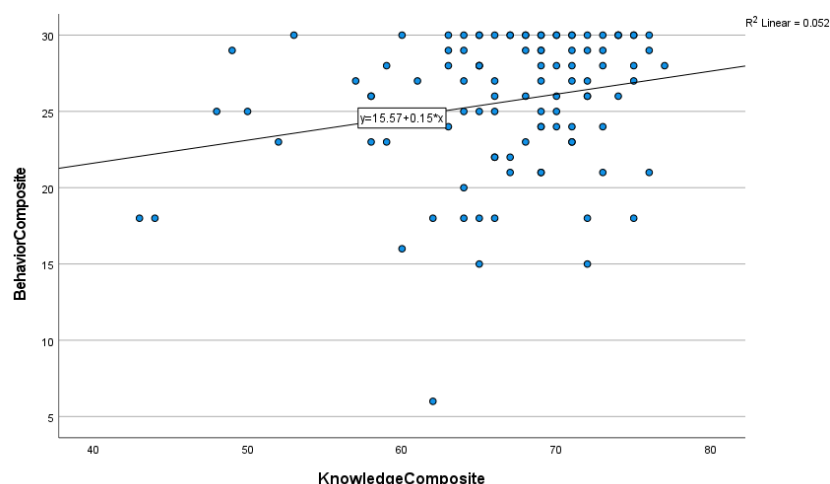*Figure 6.Behavior towards Autism and Knowledge about Autism*

Figure 6 presents a scatter plot that illustrates the relationship between behavior towards autism (y-axis) and knowledge about autism (x-axis) among university students in Dublin, Ireland. The coefficient of determination (R^2) is 0.052, indicating that 5.2% of the variability in behavior towards autism can be explained by knowledge regarding autism. The regression line equation is

Y=15.57+0.15×X. It can be observed an intercept of 15.57. Considering that the minimum possible value on the knowledge composite assessment is 23, the intercept indicates that with a minimum value, the resulting behavior composite would be 19.02. The slope is 0.15, which means that for each additional unit of knowledge about autism obtained, an increase of approximately 0.15 points in the behavior composite is expected. The positive slope suggests that the greater the knowledge leads to an increase in positive behavior towards autism.

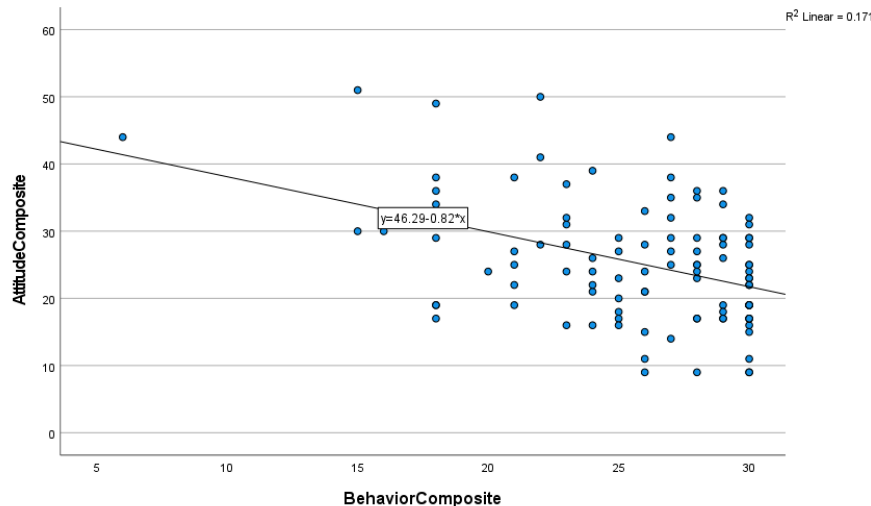*Figure 7.Attitude towards Autism and Behavior towards Autism*

Figure 7 presents a scatter plot that illustrates the relationship between attitude towards autism (y-axis) and behavior towards autism (x-axis) among university students in Dublin, Ireland. The coefficient of determination (R^2) is 0.171, which indicates that 17.1% of the variability of attitude towards autism can be explained by behavior towards autism. A moderate relationship between how the variables are correlated can be observed. The regression line equation is: Y=46.29-0.82×X. It can be observed an intercept of 46.29. The slope is -0.82, which means that for each additional unit in behavior towards autism, a

decrease of 0.82 units in attitude towards autism is expected. The negative slopes suggest that a positive behavior towards autism is associated with less negative attitudes. Overall, this leads us to understand that there is a relationship between behavior and attitude towards people with autism.

5.2.1.5 Scatter Plot: Autism-related stigma and Familiarity towards autism

Figure 8. Community Stigma and Familiarity towards Autism
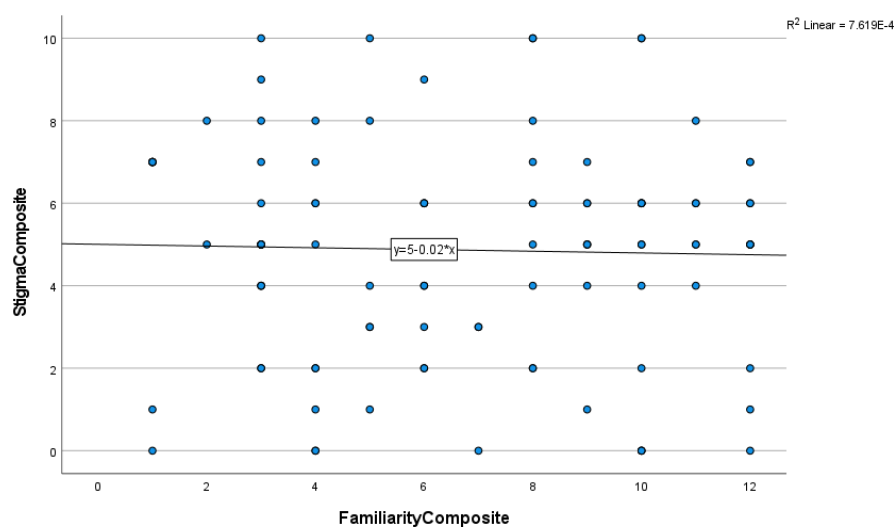

Figure 8 presents a scatter plot that illustrates the relationship between Community Stigma towards autism (y-axis) and Familiarity towards autism (x-axis) among university students in Dublin, Ireland. The coefficient of determination (R^2) is, 7.519E-A, is very low, which indicates that the relationship between the two variables is practically insignificant. The equation of the regression line is Y=5-0.02×X. It can be observed an intercept of 5. The slope is -0.02, which means that for each additional unit of familiarity with autism, there is an expected decrease of 0.02 units in the community stigma towards autism. The slope is negative, indicating that greater familiarity with autism is associated with a slight decrease in community stigma, the change

is small that is not significant in practical terms. To conclude, to understand the familiarity with autism has very slightly negative relationship with stigma towards autism.

5.3 Correlations

5.3.1 Correlations between Community Stigma, Attitude, Knowledge and Behavior

The relationship between different variables attitude, knowledge, behavior and community stigma towards autism has been explored through the use of correlation coefficients and spearman significance tests.

Table 10 Community Stigma, Attitude, Knowledge and Behavior

Measure	Attitude	Community Stigma	Knowledge	Community Stigma	Behavior	Community Stigma
Correlation Coefficient	1.000	0.96	1.000	0.168	1.000	0.28
Sig. (2 - tailed)	0.336	0.336	0.92	0.92	0.782	0. 782
There is no significance						

Attitude and Community Stigma

The correlation coefficient between attitude and community stigma is 0.96, suggesting a very strong positive relationship. This would imply that as the attitude towards autism becomes more positive, community stigma decreases. However, the significance value (2-tailed) is 0.336. Despite the high correlation, it cannot be asserted with confidence that attitudes towards autism directly influence community stigma.

Knowledge and Community Stigma

The correlation coefficient between knowledge and community stigma is 0.168, suggesting a weak positive relationship between them, this indicates that increased knowledge about autism might slightly increase community stigma. However, the significance value is 0.92, which is high, indicating a lack of statistical significance. Therefore, the data does not provide sufficient evidence to support the idea the increased knowledge about autism has any meaningful impact on reducing community stigma.

Behavior and Community Stigma

The correlation coefficient between behavior and community stigma is 0.28. This indicates that there is a moderate positive relationship, implying that positive behavior towards individuals with autism could possibly be associated with lower community stigma. Nevertheless, the significance is 0.782, indicating a much higher than the threshold for statistical significance. As a result, this suggests that there is insufficient evidence to claim a statistically significant relationship between behavior towards autism and community stigma.

The results indicate that there is no significant relationship between community stigma and the factors of (attitude, knowledge and behavior). This means that perceptions of autism and community perceptions regarding autism are of different constructs and are not strongly related. The lack of significant relation suggests a disconnection between an individual's thinks about autism and what they believe society thinks.

This could indicate that the efforts to change individual attitudes many not be sufficient to change community stigma. Since attitudes and community perceptions are of different constructs, interventions must be addressed separately.

5.3.2 Correlations between Attitude, Knowledge and Behavior

The statistical analysis of the relationship between attitude, knowledge and behavior towards autism is crucial for understanding how these three factors interact with each other, and which one is the main driver of the other.

Table 11. Attitude, Knowledge and Behavior

Measure	Attitude	Knowledge	Behavior	Knowledge	Behavior	Attitude
Correlation Coefficient	1.000	-.135	1.000	0.216*	1.000	-.329**
Sig. (2 - tailed)	0.176	0.176	0.030	0.030	<.001	<.001

*Correlation is significant at the 0.05 level (2-tailed).
** Correlation is significant at the 0.01 level (2-tailed).

Attitude and Knowledge

The correlation coefficient between attitude and knowledge is -0.135 with a significance level of 0.176, indicating a weak and negative relationship. This suggests that an individual's level of knowledge regarding autism has little to no significant impact on their attitude towards and individual with autism. The lack of statistical significance shows the independence of these two variables within the context of the research.

This can be interpreted that having more knowledge about autism does not necessarily mean that into more positive attitudes about autism. This implies that although knowledge is important, it is not sufficient on its own to change

attitudes. Additional interventions are needed that address attitudes and perceptions towards autism.

Behavior and Knowledge

The correlation coefficient between behavior and knowledge is 0.216, demonstrating a moderate yet statistically significant positive relationship. This finding indicates that greater knowledge about autism is associated with more positively associated behaviors. The significance at the 0.05 level suggesting there is a significant relationship between behavior towards autism and knowledge about autism. This can be interpreted as greater the knowledge about autism is associated with more positive and supportive behaviors.

Attitude and Behavior

The correlation coefficient between attitude and behavior is -0.329, with a significance level of 0.001. This represents a negative relationship. This statistically significant correlation at the 0.001 level indicates that as attitudes towards autism become more negative, behaviors tend to be less supportive.

Correlation between Community Stigma (Knowledge, Behavior and Attitude)

The following relationship between these three factors is the following. It can be hypothesized that greater knowledge regarding autism can lead to more positive behavior and potentially more positive attitudes, although the direct correlation between knowledge and attitude may not be significant. The evidence observed is that a significant correlation between knowledge and behavior suggest that as knowledge increases, behavior towards autism

improve. This could indirectly influence attitudes through positive exposure and experience.

Likewise, it can be discussed based on the results that more positive attitudes towards autism lead to more positive behaviors since the significant correlation between attitude and behavior confirms this hypothesis, indicating that improving attitudes directly influences behaviors towards people with autism. It is also important to consider the hypothetical proposition that behavior is a result of both knowledge and attitude support this hypothesis. This suggests that to improve behavior, it is essential to increase knowledge and modify attitudes.

Overall, that analysis shows that behavior towards autism is significantly influenced by both knowledge and attitudes. Attitude, although not directly correlated with knowledge, is crucial for improving behavior. Knowledge is important but not sufficient to change attitudes on its own.

5.3.3 Correlations between Community Stigma and Familiarity

Table 12. Community Stigma and Familiarity

Measure	Familiarity	Community Stigma
Correlation Coefficient	1.000	-.043
Sig. (2 -tailed)	0.666	0.666
There is no significance		

Familiarity and Community Stigma

The correlation coefficient between Familiarity and Community Stigma is -0.043, with a significance level of 0.666. This is a weak and negative correlation, which is not statistically significant, suggesting that familiarity with

autism does not influence community stigma. Measuring familiarity and its impact on community stigma it is still an ongoing and complex research.

6. Research Question Answers

5.3.1 Research Question One

What are the levels of community stigma towards autism, as determined by measuring knowledge, attitudes and behaviors, amongst third level college students in Ireland?

Community stigma levels towards autism among higher education students in Ireland were assessed by measuring the composite scores of knowledge, attitudes and behavior using a series of surveys. Regarding the knowledge composite, the scatter plots indicate a positive negative coefficient determination (R^2=0.058) between knowledge and community stigma. This suggests that knowledge about autism increase, there is a slight increase on community stigma, however this relationship is not as strong or impactful. The knowledge scores ranged from 43 to 77, with higher scores indicating greater knowledge about autism. While one might expect that greater knowledge would reduce community stigma, the slight increase in stigma with higher levels of knowledge suggests that knowledge alone is insufficient to reduce community stigma. This indicates that knowledge might need to be accompanied by more intentional or experiential learning to effectively reduce community stigma.

When it comes to attitude, the scatter plots indicate a weak positive correlation (R^2=0.002). This suggests that more negative attitudes might be associated

with a slightly higher level of stigma. The attitudes scores ranged from 9 to 51, with higher scores reflecting more negative attitudes towards people with autism. The average score is 25 suggests, on average, students had neutral to slightly negative attitudes. The range scores indicate variability in attitudes, with some students holding very positive attitudes and others significantly negative ones.

Regarding behavior, the analysis showed a low coefficient of determination ($R^2 = 6.47 \times 10^{-6}$) between positive behavior and lower levels of community stigma. It is an interesting observation that there is a correlation of approximately 0.28. However, the level of significance for this point is not sufficient to determine that this variable influences community stigma. Overall, it could be assumed that there is no clear relationship between community stigma and determined by the three components studied, since each of these factors does not contribute to the studied community stigma.

5.3.2 Research Question Two

Is there an association between the three stigma components (knowledge, attitudes and behavior) in relation to autism as measured amongst third level college students in Ireland?

The relationship between the three components of community stigma towards autism (knowledge, attitude and behavior), the results of this analysis provide a comprehensive view of how these factors interact and influence each other. When it comes to attitude and knowledge, the correlation coefficient between them is -0.135, with a significance level of 0.176. These results indicate a

negative relationship between the two components, suggesting that the level of knowledge about autism does not have a significant impact on attitudes towards people with autism, remarking that knowledge alone is not sufficient to affect attitude.

Behavior and knowledge, the correlation between these two components is 0.216, with a significant level of 0.05. Although this relationship is moderate, it is statistically significant and positive, suggesting that greater knowledge about autism is associated with more positive and supportive behaviors towards people with autism. This implies that increasing knowledge, can lead to an improvement of behaviors towards people with autism.

When it comes to attitude and behavior, the correlation coefficient between them is -0.329, with a significance level of 0.001. This significant negative correlation indicates that as attitudes towards autism becomes more negative, behavior tend to be less supportive. This indicates that attitudes towards autism have a direct and significant impact on behaviors towards people with autism.

The findings of this study indicates that, regarding our sample of university students in Ireland, attitudes and behaviors towards people with autism are significantly related, with more negative attitudes associated with less positive behaviors. However, knowledge about autism does not show a significant association with attitudes, although it does have a positive, but still weak, relationship with behavior.

These results suggest that to improve behavior towards people with autism, it is essential to address both knowledge and attitude. While knowledge alone may not be enough to change attitudes, it can influence behavior. However, improving attitudes reflects a more direct impact on behavior. Strategies aimed at encouraging positive behavior towards autism should consider both increasing knowledge and modifying attitudes towards people with autism.

5.3.3 Research Question Three

Does familiarity impact stigma towards Autism amongst third level college students in Ireland?

The findings regarding the relationship between familiarity with autism and community stigma reveals that correlation coefficient between these two variables is -0.043, with a significance level of 0.666. This results show a weak and negative correlation between familiarity with autism and community stigma. Since the significance level is greater than 0.05, this correlation is not statistically significant. The data suggests that familiarity with autism is not significantly associated with community stigma. This implies that, although familiarity may have an impact on the level of community stigma, there is no significant relationship between them.

Chapter 6: Discussion

7. Key Findings

The research aimed to explore the correlations between community stigma and the variables of knowledge, attitudes, behavior, and familiarity regarding

autism among college students in Ireland. The key findings on this study are the following:

Attitude and Community Stigma

The study found no significant relationship between attitude towards autism and community stigma, indicating that these factors tend to work independently. This suggests that even if an individual has a positive attitude towards an individual with autism, they might still believe that society holds a lot of public stigma towards autism. This can also be linked to Link and Phelan (2006) findings, as they suggest that public stigma is an extensive societal norm rather than a person's belief. Indicating that changing an individuals attitude might not be enough to reduce public stigma on a significant level (Link and Phelan, 2006).

Knowledge and Attitude

Based on the study results there was no significant correlation between how knowledge an individual has about autism and their attitude towards it with a coefficient correlation of 0.135, suggesting that knowledge alone does not influence an person's attitude towards autism. This idea is also supported by Durand-Zalesk (2012) and Jones (2021), knowledge alone is not enough. It should be a combination of personal experiences and emotional learnings to change attitudes. In order to develop and implement educational and awareness programs it is crucial to establish a solid Interprofessional Education Plan (IEP), which is designed to enhance understanding and proper care for individuals with autism. The main aspect of the program focuses on

instead of providing information, includes activities where individuals and in this case college students interact directly with individuals with autism (Price *et la.*, 2024). This approach can help understand and emphasize the experiences of individuals with autism. This method not only helps people learn about autism in theory but also connects with them (Price *et la.*, 2024).

Addressing knowledge gaps, particularly regarding gender prevalence and supporting autonomy found while analyzing the frequency questions, it is crucial to reduce biased attitudes and public stigma. Implementing the IEP's proposed by Price *et la.*, (2024) can potentially close the gap between knowledge, attitudes and behavior.

Attitude and Behavior

A significant correlation was found between attitude and behavior with a coefficient correlation of -0.329. This suggests that when people have positive attitudes towards an individual with autism, they are more likely to behave in certain ways that can include and support a person with autism.

This idea can be supported by Jang and Ahn (2023), as they explain how an individual's intention to perform a behavior is influenced by their attitudes towards that behavior, which means it is a way to understand why people do things. They call this the Theory of Planned Behavior. The research made by Hugh, Johnson and Cook (2022) supports the idea that when individuals, like educators, hold positive attitudes towards people with autism, they are more likely to engage in inclusive behaviors. This aligns with the Theory of Planned Behavior, which refers to the fact that our attitudes influence the way we act.

The study found teachers who had positive attitudes of certain teaching methods were more likely to incorporate them into their classroom. This suggests that if universities work on improving attitudes towards autism, it could lead to more supportive behavior towards the autism community (Hugh, Johnson and Cook, 2022).

8. Implications of Research

The results of this study provide important implications for the design interventions aimed at reducing autism-related stigma. Brown *et al. (*2011) emphasized how complex the relationship between attitude and behavior can be. Their study highlights that while attitudes based on knowledge can guide behavior, behavioral intentions are generally better predictors of actual behaviors than attitudes alone. They also found that despite a more positive attitude towards an individual with autism, community stigma still influences behavioral intentions, resulting in limited social interactions. Connecting these findings to the current study, which shows a significant negative correlation between attitude and behavior (r=-0.329. p=0.001) suggest that negative attitudes towards autism are associated with less inclusive behaviors. This aligns with Brown *et al. (*2011) statement that while people may express concern and kindness towards a person with autism, they often restrain themselves from forming closing relationships due to public stigma.

Knowledge is not directly correlated with attitude (r=-0.135, p=0.176), it does not have a significant relationship with behavior (r=0.216,p=0.05). This suggests that increasing knowledge about autism can lead to more positive and a supportive behavior. Despite the weal correlation between knowledge

and attitude, Bury *et al* (2023) found that the knowledge an individual has about autism is associated with less community stigma. This indicates that while knowledge alone may not directly change attitudes, it can potentially reduce stigma. Dell'Armo and Tasse (2021) support this, indicating that individuals with more knowledge about autism tend to hold positive attitudes, however, this finding is not consistent across all studies.

The statement that measuring familiarity and its impact on community stigma is ongoing and complex highlights that it is an area that actively needs to be researched. Different methodologies, larger sample sizes or different populations might provide different results. This can be correlated to Corrigan and Nowakowski (2019) as they identify a U-Shaped curve in the relationship between familiarity and stigma. While some familiarity can reduce stigma, very close relationships may increase it, ongoing research is needed to further understand this dynamic.

9. Limitations of Study

The study provides valuable insights, but it presents some limitations. First, the sample size was limited to 102 participants from a single university in Dublin, Ireland, which may not be representative of the broader student population in the country. Future studies should include a larger and a much more diverse sample to improve the generalizations of the findings. Second, the use of the self-reported data from the survey could be biased, as participants could have responded to give a more socially acceptable answer. The survey design might also have missed some aspects regarding knowledge, attitudes and behavior related to autism community stigma.

Third, because the study only looked at the data from one point in time, it cannot show how knowledge, attitude, behavior, familiarity and community stigma are related. When it comes to familiarity and community stigma, this study infers since the correlation between is weak and not statistically significant, it suggests that familiarity about autism does not have a meaningful influence on community stigma. Overall, long term studies are needed to see how these factors can change over time and to determine their cause and effect. By addressing these limitations and building the findings, future research can help create better strategies to reduce autism-related stigma.

6.1 Future research

The study found that half of the participants have a very close connections to Autism, such as having a family member, family, or living with someone who has autism. Furthermore, 11% of respondents have autism themselves. This indicates that there might be a self-selection-bias, where individuals who are diagnosed with autism or interested in autism were more likely to participate in the survey.

For future research, it could be useful to compare the participants' responses between those who are highly familiar with autism and those who are not. Such a comparison possibly confirms whether the high levels of knowledge obtained in this study are a representation or just a reflection of the participants group's unique familiarity with autism. By looking at these groups separately, future studies could obtain a clearer understanding of how college students understand and relate to an individual with autism, which could be important for developing better support or educational initiatives.

10. Conclusion

As a result of the quantitative analysis of this study it can be inferred that there is no significant correlation between community stigma and factors of attitude, knowledge, familiarity and behavior towards autism. The research suggests that to reduce community stigma, it is essential to address community perceptions and not just to focus on changing an individual attitude. Awareness campaigns and inclusive policies at a community level are crucial to promote acceptance regarding autism. The conclusions answer the research question and objectives and are supported by previous studies.

Chapter 7: Conclusion and Recommendations

7.1 Conclusion

This research examined the impact of knowledge, attitude, familiarity, and Behavior on autism-related community stigma among college students in Ireland. The results examined that attitudes and behavior towards people with autism are significantly related; more negative attitudes are associated with less positive behaviors. Knowledge about autism does not crucially affect attitudes, but has complex positive relationship with behavior, suggesting that while increasing knowledge can improve behavior, it is not enough to change attitude on its own. Familiarity does not significantly impact stigma. In general, the research indicates that reducing autism related stigma among college students in Ireland requires a more in-depth approach.

7.2 Recommendations

The recommendation for this study focuses on how to successfully implement the findings from this research in both organization and university environments in Ireland that can potentially lead to improvements when it comes to understanding and acceptance of autism. One of the first strategies to implement would be a training and development program that educates employees about autism, the importance of inclusivity and the impact of public stigma it can have on someone's mental health, by doing this there could be an increase in knowledge and positive attitudes towards an individual with autism, it can lead to a more supportive and inclusive environment.

Within the organizational context ensure to establish clear policies and procedures that protect current and future employees with autism from discrimination, create an open and safe space where employees can learn from each other, this will create a culture of acceptance and support.

Regarding the university environment, raising awareness and promoting inclusivity within the college community can have an impact on how the students perceive a person with autism. By launching campaigns that make a positive representation of the strengths and challenges a person with autism. This can be promoted though social media and events on the campus.

The programs that could be implemented constitute of three training courses two being led by the CIPD and As I am, Ireland's Autism Charity. The ones lead by the CIPD first is an accredited program regarding Equality, diversity and Inclusion (EDI), it teaches employers and employees on how to properly create a culture the prioritized inclusion, trust and how to empower everyone to reach their best potential. It will follow up with an Employee Wellbeing

course, its main focus is how to create the proper conditions of well-being and resilience in the workplace (CIPD, 2024).

The AsIAm provides training and accreditation supports to organizations to being more autism friendly. They provide guidelines on how to understand autism and acceptance (AsIAm, 2024).

7.3 Time Frame

The following time frame suggests the implementation of the following programs: The EDI program consists of a 50 to 70 hours online self-directed learning, since it is such a complex and depth understanding, there is final assessment to be submitted within 10 months ensuring that there was enough time for understanding and put into practice the learned concepts. The well-being course, consisting of a one-day training online class with a duration of 3 hours and 45 minutes, and then ensure that that there was enough time for understanding and put into practice the learned concepts within the next following 3 months (CIPD, 2024) . The full implementation will take about 13 months.

The integration of an autism training program is crucial for promoting understanding, support, acceptance and inclusivity within an educational environment and organizations. The implementation of span for this training requires two years, the first year requires preparation and a full training schedule, in the second year focuses on implementing and monitoring (AsIAm, 2024).

7.4 Financial Implications

The cost estimation and implementation of these programs includes £2,500 for the EDI training and £625 per person for the Well Being course (CIPD, 2024). Depending on the number of employees the organization has, this can be a costly change. However, spreading the implantation over the timeframe of 13 months to 2 years allows for achievable budgeting. Overall, implementing these programs requires a strategic approach, but if managed properly organizations can successfully become more inclusive and provide support for a person with autism.

7.5 Personal Learning Statement

Thought this research, I found myself learning several aspects regarding mental health, autism, and community stigma and its components. I found how public stigma can have an impact on someone's mental health and well-being. As a psychologist and a student in human resource management, this study allowed me to engage and connect on this particular area, especially a subject linked to my career as a psychologist. How these findings cannot just simply help universities, but also organizations regarding the aspects of autism. How can organizations take even further steps intro creating a more positive mentally healthy environment? This research allowed us to understand even further how complex the human mind can be and how connected everything is.

During the process of this research study, I was forced to think above and beyond, to enhance my critical analysis. There is still very much room for improvement, specifically in dealing with quantitative research and tools that are required to find your results, specifically in the use of SPSS. This was a

big learning curve for me, as someone who struggles with mathematical analysis, this was a challenge, but I was able to improve this skill. Another great skill was time management, key to completing this dissertation. To balance work and a thesis comes with a great amount of stress and anxiety, I learned how to prioritize the important tasks. This experience I will take with me my entire life.

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Appendix

Appendix A: The U-shaped relationship between public stigma and familiarity.
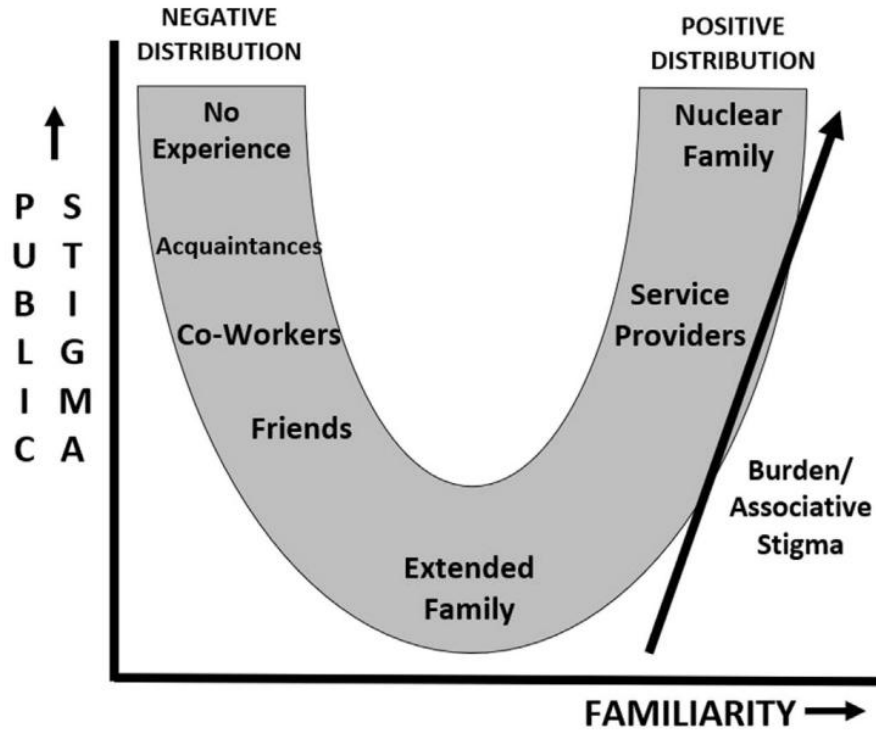
Appendix B : Questionnaire

Exploring Knowledge, Attitudes, and Behaviors Towards Autism Among College Students in Ireland Questionnaire

Demographics

2. Gender

- ◯ Male
- ◯ Female
- ◯ Other

3. Age (In numbers)

4. Level of Education

- ◯ Undergraduate
- ◯ Postgraduate

5. Field of Study

- ◯ School of Business
- ◯ School of Computing
- ◯ School of Education
- ◯ School of Psychology

Attitudes to people with Autism

Please read the following statement and answer the questions below, select the number of the best answer to each question:

Harry is a 30-year-old single man who lives alone and attends your college. He has no friends. Sometimes he acts very strangely, in ways that are hard to understand. For example, he won't make eye contact if you speak to him, he always talks quite loudly, and he tends to rock back and forth in class during the lecture. He has been absent six times because of his condition.

1. I would feel pity for Harry. *

    1   2   3   4   5   6   7   8   9
    ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯

    none at all - very much

2. How dangerous would you feel Harry is? *

    1   2   3   4   5   6   7   8   9
    ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯

    none at all - very much

3. How scared of Harry would you feel? *

    1   2   3   4   5   6   7   8   9
    ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯

    none at all - very much

4. I would think that it was Harry's own fault that he is in the present condition. *

    1   2   3   4   5   6   7   8   9
    ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯

5. I think it would be best for Harry's community if he were put away in a psychiatric hospital. *

     1 2 3 4 5 6 7 8 9

◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯

none at all - very much

6. How angry would you feel at Harry? *

     1 2 3 4 5 6 7 8 9

◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯

none at all - very much

7. How likely is it that you would help Harry? *

     1 2 3 4 5 6 7 8 9

◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯

none at all - very much

8. I would try to stay away from Harry. *

     1 2 3 4 5 6 7 8 9

◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯

none at all - very much

9. How much do you agree that Harry should be forced into treatment with his doctor, even if he does not want to?

     1 2 3 4 5 6 7 8 9

Knowledge Assessment Questionnaire on Autism Spectrum Disorder

The purpose of this questionnaire is to estimate your current knowledge on Autism Spectrum Disorder (ASD). We ask you not to consult external sources of information when you answer the questions. Please select the option corresponding to your answer.

10. People with ASD have oral language delays: *

- ( ) Always
- ( ) Sometimes
- ( ) Never
- ( ) I don't know

11. Understanding of oral language is not impaired in people with ASD: *

- ( ) True
- ( ) False
- ( ) I don't know

12.People with ASD have difficulty communicating: *

( ) Always
( ) Sometimes
( ) Never
( ) I don't know

13. People with ASD have difficulties in social relations: *

( ) Always
( ) Sometimes
( ) Never
( ) I don't know

14. People with ASD avoid eye contact: *

( ) Always
( ) Sometimes
( ) Never
( ) I don't know

15. People with ASD have an intellectual disability: *

( ) Always
( ) Sometimes
( ) Never
( ) I don't know

16. People with ASD have restricted and repetitive behaviors, interests or activities: *

- ( ) Always
- ( ) Sometimes
- ( ) Never
- ( ) I don't know

17. People with ASD have behavioral problems (Throwing objects, aggression towards others,
yelling): *

- ( ) Always
- ( ) Sometimes
- ( ) Never
- ( ) I don't know

18. How is ASD diagnosed: *

- ( ) Biological (blood test)
- ( ) Genetics (karyotype)
- ( ) Clinical (observation of absence or presence of certain behaviors)
- ( ) I don't know

19. Current number of children with ASD: *

( ) 1 in 100 children

( ) 1 in 1500 children

( ) 1 in 15000 children

( ) I don't know

20. ASDs are more common among girls than boys: *

( ) True

( ) False

( ) I don't know

21. The symptoms of ASD are very different from one person to another: *

( ) True

( ) False

( ) I don't know

22. Compared with the rest of the population, individuals with ASDs may present the following: (check the box that best corresponds to your answer, please respond by ticking one box only) *

	More frequently	As frequently	Less frequently
Depression	◯	◯	◯
Anxiety	◯	◯	◯
Obsessive Compulsive Disorder	◯	◯	◯
Phobia	◯	◯	◯
Eating Disorder	◯	◯	◯

23. Attentional difficulties are frequently found in children with ASD: *

◯ True

◯ False

◯ I don't know

24. People with ASD have hyper- or hypo reactivity to sensory input or unusual interests in sensory aspects of the environment : *

◯ Always

◯ Sometimes

◯ Never

◯ I don't know

25. People with ASD have extraordinary talents: *

◯ Always

◯ Sometimes

◯ Never

◯ I don't know

26. People with ASD are generally very good at attributing intentions, desires, *
and beliefs to others.

◯ Always

◯ Sometimes

◯ Never

◯ I don't know

27. People with ASD are usually interested in details: *

◯ True

◯ False

◯ I don't know

28. People with ASD usually adapt easily to changes: *

◯ True

◯ False

◯ I don't know

Behaviour towards people with Autism

Part1: The following questions ask about your experiences and views in relation to people with Autism.
For each of questions, please respond by ticking one box only.

29. Are you currently living with, or have you ever lived with, someone with Autism? *

◯ Yes
◯ No
◯ I don't know

30. Are you currently working with, or have you * ever worked with, someone with Autism?

◯ Yes
◯ No
◯ I don't know

31. Do you currently have, or have you ever had, * a neighbour with Autism?

◯ Yes
◯ No
◯ I don't know

32. Do you currently have, or have you ever had, * a close friend with Autism?

◯ Yes
◯ No
◯ I don't know

Part 2: Instructions: For each of the statements, please respond by ticking the *
appropriate box

	Agree strongly	Agree slightly	Neither agree or disagree	Disagree strongly	Disagree slightly	I don't know
In the future, I would be willing to live with someone with Autism	◯	◯	◯	◯	◯	◯
In the future, I would be willing to work with Autism	◯	◯	◯	◯	◯	◯
In the future, I would be Willington live nearby to someone with Autism	◯	◯	◯	◯	◯	◯
In the future, I would be willing to continue relationships with a friend who is late diagnosed with Autism	◯	◯	◯	◯	◯	◯
In the future, I would absolutely						

be open to my child attending school along side a classmate who has autism	◯	◯	◯	◯	◯	◯
In the future, I would be willing to have my child taught by someone with autism.	◯	◯	◯	◯	◯	◯

Level of Contact Report

Please select the item you have experienced in your life time (several possible answers).

39. Familiarity Items *

☐ 1. Never observed person with Autism
☐ 2. Observed ,in passing, person with Autism
☐ 3. Watched movie about Autism
☐ 4. Watched television documentary about Autism
☐ 5. Observed person with Autism frequently
☐ 6. Worked with a person with Autism
☐ 7. Job includes services for persons with Autism
☐ 8. Provides services to persons with Autism
☐ 9. Family friend has Autism
☐ 10. Relative has Autism
☐ 11. Lives with a person who has Autism
☐ 12. Has Autism

40. Please answer the following questions about Autism: *

	Never	Sometimes	Often/usually	I don't know
Would having (had) Autism cause problems for a person to work Orr keep their job?	◯	◯	◯	◯
Would someone with Autism be worried about others knowing this?	◯	◯	◯	◯
Does having Autism cause shame to the person affected?	◯	◯	◯	◯
Would Autism cause problem for a person to get married or in an existing marriage?	◯	◯	◯	◯
Would people try to avoid someone with Autism?	◯	◯	◯	◯

Appendix C

AI Acknowledgement Supplement

Research Methods

Impact of Knowledge, Attitude, Familiarity, and Behavior on Autism-Related Community Stigma Among College Students in Ireland

Your Name/Student Number	Course	Date
Andrea Navarro 22233946	Research Methods	August 16th, 2024

This section is a supplement to the main assignment, to be used if AI was used in any capacity in the creation of your assignment; if you have queries about how to do this, please contact your lecturer. For an example of how to fill these sections out, please click here.

AI Acknowledgment

This section acknowledges the AI tools that were utilized in the process of completing this assignment.

Tool Name	Brief Description	Link to tool
N/A	N/A	N/A

Description of AI Usage

This section provides a more detailed description of how the AI tools were used in the assignment. It includes information about the prompts given to the AI tool, the responses received, and how these responses were utilized or modified in the assignment. **One table should be used for each tool used.**

[Insert Tool Name]	
N/A	
N/A	N/A

Evidence of AI Usage

This section includes evidence of significant prompts and responses used or generated through the AI tool. It should provide a clear understanding of the extent to which the AI tool was used in the assignment. Evidence may be attached via screenshots or text.