

## **CHAPTER IV**

### **DATA ANALYSIS AND INTERPERTATION**

#### **4.0.0 INTRODUCTION**

Analysis and interpretation are process. The systematic data analysis and interpretation might be achieving the goal of research. In the connection data should be analysed in proper manner as well as interpretation should be done better way. Analysis of the data is as important as any other component of the research process says Gay (1976). This chapter deals with analysis of the data. Data interpretations are also made to account for the results. In this study the researcher tried to find out the educational needs of children with autism spectrum disorder from teacher, doctor, expert, parents, helper, and children with autism spectrum disorder through interview and participant observation. The data for the present study were obtained with the help of various tools such as structured interview for the teacher, structured interview for doctor, structured interview for expert, structured interview for parents, structured interview for helpers and Participant observation in connection to find out the educational needs. The collected data were presented separately of each stakeholder and analysed the data as per the objective of the study. In the present study, data analysis is done qualitatively with the help of data triangulation.

#### **4.1.0 DATA PRESENTATION**

Data of all stakeholders i.e. teacher, doctor, expert, parents, helpers are presented separately in the following manners.

##### **Data Obtained from Teachers**

Tenth special teacher working with the ASD children having subject knowledge about teaching the children with autism spectrum disorder were interviewed by the researcher and the information provided by these teachers is presented as follow.

#### **BEHAVIOUR IN THE SCHOOL**

About the routine work of the children Most of the special teachers told that children perform prayer in the morning for which they were asked to keep their bags and shoes at the proper place. Teachers teach them the ways to keep their bags and shoes those children are unable to do so.

Some of the teachers said that they do activities according to pre-schedule. Class room activities for young children were like, seating tolerance, shoes lacing, cloth folding, puzzle activity, working with I-pad, group work followed by lunch. They do perform national anthem after the prayer. Then attendance is taken for all. Classroom activities of older children are followed as per their time table. Children do physical exercises after prayer. Sensory activity and physical therapy is given to children in turn. Some children also do any one of the activities from drawing and music. Some classes were also divided into Verbal and Non-Verbal activities.

Most of the special teachers said that children were taught as per their schedule as they do not like any type of changes in their schedule. They were oriented in advance before any type of changes in their teaching activities. Children are taught seating habit, puzzle, eye-hand coordination, bidding, testing, dot joining, colouring, identification, etc. For prevocational section, they were taught by modelling, one to one and eye to eye contact, comparing minimum and maximum, doing verbal and non-verbal activities. They were taught with the help prompts and using different methods according to their problems. Some said that they teach children by writing, speaking, and using pictures.

Most of the special teachers said that children had problems with toilet training. Children were not able to do the complete toilet task. One tenth of the early intervention children followed it where as other children were trained, with the help of social story and communication book, children as well as parents are taught about the toilet training at home. A schedule had been made for the children, accordingly they were sent to the washroom every half an hour. In young children, no one had the sensation of defecation. Some children pee or defecate in the pant for attention-seeking

After that, the teacher tells the children verbally that if the pant becomes dirty or if they want to go to the toilet, then tell the parents or caretaker. Sometimes the teacher himself/herself takes the children to the washroom. Some children go by asking for signs and communication cards. Less toilet problem is seen in older children if there is a problem of toilet in only one or two children, then they keep them wearing diapers and train the children in the toilet by giving physical and verbally prompt and it takes about 2-3 years to train them in toilet training. Older children go to the toilet independently.

Most of the special teachers said that children with autism had trouble eating food on their own, and often there were problems in eating liquid foods like dal rice, etc. with their own hands.

They happily eat things like roti, vegetables, crunchy etc. by themselves. Some children had problem in making morsels, because they had sensory issues.

Some have no grip and some have poor fine motor functioning. These children do not eat food other than their choice. Food training is given by making social stories, by showing pictures, they teach them how to eat food, which takes about 3 years to learn. Some children are physically promoted by holding rolled roti sabzi. They ask them to hold in hand & keep it in their mouth and tell them to chew. Some children eat in a typical way; efforts are also made to make them independent. Some teachers teach them by tearing paper, practicing with wet soil, breaking roti and mixing rice and lentil curry. Due to which their gripping improves and some teachers ask the mothers to make a roll of roti vegetable and hold it in the hand of the child. There is a lot of difficulty in teaching these young children how to eat, while almost all older children can eat on their own.

Most of the special teachers said that these children behave well with the teacher. Their behaviour depends on their mood. For a new person or new event they need to have written information well in advance because these children do not get mixed up with the new people quickly and they may behave differently.

Most of the special teachers said that children with autism have problems in activities for daily living, problems in the winter season. Autism children also have transition difficulties. What a normal baby does in the daily routine, special children do not do it. 50% of small children have to be caught and got ADL work done. They also have to give verbal prompts, if they are taken out of Campus or home, then they should be told in advance.

Most of the special teachers teach to the students through the orientation, shaping, ABA, with the help of card, board, I-paid, paper pencil, book and communication book, colourful art and abacus for number system.

Most of the special teachers said that ADL is very important for a Autism children. According to the problems of children, the schedule is needed, can be written and told, if you are seeking attention, then enabling them to be independent.

## **COMMUNICATION**

Most of the special teachers said that they talk to the children through written script and verbally. Some teachers said that by showing pictures to the children who are unable to speak verbally,

they communicate with them by writing and keep motivating them to speak more than what they speak.

Most of the special teachers said that autistic children communicate with teachers for food and water. Some teachers said that few children want to study and few want to play, few children want to go to the washroom and have break, and few want to communicate with them for peer interaction. Some teachers said that these children always have to be engaged.

Most of the special teachers said that they understand up to 70%-80% of the words of Autism children through facial expressions, body language, gestures and self-experiencing. They practice by trial and error from the communication chart, and understanding them through behaviour. Some teachers said that children who can speak use some kind of wrong words. Trying to understand those children by adding a relation to the incident. Initially there is a problem in understanding because most of the children are non-verbal and even if they speak, they are not able to speak clearly, but after doing regular work, and they are now experienced to a great extent.

Most of the special teachers said that even children with autism understand the teacher's point of view, instead of speaking, they understand the written script sooner, whether it is young children or older children. Two teachers said that these children understand the teacher through facial expression. A teacher said that children do not do eye contact, they follow the command.

A teacher said that if you do not behave well with these children in the morning, then these children will not understand the teacher's words for the whole day. A teacher said that if a child listens, then s/he understands verbally, if he does not listen then he cannot do anything. About the topic of attention, a teacher said that if there is more behavioural issues then picture with social stories are used for communication. A teacher said that 'I speak, and ask them to listen what he/she is going to say'.

These children also express their good and bad feelings through their facial expressions and body language. If something happens to these children on the way to school or at home, then they stay disturbed in class all the day. Teachers ask these children about their feelings by writing and showing them the scripts with different options. For example, if the teacher asked a written statement 'What happened to you today ?' showing few options then the child circles on the option given by the teacher and try to tell the teacher that because of this event s/he is disturbed

and the child becomes normal. A teacher also said that some children do not have any feelings either good or bad.

Most of the special teachers said that if non-verbal children want something, they communicate the teachers using all possible means by holding their hands, or bring the container in which their material of interest is kept. If someone is hurt in some body part, they show it directly to the teacher non-verbally. Very few children communicate verbally. Some children speak with incorrect words which is not clear for communication. These kids also communicate about their daily needs with the help of charts and cards, or through hints. A teacher said that these children ask by writing the options, some tell them from the remaining actions. A teacher told that some children sit quietly and they do not react in any way.

Most of the special teachers said that they talk verbally to the children so that they get into the habit of speaking. They get their therapy in communication done according to their schedule. These children are helped in communication by using cards, charts and books. Two teachers said that they teach them daily communication behaviour- like telling 'good morning', 'good bye', 'I am coming', 'I want to go to toilet' etc. And they are told to use these sentences while talking to other people. A teacher said that they make them do new activities, so that they can do something on their own. A teacher said that they work according to the needs of these children and they are helped when they have problems. A teacher said that they try to make them completely independent so that these children can learn without disturbing others.

Most of the special teachers said that these children should ask for their basic needs, they should tell the problems and pain with their body, should express him and should not hurt themselves and others. A teacher said that these children should use the communication cards, charts and use written communication if they are poor in verbal communication as they understand the written script better than spoken words. A teacher said that by making a schedule of talking to them every day, they will increase their vocabulary and will also try to speak in any medium of instruction.

### **BEHAVIOUR OUTSIDE THE SCHOOL**

Most of the teachers said that children do cry, shout and have transition difficulties when they are outside the school, as these kids don't adapt to new places easily. Two teachers said that as our children are not so social, people from outside do not understand them and do not even accept them easily. Children do not like crowded places because they have problems with sound

and also obsess about bright light. So there is a chance of missing while taking outside. They also adjust well in the gardens and quiet places. Some teachers said that children sometimes go outside and get disturbed due to over activities but older kids adjust themselves outside, but it takes time.

Most of the special teachers said that while going outside, before leaving the school they were orientated about the place to visit, the journey and the situation so that they will setup and maintain their mind and they will be happy. If they are not oriented before going on the trip, they will all behave unusually and will start crying. Two teachers said that they manage children's behaviour before leaving the school for outside by providing them with written scripts. One teacher said that they also suggest parents to take their children for outing. Before leaving the house for outing, parents are suggested to tell the child about the journey. A teacher said that he orients children by doing action and also tells them in writing, how to behave there, what to eat there, where is the washroom, on which side the toilet is at the picnic spot and all about the place in details. He also explains children not to take anything from the shop by just pulling them as those can only be purchased. If they want to take anything, then they will tell to their teacher. If they have any problem at the picnic spot, they are instructed to tell it to the teachers through their communication book.

Most of the special teachers said that the child should have toilet training. With washroom and toilet training the child can enjoy everything happily. A teacher said that if the child has no toilet training then it is better to take him/her out wearing a diaper. They should know to identify some socially useful symbols like toilets for ladies and gents, and the symbol of walking on the road like green, red yellow etc. Three teachers said that these children should be trained not to disturb others. A teacher said that the child should be trained not hit anyone. A teacher said that they should also know where to eat, what to eat and how to eat outside.

## **SOCIALIZATION**

Most of the special teachers said that these children lack socialization. Two teachers said that they have poor socialization. Two teachers said that few children talk and do nothing. A teacher said that these children do not mix with each other, but they understand each other. Without orientation these kids push visitors and run away.

Most of the special teachers said that these children do not have any friends, and most of the children do not have a social mind. A teacher said that they hold each other's hands while in the class. These children also share their Tiffin with each other. A teacher said that their behaviour is good in their group. A teacher said that these children roam or walk with whom they are comfortable.

Most of the special teachers said that these children either do not have social interaction or very less interaction as these children do not accept people from outside. Three teachers said that most of the people in the society do not accept these children; they isolate themselves in the society. People do not know how to communicate with these children, so they consider them as mad or mentally retarded. A teacher said that in any function, parents have the biggest problem in handling these children.

Most of the teachers said that in any social function where people gather; there should also be the involvement of these children. It is very important to orient these children before social involvement. Awareness is very less in the society about these children so that awareness should be spread about autism in the society, how to treat and communicate with these children. Autism children should be accepted everywhere in the society and the government should also do something that everyone should accept these children. A teacher said that one day in a week, all the parents and autism children should play together to improve their social behaviour. A teacher said that autism and other disabilities should be made as a subject in school so that people know about it from childhood. A teacher said that these children learn both bad and good things very quickly. So care should be taken that they should not learn any bad thing while learning socialization. A teacher said that there is a need to build rapport with the guests coming to the house and there is a need to teach manners to these children. To make them socialized, teachers need to work continuously for about 2 years. Few children are able to answer the questions. Small children are trained with group activities and one to one activities.

Most of the special teachers said that these children should learn to how to say hi, hello, good morning, Namaste, shake hand, and welcoming guests, developing good habit, good manners and the habit of sitting. A teacher said that these children do not mix with other children and like to be alone. Therefore, more and more of these children need to be made social. A teacher said that "when parents take such children to the society, people do talk about these child and parents

feel sad for this". A teacher said that if the child would be allowed to work with new people, their socialization would increase.

## **COGNITIVE BEHAVIOUR**

Most of the teachers said that if the child comes from childhood and teaches in the mother tongue then she/he learns quickly but most of the classes are bilingual like (Hindi and English) or (Gujarati-English) and some teachers speak Hindi, English and Gujarati. The memory of these children is good and photogenic. So they remember at a glance and do not forget easily. In the process of teaching these children there is a need to do well with worksheets. Children with echolalia speak line by line but do not understand its meaning. A teacher said that older children learn English lessons, do mathematics calculations with calculators and do type on computer. Some like to do English reading on their own. A teacher said that younger children do have basic colour concepts and have basic understanding of animal's voice. Autism children are visual learners. 50% of children with autism learn through training and it takes time to teach them. Children with only autism can progress well, but children with other disabilities with autism have great difficulty in teaching. Only identification, colour concepts, eye contact, gripping, and ADL are possible for them.

A teacher said that these children face problem in oral and which is due to lack of speech therapy as these children have trouble in understanding. They are taught by holding their hands or through picture cards. Even teachers do not understand their level of understanding. Due to frequent change in language and mixing of different language, these children get lost in their world. As their vocabulary is very limited, they are taught by holding their face and repeating a small statement three to four times for their understanding. A teacher said that only the parents of these children know the level of their understanding because as they are attached to them since childhood.

Most of the teachers said that these children do well in mathematics and learn addition, subtraction, multiplication and division easily and quickly with the help of calculators, ipad because all signs and numbers are present on it. Along with practice, they need both pictures and verbal instruction for this purpose. Two teachers said that they first teach them counting from 1 to 10 with the help of tablets and device giving numbers along with the pictures. They do all the

mathematical process in their mind itself. Two teachers said that they teach them writing by joining the dots and tracing them. They do it through regular exercise and it takes lots of time. A teacher said that they learn from counting concrete things or shape and also through technology. A teacher said that maths should be taught along with writing and copying on the note book. They have problems in adding and subtracting by dragging small lines on the copy. The concept of counting and writing like us is not in their mind as these children are unable to express and receive. It takes a lot of time to teach them and new technology can help them.

Most of the teachers said that these children like painting, music and dance. We make all the children dance on the festivals. Two teachers said that they also like sports. Some children do folk art, shape, cartoon, finger print, palm print, copy etc. in painting. Taping is done on the flower shape with a brush. One child performs 100% in painting, one in music. These children like to listen to music in very slow voice. Most of the special educators have said that these children have to be taught step by step. These kids are gifted. If parents make these children practice even at home, then by practicing again and again, these children learn better. A teacher said that by finding the area of interest of these children and teaching them, they do good work by putting their heart. These children speak to copy, and have to be taught by copying. If a music teacher teaches them to sing some new song, then s/he does not sing, and those who sing, do not understand its meaning. Due to the sound sensitivity, these children like to listen to music in low voice. While painting, brushes are broken, colours are also eaten by them. They do not know how much colour to take and how much pressure they have to put on the brush for colouring. They are not able to do the entire task of painting by themselves. When these children start painting, they do not agree to stop even if they are asked to stop. Some children have problems in both drawing and painting due to grip problem. Many of them do not touch the colour due to sensory issue. In dance, they are given physical prompts or they have to be taught by holding the child from behind. These children take very little interest in dance. They have almost negligible interest in the game and they have to give prompts again and again while playing.

Most of the teachers said that these children think very slowly. The thinking pattern of these children is very rigid; these children do not come out of their schedule. In autism, we can't tell what these kids think. Even if these children think, then they do not know what they are thinking. But if we try, these children can do well. A teacher has said that if some children are small, they

do little thinking but they have lot of memory. Orientation, question-answer, memory game, and written along with pictures are also be used to increase their thinking. A teacher said that the level of learning of these children is low. These children do not accept the new teacher quickly. If these children are disturbed, they hit the child and the teacher.

Most of the teachers said that counting up to 10, A to Z alphabets, colouring, word formation of two letters, sentence formation, and maths should be taught them. These children have to write their own name, and do signature. Three teachers have said that the concept of coin and understanding of money should be known to them like how much money is given and how much is to be taken for a purchase. One should know to do calculations. One teacher said that most of the children should know computer. A teacher said that by doing written communication with these children, their problem should be solved because after repeatedly asking these children, their sensory skills increases. A teacher said that if these children know how to meet people, how to sit and stand, and then their world can move forward. Two teachers said that by practicing slowly with these children, if you keep teaching, then these children can do well.

## **SENSORY MOTOR BEHAVIOUR**

Most of the special teachers said that these children have sensory problems. They do not accept the party clothes due to its texture and start itching, they do not like loud voice and music. Smell's sensitivity also occurs in these children while some children like to have hot or dirty smells. Sensing the taste, most children prefer to eat their own homemade food. Some kids like to eat crunchy, crispy, hard things while most kids don't like sweet food. These children also have emotional problems related to touch as some children enjoy being with their acquaintances while some children do not get the feeling of their little ones and some also go away. Two teachers said that these kids also have visual needs, moving around looking at things they live on. These kids don't do eye contact with the person as well as they have problems with too much light. One teacher said that children with autism also have vestibular pain, so they like to move on a chair or on a swing. These kids get irritated when the weather changes.

Most of the teachers said that these children are given sensory therapy and accommodation therapy according to their needs. Children who are sensory seekers are not given sensory therapy; those who are avoiders are given sensory therapy. Some children have vestibular need.

A person puts pressure on their body according to the time schedule and keeps on reducing the weight and time. Two teachers said that some children like dirty smells and hot smells and some like soft smells too. Smell bottles are kept for this purpose like room freshener, phenyl and according to their likeness these children are given its smell. It takes 1 to 8 years for these children to come out of their own world.

Most of the special teachers said that when these children are sad, disturbed, they beat someone, beat their hands on the table, spit, cry, and roam in the class, don't sit, and hit himself. These children do not have the feeling of pain, happiness and sorrow. They do not know about it because these children are very less sensitive. Those who have sensation, they start crying even after a little pain. These children keep scratching the wounds made on their body, if their lips are cracked, they scratch, so there is always a wound on their body and if they feel pain on doing so, then they like it. If they are not able to tell their sorrow and pain, then their problem is asked from the communication chart or by giving option, then children circle on the option. Some children also get to know by their facial expression. A teacher said that when children are happy, they will be happy all day. A teacher said that if some incidents that happened in their life do not come out quickly from their brains. If one tells a social story not to inflict wounds on the body, then it will settle for some time and then again start behaving the same way.

Most of the special teachers said that the sensory needs of these children are different. These children are more hyperactive, if they like to climb and jump, then wear a heavy loaded bag jacket for them, then walk a little well, then their energy channelizes the sensory of the vestibular, probes, visuals of these children also have to be given according to the need and children also have to be given pressure on their body. Keep these children away from loud sounds and these children should be avoided from dirty smells. These children learn more by seeing and hearing and they have to repeat again and again. Children who love music listen to songs with their earphones to reduce hypersensitivity. Sensory therapy should be given to them.

## **AFFECTIVE BEHAVIOUR**

Most of the teachers said that the emotional attachment of these children remains good with all the staff of the school. Their attachment with the teachers who work with these children increases very much. If those teachers do not come to the class, then the children get disturbed,

so these children are oriented by writing in advance that tomorrow these teachers will not come and you need to do good work / activity with other teachers. But these children do not work well even with other persons. The attachment of small children is good with everyone. A teacher said that these children have attachment with other but they cannot tell it. A teacher said that these children do not have attachment with anyone because these children are not social.

Most of the teachers said that the attachment of these children with their friends is good. "Sometimes if someone scolds a student then his friends come and stand beside the person". The children have few friends. These children do not speak but play and sit near their friends. A teacher said that these children do not make friends quickly.

Most of the special teachers said that they try to improve attachment through food sharing, birthday cake sharing, outing, visits, hand shack, daily Namaste, making a star on hand, giving things of choice, dance, music, and sending children home with other mothers, giving information by speaking.

Most of the teachers said that they should know how to live with their parents, how to live with their teacher, how to live with others and how to live in a public place. Along with this they should know the meaning, if someone hugs someone other than their parents,. Three teachers said that there is a need to involve these children in some events to work together in class and to teach these children with love. Some said that to explain something to these children, there is a need for written communication and orientation. To maximise affective behaviour, they show them stories regularly and take lessons in the iPad.

## **INDEPENDENT BEHAVIOUR FOR SURVIVAL**

Most of the teacher told that for making children independent, they should do their own work by themselves. Teacher should give them opportunity to work if they are facing problem in their work. Here we teach them to take food by themselves but at home parents feed them because mothers of children want to finish her work quickly. That is way autism children are unable to improve his behaviour quickly. Some teacher told that they have made schedule to make children with autism independent. They provide water frequently after 30 minute, send them toilet after showing communication chart to children. They keeps in mind about the safety of the children, for that they close the door every time of the school.

Most of the teachers told that they try to do as much as work done by children themselves. For that they show them pictures then make them practice the same way. On the I-Paid first they show the video then make them practice the work like cloth folding and wearing clothes. Teacher tries to make them practice the whole task in to small pieces. For that teachers used storytelling. If any child performs better teacher gives him/her reinforcement as a chocolate. Two teachers said whatever work comes in daily life of children, they educate them like- shoes lacing, shirt buttoning, shirt wearing etc. One teacher said that some children with autism having lifelong disorder. They can't do anything in their life. They depend upon others in whole life. We are unable to say anything about their future.

Most special educators said that children can learn about activities for daily living skills so that they should not depend on anyone else. Five teachers told that children can learn some business to become self-dependent. One teacher told that any things you teach to these children with love, they can handle it very well.

One teacher told that very important to add family support for them. One special educator said that parents should create a group and they should arrange residential facilities for these children so that someone can take care of them even after their parents.

## **SELF RECREATION BEHAVIOUR**

Most of the special educator said that though all children have different kinds of behaviour, they mostly like poems, listing songs and dancing. They like music in less volume. Two teachers told that these children also like to see mobile, T.V. and computers with minimum durations. One teacher told that these children like to see colourful beading, floating colourful liquid in the bottle and like to play with it. One teacher told that they engage these children in the games like, passing the ball, car running and target games. One teacher told that children enjoy in colourful art and craft very well.

Most of the teachers told that these children like music but in low volume. If the sound is loud then they get disturbed and put their hand on the ear immediately. They like melodious songs. They get disturbed when someone gives some instruction again and again. One teacher said that they do not speak so they do not tell to teacher their interest in the activity then runaway outside the class. If they like to do any activity then they come near to the teacher and in this way

teachers identify their likes and dislikes. Two teachers told that these children have obsession too much with the T.V. and mobile. These children cannot be taken to the cinema or theatre as these children are afraid of darkness. Through showing visual teachers can get more work from them.

Mostly teachers told that they first show the music, dance on ipad or computer screen which is favourite of children and after that teachers dance with them with the song. Two teachers told that first they identify the interest area of children, and then they educate them in those areas. Parents' role is important in this aspect. Three teachers told, that they bring children for the game and provide an equal opportunity, if anyone does very well they give reinforcement to them. When someone facing a problem in singing or dancing, then they help them on that stage. Poem recitation techniques should be oriented for them. A teacher said that there should be indoor games for these children.

## **VOCATIONAL BEHAVIOUR**

Mostly teachers told that do teach autism children about paper folding, paper bag making, envelop making, file making, cutting, photo framing, beading, jewellery making, greetings and earring making. Three teachers told that tailoring and stitching are also taught to these children. Teachers made these children skilled in block painting, pot making and painting, drawing, screen printing, and making paper bags as a discipline of occupation. And they ensure earning by prepared material by the child. Two teachers told that they educate them about candle making, eclectic socket fitting, and nut bolt setting. One teacher told that vocational training should be given to children with more than 12 years of age.

Mostly teachers told that they taught the proper way to children but parents are not practicing those at home which is taught in the classroom. These children do not understand the whole process of work, but they learn it by practicing them. Two teachers told that they do not understand the meaning of money exchange, therefore they need lifetime support.

Most of the teacher told that they do not give big task to these children. They take the children from pre-vocational to vocational classroom to show the vocational activity. In this way, the teacher tries to develop an interest in the vocational field. One teacher told that first identify the interest area of children then train them. Two teachers told that first they show the activity options on the ipad after that they show the process of activity. After that they educate them in

the process. A teacher said that since childhood if they will be allowed to make a habit of buying some items, vegetables from the shop, then the socialization of these children will be good.

Mostly teachers told that autism children should know one of the vocations properly like paper bag making, pot painting, file making, candle making, jewellery making, block painting etc.

## **UNDESIRABLE BEHAVIOUR**

Most of the teachers said that these children show abnormal behaviour for the attention-seeking, such as biting own hand and biting hand of others, calling by shouting, putting a hand inside the paint in a bad manner, jumping again and again, hitting head on the wall, showing tantrum and heating someone on head. Three teachers told that these children do not accept a stranger and start crying. They do more abnormal behaviour like spinning fingers, teeth pressing each other forcefully, closing palm forcibly, if they become hyper then run over the paws, throwing away things and spitting on someone. One teacher told that, if they will be taken to some class without orienting them then they runaway outside.

Most of the teachers told that they use orientation, written communication and social story to explain them undesirable behaviour. Sensory therapy is also given. They are also told to 'calm down' again and again. Two teachers said that they give reinforcement to the children for their desired behaviour and mild penalty for undesired behaviour. Two teachers told, nobody knows that when these children would be angry therefore they always keep in mind and be alert for facing such type of behaviour. Mind of autism child is some time diverted and child suddenly run away from the class. Two teachers said that they make them to do colour and painting to make them calm.

Most of the teacher told that they give them the favourite thing, reinforcement and orientation to calm them. Two teachers told that they catch children's hand sometimes, they punish them by restricting them from the activity for some time, and they instruct them to sit in the corner silently. One teacher told that they divert the mind of children and engage their mind in their interesting work. One teacher said that they make social stories about abnormal behaviour and show them.

Most of the teacher said that they give sensory therapy to improve the abnormal behaviour of children. Teachers make schedule for the whole activities of the children and try to follow it. Applied behaviour method is used for reducing the abnormal behaviour of children. Three teachers told that they improved the abnormal behaviour of children through the help of orientation, written script, and artificial social story regarding abnormal behaviour. One teacher told that they give reinforcement and penalty to improve the abnormal behaviour of children. One teacher told that before starting the teaching-learning process orientation should be given them and to conduct behavioural therapy so that they can come out of their own world.

### ***STAKEHOLDER- 2: PARENTS- 30***

Thirty parents having children with ASD were interviewed by the researcher and the information provided by these parents is presented as follow.

### **DESCRIPTION ABOUT CHILDREN**

As per the response from parents of 30 ASD children, there were 7 boys and 2 girls with no sibling. Additionally, there were 17 boys and 1 girl with 1 sibling and 4 boys with no sibling.

5 children are second born. Out of 5 children, 4 are boys and 1 girl. All 5 have elder brother / sibling who are normal. 3 children are third born. all 3 girls. All 3 have elder sibling /brother who are normal. 3 children are first born. All 3 boys. All 3 have younger sibling/ brother who are normal. 12 children last born. all 12 girls.

11 children first born out of 30. 2 boys and 2 girls do not have a sibling. 7 others have younger sibling. Twelve Boys - The girl child is second in the order of birth. One child is third born. One child is fourth born. One child is third born and has both siblings with autism.

Nineteen parents have said that autism was diagnosed between 2-3 years of age. Six Parents said that autism was diagnosed at the age of 0 to 1.5 years. Five Parents said that autism was diagnosed at the age of 4 to 5 years.

Twenty Parents say that the child was diagnosed with autism by a doctor. Six Parents say that the child was diagnosed with autism by special educator.

Fourteen parents said that their child's autism level is mild. Eleven parents said that their child's autism level is moderate. Two Parents said that the level of autism of their child is severe / at risk autism. Three parents said that they do not know the level of autism of their children.

Thirteen Parents have said that sensory integration therapy, visual, speech, occupational, sports, group therapy and training and education in school have had a positive effect on children's behaviour, which they have found to be improved. Six Parents have said that there is a positive improvement seen due to the effect of medicine on these children. Eleven parents have said that there is no special effect of medicine and therapy on children.

Most of parents said that these children roam around here and there at home, they do not sit at one place, do not mix up in groups and are hyperactive so they should be put in a special school. These children cannot hold a pen, do not understand the meaning of sharing, are able to recite a poem but are unable to ask which they need like, water, food, etc.

Most of the parents said that these children's education has affected them in areas such as their tolerance to sit in one place, Personal Therapy, Change of Place, Speech, Understanding, ability to handle things Politely, making Eye Contact, ability to use Washroom, be involved in Painting, Beading, writing, and other Activities & Games they play. Only one parent said that there is 100% positive impact of the school education on their child. Some of the parents said that they have not seen any improvement in their children.

Most of the parents said that autism in a child can be caused due to difficulties faced at the time of birth, such as anaemia, lack of oxygen, vacuum delivery, caesarean delivery, premature delivery or psychological stress. Some of the parents said that autism can be caused when since the time of birth, children are exposed to television, mobile phones, or other electronic devices which carry harmful rays, as shared to them by a Doctor. Few of the parents said that children can become autistic due to high fever in during the early infancy stage.

One of the parents said that he has been working at a chemical factory; potassium cyanide might have penetrated his body and affected the genes which can be the cause of autism.

In daily routine activities like using washroom, brushing teeth, bathing, wearing clothes, consuming foods and beverages, these children are dependent on others. They do not mix up with people in the society, are unable to demand their needs by speaking, are developmentally delayed and it is not possible to manage them with children in normal school. These children put things lying on the floor in their mouth sometimes, start biting with their teeth suddenly when they see some food, always scream while eating their food, do not get proper sleep regularly, twitch others, hit others, do not remain still and keep on moving when sitting in a place, climb heights as they are not afraid of falling, keep clapping their hands without a reason. These children have a habit to run away, not tell anyone if they want to go for passing stool, make unnecessary sounds, yell, throw things excitedly, becoming hyper, get very angry, cry suddenly and laugh without a reason, smell dirty things, put their hand inside their pant, take off their pants anywhere, have hearing issues, revolve themselves, spin their toys, observe the fan spinning, have visual problems and do not follow instructions properly.

Most of the parents said that these children eat food and drink water by themselves. They also play by themselves but they have to be instructed the same and they speak in one-word signs like- food, water, pp, didi, etc. They are able to use the mobile phone and do all the work on their own, but need help when they want to pass stool, brush teeth, take bath or put on clothes, for which they speak and demand their needs. They also are able to sit on two-wheelers and understand the concept of going out for a walk. These children are able to put on their slippers by themselves, take off and put on their clothes, and are able to understand the meaning of opposites, for e.g., when a bag is open and close. When asked to keep things inside the house, they follow it for e.g., they place the utensils in the kitchen cabinet when asked. These children are able to identify various colours and do the activities but someone has to sit and tell them the same. Further. they are able to sing songs and work on the computer when instructed, not by themselves.

Parents said that these children by and large need help in all tasks. If they go to washroom, they cannot be left alone on their own because they may start drinking the water from the bucket filled, or spill the water on themselves. Further they need help with brushing teeth, taking bath and cleaning up after going to the washroom, and they also have the problem of constipation. They need help with putting on or changing clothes as they do not know for e.g., how to tie the

nada, put buttons, wear socks and shoes. Also, they need help in combing hair, eating, drinking, opening a food packet, etc. These children also need help in speaking as they are able to ask something they want only in a particular manner, which an outsider cannot understand, only the family members can understand. They cannot go out alone due to the risk of getting lost. These children are to be dealt with carefully, like when someone comes to play with them, they should not hit the other individual due to their hyperactive personality, or in case they have climbed up to some high position then they have to be convinced only with love to climb down. They need help in doing homework, cannot do the activities assigned on their own and cannot be left alone at home. Sometimes when they get very stubborn about something then they have to be carefully made to understand. For e.g., even if they repeat and shout every day that 'it is a holiday at school' parents have to explain them calmly that there is no holiday.

### **DAILY ROUTINE WORK**

As per most of the parents, the routine tasks of these children is taken care by their mothers. Only some parents reported that the mothers, fathers as well as other family members carried out the routine tasks of these children.

Most of the parents also told that children do not have the sensation of urine and bowel movement, due to which they soil their clothes. They also mentioned that these children do not know how to clean themselves and are completely unaware about the entire process of defecation. However, some parents told that these children have an understanding of the how to sit on the commode and wash themselves with the help of the flush on their own, but during the time of defecation they start doing other undesirable tasks such as bathing with water in the bucket meant for cleaning themselves or they begin drinking dirty water. Further they said that since they keep putting their hands in surrounding areas, parents have to constantly keep an eye on these children and instruct them to stop doing these undesirable tasks repeatedly. Only few of the parents said that the children complete all the toilet related tasks by themselves.

Most of the parents said that the children are given the brush after applying paste, and instructed to brush their teeth by themselves, yet in the end it is the mothers who have to ultimately help brush their teeth every day. Some of the parents said that their children brush the teeth

themselves but they have to give prompts in between to do it properly. A very few parents told that their children brushed their teeth themselves without any prompt.

Most of the parents said that these children enjoyed taking a bath and kept pouring water on themselves, but the mothers had to apply soap to complete their bath and dress them after that. Some of the parents told that their children take bath on their own, but their mother has to repeatedly prompt them to complete the bath. Very few of the parents said that there is no problem of bathing in their children as the child takes complete bath by himself.

Most of the parents said that their children knew how to wear simple clothes by themselves. Some parents said that these children could wear the clothes by themselves but this includes only light cotton clothes, like t-shirts and bottom wear which is easy to put on. These children are unable to wear clothes which require tying or untying, buttoning or unbuttoning, etc. of clothes, or which are made of material other than cotton. Very few parents said that these children wear clothes on their own, but require constant prompts to wear the clothes properly in the correct manner.

Most of the parents said that these children could not comb the hair themselves and also did not allow others to comb their hair due to their sensory problem. Some parents said that their children combed their hair by themselves, but had to be prompted by their mothers when they did not do it properly. A very few parents said that their children combed the hair on their own.

Most of the parents said that their children eat only those items which they like eating for e.g., biscuits, chips, roti – vegetable, etc. These children are unable to eat semi-solid or liquid items that are eaten by mixing, such as rice & lentils, fish-rice, chicken-rice, etc. because they do not know how to form a morsel of food using their fingers due to their sensory problem. However, they enjoy eating these items if they are fed by someone else. Some parents said that their children are able to eat food by themselves. Only few parents said that their children are not able to eat food by themselves.

Most of the parents said that their children are able to understand and differentiate between edible and non-eatable things. Some parents said that they are not able to understand how to differentiate between edible and non-eatable things. Few parents said that their children put the

non-edible items in their mouth since they do not differentiate between edible and non-edible items. Also, sometimes they put the non-edible items in mouth to attract attention of the parents.

Most of the parents said that their children could not differentiate between harmful and non-harmful things. Some parents said that their children could differentiate between harmful and non-harmful things.

Most of the parents said that children could sit for about 2 hours while doing activities at school and for about 1 hour while listening a song or playing a game in mobile. Apart from this, these children could hardly sit at one place even for 5-7 minutes. Further, therapy, activity, and physical exercise have played a major role in increasing the span to sit for longer duration. Some parents said that children could sit for 1-3 or 0-2 hours while watching movies, doing an activity, using mobile. They further said these children could sit normally for 1 hour in 3-hour school duration and few parents said they do not do running around much at home.

Most of the parents said that these children do not have any problem related to sleep and they take 7-8 hours of sleep regularly. Some of the parents said that these children have problems related to sleep, such as lack of sleep due to which like they roam around in the room at night, problem of murmuring, they have very little sleep, or they do go to be at proper time.

Most of the parents said that they send their children to special schools for training and therapy. At home the parents teach the routine activities for daily living as per the need. These children consume Ayurveda medicine or Allopathic medicine or Homeopathic medicine depending on the problem and advice given by concerned practitioner. Some of the parents explained about a group which is formed by parents of autistic children who come to Disha Autism Centre. In this group the parents share about problems faced with their child and other parents provide solution based on their similar experiences and this helps bring about improvement in daily routine tasks done by their children. A few parents said that their children are able to manage routine tasks by themselves and do not require help in completing the routine tasks.

Most of the parents said that their children are dependent on their parents in all the tasks related to routine activities, like going to toilet, bathing, brushing teeth, combing hair, wearing a shirt, etc. A few parents said that their children have no problem.

Most of the parents said that the major need of these children is to be able to do all their daily routine tasks on their own, so that they do not need to depend on others. Some of the parents said that their children have improved due to the training and therapy received from special school and therefore now they are able to do the daily tasks by themselves.

## **COMMUNICATION**

Most of the parents said that their children follow commands when given after calling their name. These children sometimes respond by making eye contact and sometimes do not respond through eye contact; however they do not reply verbally. Some parents said that when their children want something, they would pick up the item (food or toy, etc.) or the container in which it is kept, and take it to the parent. Alternatively, they would hold their parents' hand and take them towards the item they want. This way they indicate that they want that item. These children also sometimes followed the command. A very few parents said that their children asked for food and drink items by speaking, and they also followed the command by responding verbally.

Most of the parents said that they communicated verbally with their children. Some parents said that they communicated verbally (in a word or two) as well as non-verbally.

Most of the parents said that they communicate with their children verbally so that they learn to talk by listening, and it is practically not possible to ask everything in writing and it also takes a lot of time. Further these parents said they did not have enough time to show pictures to their children for seeking their response. Some parents said that they communicate with their children by writing as well as speaking. They provide them with options by showing communication cards, picture cards and encourage them to select one to reply. This will help them learn to express themselves in different ways. Few parents said that they talk to their children both verbally and non-verbally.

Most of the parents said that main purpose of their children's communication is related to food requirement, wanting to go out and seeking attention. Some of the parents said that the purpose of communication of these children is for companionship, wanting to play with their doll or toys, go for a ride, watch TV, play on mobile, etc.

Most of the parents said that they are not able to understand children as when these children have any problem, they get angry or cry in frustration, but are unable to express what is their problem and what is their need. Some of parents said that they have been with the child since childhood, and so because of their experience they generally get an idea about what the child is trying to communicate. However, they cannot tell that what they understand is totally right or wrong.

Most of the parents said that their children understand almost everything. Some of the parents said that their children understand some things, like when family members talk about any food item of their liking, then they respond quickly, but when asked to do any activity, they do not respond and seem to be busy in their own world. Further when asked to follow dual commands, such as, 'bring water in the bottle', these children do not understand, but when asked to follow simple commands, such as, 'you bring the bottle', they will do it. This means these children understand the basic things. Few parents said that they think their child understands little, but then also we do not know what they understand.

Most of the parents said that when their children are feeling good, they express themselves by laughing, hugging, clapping, etc. When feeling bad, they express themselves by being hyperactive, screaming, crying, getting angry, bending, throwing thing, grinding of teeth, hitting the parents, clenching their fists, jumping, hitting the door, having a tantrum, lying on the bed, feeling sad, down, depressed, etc. Some of the parents said that their children do not understand the concept of good and bad feelings.

Most of the parents said that when their children need help to get any item they would take the parent or relative towards the item or they will bring the item they want by themselves. Some of the parents said that their children could call the members of the house and use the mobile app on which they only do written communication related to food and drink. However, they are unable to call unknown person for taking any help. Few of the parents said that their children ask for food or water but through one or two words only. An outsider will not be able to easily understand what the child is wanting by hearing just 1-2 words. However, parents are able to understand what the child wants because they have been living with child since birth and also, they have more experience about child's behaviour signs, signals, etc. used by him. Further, these children are not able to communicate if they have any injury or are in pain.

Most parents said that they are only providing therapy for children's speech, and sending them to special school. Some parents said that they verbally explain so that the children understand the words and learn to identify the things. They also show picture cards / written communication and ask the child to listen and choose the card from the options given, but the answer given by these children might not be 100% correct every time. They also play songs and rhymes on mobile to help the children learn to speak by seeing and listening. Sometimes to teach say, ABCD or the name of the month, etc. parents have to scare these children by saying they will have to prick them with safety pin or by pricking them little bit if they do not speak. Parents use 2 apps namely, 'Let me talk' and 'Jab talk' for the food and beverage items liked by these children to encourage communication. Also, with the help of vibrating brush parents brush their teeth in the morning and evening, and do massage of the jaw, and lips, do some exercises by trying to bring tongue outside with the help of pencil, so that they start speaking slowly. Few parents said that they are also giving medicine for improving the speech of these children.

Most of the parents said that the biggest problem is that not only these children are unable to speak but also unable to communicate things by gesture or writing what they want. Some parents said that their children speak letters or words, which cannot be understood by outsiders, only the members of the house understand what they mean by that word / letter. They need to learn to speak clearly, only then all the people in the house and outside will be able to understand them. Some children also speak like robots without understanding the meaning of what they are saying.

Most of the parents said that minimum requirement of these children is that they should speak properly, if not at least express themselves properly in a non-verbal way. Some of the parents said that their children have echolalia, due to which they repeat the words said by the parents. They do not understand how to answer a question instead repeat the question or command. Parents said that if they try to put him in a situation by himself, say in the society or at a local market, then their inner capability to communicate can be enhanced. Parents told that the first thing to be able to communicate properly is vocabulary and familiarity with the circumstances as well as with all things around them. Next comes, basic things like how the child feels about his own emotions, his likes/dislikes, which if he understands then he will be able to communicate properly.

## **BEHAVIOUR OUTSIDE THE HOME**

Most of the parents said that when these children see their favourite food items in a shop at the market, without asking anyone they immediately run to pick it even if an auto rickshaw or on two-wheeler is passing through the market. They do not pay attention to whether there is any vehicle from behind or ahead. They should go to the shop carefully after watching the traffic on road. Some of the parents said that while walking on the road, these children hit or push anyone with their hands, and if someone comes in front of them, they do not move to the side. They are unable to adjust to the outdoor environment. Also, their posture while walking on the road does not remain like that of a normal person. Only one parent said that they do not send the child alone in the market / street.

Most of the parents said that while walking on the road, even when a vehicle comes, these children tend to run here and there on the road, so the parents have to always hold the child's hand. The parents said these children should be able to understand how to walk on the road. Some of the parents said that there is no problem faced by these children while walking on the road. Few parents said that when their children walk on the road and if there is honking of vehicles, they get irritated by the sound and it seems they hear it 10 times louder in comparison to normal children. Due to this they shut their ears by pressing their hands tightly against them.

Most of the parents said that in the market, restaurant, station, hotel, bus stand, etc. these children exhibit unusual behaviour, such as not sitting quietly in one place, crying, shouting and snatching the items of other people. Some of the parents said that these children do not have any kind of problem in any public places.

Most of the parents said that their children do not sit silently in any public place and keep running around here and there, scream, shout, jump, on hearing loud sound immediately press their ears as they get scared and are unable to walk on slippery surface/road. If their children notice anyone wearing a cap on his head or wearing glasses, they immediately take it off and this becomes a problem. They do not like new people, crowds, new places or strangers. Some of the parents said that people in public places look at their children with a strange eye, since their behaviour is not normal, and they do not know these are autistic children so the parents try to ignore these things and move on. Most of the parents of normal children do not allow their

children to live and play with our children, thinking that their children might be affected. Few parents said that their child has no problem in a public place; they sit quietly and enjoy themselves.

Most of the parents said that while travelling in bus, train and plane these children remain well and there is no problem. Some of the parents said that their children disturb the passengers while travelling, by sitting on other person's seat, throwing their mobile phones, pens, glasses, caps, slippers, etc. out of the window. When the car, bus, train or airplane stops, then they become restless and start crying. These children have fear of using washroom at new places and so parents try to avoid travelling however, if travelling is necessary, they use diaper for these children. These children do not accept new places, they run away, scream, shout, make unwanted sounds, find it difficult to sleep in the train, etc. They become restless if the vehicle stops and insist to start the vehicle and drive, due to which parents have to somehow keep on driving to keep them calm. Also, extra care has to be taken that these children do not get lost. Few parents said that they feel very sad when other passengers look at their children with a strange eye.

Most of the parents said that these children like to roam around in the garden or parks because they have facilities to play, like swings, etc. Some of the parents said that their children like to dance, sing, watch wedding and garba, attend Ganesh idol immersion, be in well-lit and crowded areas, visit railway station, and play drum. Also, they like to visit the mall because it is air-conditioned and it has several interesting food items available. Apart from that, they also like visiting the temple, going out in the rainy season and getting wet.

Most of the parents said that when they plan to visit any place outside the house, they orient the children in advance about that place. After that the child does not bother them much and behaves properly. Some of the parents said they are providing medicine and therapy to the children and are sending them to special school. Few of the parents said if outsiders are more aware and supported autism, then improvement could come faster. Also, parents are also looking for newer technology or medicine/s to treat these children so that they could improve earlier.

Most of the parents said that when these children go out, they should not run around and sit quietly in one place, should not shout and be well behaved. Also, these children should keep a pair of extra clothes in case one pair gets spoilt, as well as keep a diaper so that they do not soil

their clothes. Some of the parents said that when these children go out, that time few things of their choice, such as toys, wafers, food items should be carried along, so that they are well behaved. Few parents said that when these children go out, everyone should treat them properly well and allow other normal children to play with them.

## **SOCIALIZATION**

Most of the parents said that these children do not engage in any social interaction because they are unable to speak, and they mostly prefer to stay in their own world. Some of the parents said that for the things which they need, these children ask all the members of the house but in the form of a couple of broken words only.

Most of the parents said these children do not engage in any conversation with the family members because they are unable to speak. If they want something, then they catch hold of a member in the house and take the member towards the thing they need, because it is difficult for others to understand their words. Some of the parents said that many a times they get very worried about these children since they lack social skills, and how will the parents be able to take care of them for lifetime. Few parents said that these children do not have any problem related to social interaction.

Most of the parents said that there is not much interaction with the neighbours because these children do not speak. However, when they go to the neighbours' house, they take food items out from their almirah. When the neighbours greet them with hi, hello or good morning, most children they do not pay attention to their words and if some children do pay attention, the neighbours engage them further in some activity. Some of the parents said that there is not much interaction of these children with the neighbours, who do not believe in talking much with autistic children.

Most of the parents said that when their children go to neighbours' house, they create behavioural problems such as snatching the neighbours' eye glasses or mobile phone and throwing them on the ground. Parents get scared by these behaviours of their children to throw things here and there, eat something from here and there and so they avoid sending / taking their children to neighbours' house. Some parents said that their children have no problem with the

neighbours who gives love and respect to these children and give those toys to play and food to eat in their house. Some neighbours forbid their children to play with these children.

Most of the parents said that these children do not go ahead by themselves and talk or say hi, hello or good morning to their friend. However, if a member of the house asks his friend to say a hi, and the friend does the same, then these children tend to get lost in their own world, or start playing with their toys or go to the swing or to his room. These children do not accept new friends and display unusual behaviour in their presence. Some of the parents said that their children do not talk with anyone, and very rarely visit their own friends. However, these children's behaviour is good with parents' friends if they behave in a friendly manner and treat them as they would treat normal children. Then these children also open up with these parents' friends and share with them some food and toys also.

Most of the parents said that these children do not engage in much of socialization. They do not mix with anyone, neither do they have any friends. Some of the parents said that these children do not have any social groups and are only sometimes social, that too with only one child who stays either in the house or in neighbourhood. They socialize by sharing some food items or by playing to catch the other child one or two times or by sitting with the children at school.

Most of the parents said that during occupational therapy class these children run away from the class to the ground to another room. They do not follow proper instructions neither give proper answers. They are rigid in nature and not comfortable with new people. If they do not like the food in someone else's tiffin, they even close the other child's tiffin. They sometimes grab and pull their teacher's hair and clothes. They throw the glasses, beat themselves up in anger, hit the table, and get irritated if a child besides them begins to cry. Sometimes they sit quietly and peacefully beside the teacher. These children need sensory stimuli and so for e.g., if they are in a bus, they do not allow the bus to stop and they want it to be driven continuously. Some of the parents said that their children behave well with the teachers and also with other staff members of the school, make eye contact, do the activities provided, do the exercises instructed and obey everyone. Teachers also look after these children like their parents, but sometimes children feel insecure at the school.

Most of the parents said that if these children have to visit a new place, and wish to use the wash room, they should be able to indicate the same in some way and utilize it peacefully. As these children have no social interactions and they do not contact anyone quickly, start crying, getting scared in a closed place, etc. so they have to be handled by the parents. Some of the parents said that there is no problem faced even in taking to a new place as they behave well. Further they said that when people in the society see these children, they question about what has happened to them and why they do not speak, and the parents have to reply saying that they are autistic children. Few parents said that they never take these children to a new place due to their condition.

Most of the parents said that for socialization of these children, they send them to the school, wherein they are encouraged to socialise by making them play with games and toys in groups. Apart from this, parents also try to take them to various places like shop, garden, park, relatives, so that they start understanding social behaviour. Some of the parents said that for the socialization of these children, they help them practice verbally how to greet by saying hi, bye, namaste, etc. Few parents of Disha School said they have formed a WhatsApp group, and they meet every Sunday at Sayaji Garden or any other quiet place in the evening to share their child's problem with each other and learn the techniques of resolving these problems. Some also said they have taken training in autism from 'Action for Autism Centre', Delhi to teaching socialization to their children at home itself. Few parents also said that they are not using any particular method to help in socialization of these children.

Most of the parents said that these children should learn how to socialize, understand and communicate normally with people. Further they should take interest in social functions, meet other people and be social. Some of the parents said that that there is not much awareness in society about autism and that the people should be made aware so that they are able to accept these children. As there is very little awareness, people in the society scold these children, beat them and raise queries like, 'is your son/daughter mad?', which makes the parents feel very sad. Therefore, awareness regarding autism should be spread in the society. **Even while answering this question, two of the women started weeping.**

## **COGNITIVE BEHAVIOUR**

Most of the parents said that these children understand less when explained by speaking, they longer take time to learn something and they are very moody in learning anything. They remain confused, lack interest, attention, concentration, are unable to understand things and forget them quickly. These children do not know how to write and if their parents have said any word or line, they keep on repeating the same entire day. Further, they do not speak clearly, are able to say only one or two words at a time and are unable to express themselves clearly. So, the parents do not even know exactly how much these children understand. Some of the parents said these children get exposed to more than 4 to 5 languages at the same time in different settings which causes them to be confused. Like for e.g., most of the parents speak Marathi, Gujarati or English and most of the schools use Gujarati, English or Hindi. Parents feel that if these children are exposed to the same 1-2 languages at school and at home then these children would understand better and learn the language more effectively. Few of the parents said these children read, write and understand the entire ABCD. Further they also understand the pictures, answer the puzzles of ABCD and recognize and all the alphabets. They remember the names of only some fruits and vegetables in English and understand just a few words in Hindi, English and Gujarati.

Most of the parents said that their children are able to count and write numbers from 1 to 10. Also, they are able to add and subtract using a calculator and give an appropriate response. Some of the parents said that these children have zero knowledge of mathematics and wish they learned how to read and write. However, as these children do not give any response so it becomes difficult to understand how much maths they actually know. Few parents said that these children find it difficult to have a grip of the pen or pencil and so they are unable to write and they keep scribbling. Also, the number cards used to teach these children should be thick otherwise they will tear. When instructed to write a page, they will not take a further instruction after one page is completed, and run away. Most of the parents said that these children like listening to music, some of them also try to sing. Further some children like to hear the tone of their toy/s and play little dhol or tabla. They also like to colour using watercolours or pencil colour, draw with some help, and do finger printing. Some of the parents said that their children like to play alone with their toys, like ball, etc. at home. They also participate in the games during Maha-kumbh and do skating. While playing together, if others run, they will also run, but

they do not understand why they are running. They also like to watch a dance and even try do a little. Few of the parents told that these children do not like music, neither do they like loud sound or dancing. When they are given to colour within a shape, their colour can be seen out of the boundary as they do not have proper grip in their fingers to hold the brush or pencil. They are not interested in colouring, do not like touching wet things, do not like drawing, do not play the games, do not catch ball, are afraid of crackers and follows their timing given very strictly.

Few parents told that their children don't do painting, drawing anything. **Parents were weeping at the time of interview.**

Most of the parents said that these children have special abilities and can do well in activities like dancing, music, making garlands, drawing, thumb printing, palm printing, etc. They are also interested in making clay Ganpati, are good at running, love swimming, like working in the kitchen, playing games on the computer and practicing typing. They can work as a waiter in a restaurant, but get angry after practicing for a longer duration. Also, they like playing games on mobile, operating What App and Face book, listening to songs on YouTube and watching new things. Some of the parents said that the problem related to specific abilities is if they have to do several things together, they get angry and they play activities and games on mobile only when they want to, not on the behest of their parents. Few parents said that they do not know of any special ability in these children.

Most of the parents said that these children have a fixed thinking pattern, do not understand many things but the parents hope that they will become normal in future. Parents said that these children are able to think because for e.g., if the parents are getting ready to go out, they understand the same and immediately get ready and wear their slippers; or when asked even after four days about any item given to them, then they will bring it; or say if they see two bullocks fighting in front of them on road, then they will run away immediately from there. Some of the parents said that they do not know what these children think, because they are not able to express anything even though the parents try to ask or say something to them. Few parents said these sometimes these children will do whatever is on their mind. Rarely they do not do what is on their mind and get lost and be alone and cry due to mental and physical problems.

Most of the parents said that they are sending their children to school and as they do not have time, so tutors come to take tuition for their children at home. When these children get homework from school, they do the activities with help of their mothers at home. These activities include sticking different types of shapes, images of animals and fruits on thick cards, building tower, joining blocks, matching colours, and fitting clothes in Almirah, etc. Some of the parents said that to cure the grip of these children, activities like lifting corn from the ground with tweezers, fixing the puzzles, throwing and catching the ball, joining the dots, pecking the board, holding pen and drawing on paper, scrolling the mouse, typing A to Z on mobile, etc. They have also got stem cell therapy done which has helped increase the understanding in these children. Writing in sand, writing on board, typing in mobile apps, are various ways parents use to teach them to read and write things like the family name, address, different fruit names, etc however every time it is not possible to teach with the help of technology. These children are also being given occupational therapy, sensory therapy, encouraged to practice physical exercises, running, walking, and given psychiatric medicine in the hospital. Few parents said that they are sending their children two days in a week to the special school and 3 day a week to normal school.

Most of the parents said that these children should study, write, learn to count and understand the meaning of money, be able to draw, colour, play, play any instrument, carry out all kinds of activities and understand behavioural things. If parents want to teach them something then they should learn it with interest, pay attention and stay calm. They should also learn to sign, learn a language, understand it and be able to speak. There should be interested in computers, and how to talk using computer and practice or do questions and answers through the App on the computer. Some of the parents said that these children should be able to make a grip with fingers in their hands and work using both the hands.

## **SENSORY MOTOR BEHAVIOUR**

Most of the parents said these children do not have any problem in seeing. Some of the parents said that these children are unable to see the tiny images clearly and the picture or the image appears blurred, as informed by the doctor.

Most of the parents said these children have a habit of initially smelling any edible (food or beverage) items before consuming it and they also they are fond of the smell of perfume or

spray. Some of the parents said that these children are only sometimes able to smell things but it seems that is normal. However, they are able to identify the smell of Vicks balm or if there is any bad odour or any strong smell. Few of parents said that they do not know whether these children are able to smell things or not.

Most of the parents said that these children do not eat any food or drink anything without smelling it. Further, only if they like the smell indicating the edible item is of their choice then they will have it else they will not consume it. Also, these children like the fragrance of flowers, are fond of the smell of new books and new toys and also are highly sensitive to the scent of spray. Some of the parents said that these children are not sensitive to smell. Few of the parents said that these children are highly sensitive to some odours like, the smell of sweat, stool, etc. and they like to sniff the smell of things like the Vicks balm, nail polish, petrol, phenyl, etc. by applying on their hand.

Most of the parents said that these children do not have any problem of hearing and are able to listen and differentiate between the voices of human beings i.e., family members, etc. and that of animals like, dog, cat, etc. They like to listen to music in soft sound and if a song of their choice is played then they will halt and listen to it diligently and will not mind even that song is played loudly.

Most of the parents said that when these children hear any loud noise, they immediately cover their ears by pressing both the hands and run away from the noise somewhere inside the house and get irritated. Also, they do not like hearing multiple sounds, get scared with the sound of crackers and if someone stops playing a song of these children's choice, then they start crying. As per their doctor, these children hear 10 times louder than what normal human beings can hear.

Only one parent said that her child hears lesser from the left ear compared to the right.

Most of the parents said that these children's favourite foods include Halwa, Idli, Dosa, Namkeen, Kurkure, Wafer, Khaman, Spicy vegetables, non-veg items, seafood, etc which they eat with love and interest. When they want to eat a particular item they express by drawing a picture of the same. When they are consuming delicious food, they tend to overeat, sit in a place and eat with joy, stand in the kitchen for a long duration, eat repeatedly, and hug others around. When they do not like the food item then they will not eat it, will run away and cause problems.

One can make out by looking at their face that their mother has prepared the food of their liking. Some of the parents said that these children the food given by their parents but do not appreciate the same.

Most of the parents said that these children do not eat fruits and food items which are sweet or sour in taste and have a pungent smell. They also are particular about colour of the food and if they find the colour of food a bit faded, then also they do not eat it. Also, they repeatedly eat the things of their choice, like chicken, seafood, crispy items, chocolates etc. and if they do not find these items they get upset, angry and argue with their parents. Some of the parents said that these children do not have any sensitivity to taste.

Most of the parents said that these children are able to understand different temperatures, like whether the water is cold or hot, or the food is hot or the burning gas is also hot. However, not all children understand the difference when they have to sleep without a fan. Some of the parents said that these children are able to recognize different types of clothes and textures and display this by their actions, such as wearing cotton clothes, walking with a soft cloth pillow all day, moving their hands velvet material, touching soft clothes, etc. Few parents said that these children have not yet experienced anything related to identifying different surface conditions, textures and temperature. Most of parents said that tactile sensitivity is seen in these children, mainly since they have sensory issues and so they like to touch cotton clothes, velvet materials, etc. and even prefer wearing loose cotton clothes only. They sometimes also want to stay without clothes for a long time, touch the hair on the feet of their parents with the lips and are unable to bear the cold during winters. Some of the parents said that these children do not have any sensitivity to touch. Few of the parents said that these children are unable to identify between different temperatures and between cotton and tericot clothes.

Most of the parents said that when these children are refused to be given something of their choice, initially it does not matter to them and they will remain calm for a while i.e., for one second or two. However, soon they will get angry, lay down, pretend to be upset, jump, start crying, cling to the wall, blink their eyes faster, become irritable and murmur. Parents do not understand what they are murmuring and do not like to beat so call them to come and sit quietly in the house for a while with them. Some of the parents said that these children sometimes get hyper, angry, a little scared, hold their ear tightly with both hands, stand close to the wall, do

tantrums, clasp their fist on the forehead, etc. Few of the parents said that when these children are punished, they understand that they are being punished and that if someone beats them, then after an hour or two, they retaliate by beating back that person.

Most of the parents said that they send these children to school for giving S I therapy, oromotor and speech therapy, and also take them to hospital for therapy, physiotherapy and homeopathic medicine. Some of the parents said that they engage the children in activities like filling sand in a box, lifting it, playing with wooden ball and pressing soft rubber ball with hands, to help them be calm. To give them exposure to various textures, parents give them wooden barbed piece used for acupuncture, massage their joints and put sand bag on their back so that they run slower. To lower the sound they cover their ears with equipment given by doctor, so they are able to hear normalized sound like other people. To foster visualization, they have bought coloured flower bulbs which they show them at night time at home. They encourage children to sit on low hammock and do exercises of leg. Few of the parents said that they explain these children by writing to them that if they complete the work given to them, then they will not get their favourite things. This had helped improve some bad habits in these children and also so parents are also able to take them along to other places.

Most of the parents said the sensation of brushing should improve in these children and because of the sensory problem they wear only slippers and do not wear shoes; sometimes they do not understand bad smell and eat everything except their favourite food, but they still are able to differentiate between edible and non-edible items. Also, they should not see things which keep moving round easily, their problem of hearing needs to be cured and for sensory stimulation they need exposure to light, texture, colour, etc. These children also do not touch anyone much so all their senses should be activated. Some of parents said that these children need good speech and a little understanding and should learn to carry a bag weighing 2-4 kg, not chew food too much as they tend to take almost one hour to finish one chapatti and learn to eat on their own. Few of parents said that these children do not need any sensory stimulation.

### **AFFECTIVE BEHAVIOUR**

Most of the parents said that these children are more attached to their parents, some children are attached to grandparents or to other members of family.

Most of the parents said the problem related to attachment is in the absence of their loved ones, these children cry, get angry, scream, are unable to sleep during night time and have sleep related problems.

One of the mothers said weepingly that she had paralytic stroke twice due to regular disturbed sleep to take care of her son and that who else who would take care of her child.

Most of the parents said that the behaviour these children exhibit when they are **happy** includes kissing, hugging, nodding, laughing, clapping, running towards their parents, singing songs, doing their activity diligently, etc. They also express happiness by asking to go out, holding hands while they sleep, etc. The behaviour these children show when they are **unhappy** includes sitting silently, remaining sad, not listening to others instructions, getting angry, being upset if given some activity to be done or taught anything and other times they remain engrossed in themselves. Some of the parents said that these children do not show any other behaviour when they are happy or sad and do not share their emotions or feelings.

Most of the parents said that when these children get a thing of their choice they become happy and continue to play, however, if they do not find an object of their liking or if their health is not good and they are not feeling well from within, then they remain sad or start crying. Some of the parents said that they are not able to understand the mood or feelings of these children.

Most of the parents said that these children like to use mobile, television, etc. a lot and if refused to use or asked to turn off that equipment or gadget, they start crying and running around in all direction. If given more care and love they tend to get spoilt and do not obey further instructions. Further, when these children are attached to someone and that person is not available they get upset, do not eat their food sit alone and do not go to sleep. Some of the parents said that these children usually hug their parents at home or any outsider, man, woman, girl or boy in a similar manner.

Most of parents said that have put these children in school so that when these they play with other children in the school their affection towards each other increases. Also, parents take them to the neighbour's place so that they mix and like each other and are able to build good rapport with them. Further they try to orient these children to explain, speak and write in order to improve their affective behaviour, however, if these children do not understand, then parents

have to give in to their stubbornness. Some of the parents that they are not doing anything to improve the affective behaviour of these children. Few of the parents said that there is no problem seen in effective behaviour of these children.

Most of parents said that these children need to learn how to mingle up with people and understand the difference between pleasant and unpleasant times such as when mourning someone's death and behave in accordance. They also need to understand that if someone they are attached to goes out, then that person would return back home in some time Further these children need to understand the meaning of touch when someone touches them and that they should not hug unknown people the way they hug their parents. Some of the parents said that these children should understand that if they do not know someone beforehand, then they should go ahead and interact with these strangers on their own. Few of the parents said that there is no need pertaining to improvement of affective behaviour in these children.

## **RECREATION AND VOCATIONAL BEHAVIOUR**

Most of the parents said that children engage themselves in recreational and vocational activities like watching television, listening to songs or music on radio, reading poems, dancing, viewing on mobile, using computer, drawing, playing with ball, Ichka, musical toys, carom board or wire and glass, swinging and running outdoors with the two-wheeler keys when they want to go for a ride.

Most of the parents said that these children do not allow others to watch television and if the television is turned off, they throw a tantrum, start shouting and beating others. If a song of their choice gets over on the mobile, they bang the phone and if they are not allowed to play with the keys of a vehicle, they throw a tantrum and jump from one sofa to another. Also, while giving the activity to draw, the parents put off the fan and close the door then give them to draw because if due to wind of the fan their drawing gets slightly disturbed or spoiled, they tear off the paper on which they were drawing. Some children do not do anything else except cutting things with scissors. Some of the parents said that these children are not even able to play a game properly and they do not mix up or play in a group, they are able to play catching a ball or and kicking the football also just one or two times, after which they run away outside the boundary. They are unable to entertain themselves meaningfully, keep on running, and try to separate and join back

the pieces of their toys repeatedly. When they are playing in the park, care has to be taken that they do not hurt the smaller children. Few of the parents said that these children do not face any problem in enjoying themselves while playing.

Most of the parents said that they give these children musical toys to play; themselves play ball with them at home, as well as explain them how to play with the ball; take them to school or play centre for playing different games; and gather all the family members together for playing with them. Further parents also teach them how to clap their hands, drive a bicycle, dance, play piano and take them out for a movie or regularly encourage them to watch the television but these children do not listen to the parents. Some of the parents said that they do not do anything to improve the recreational behaviour of these children.

Most of the parents said that these children need television, laptop, mobile; toys, musical toys, dough, football, volleyball, ball, swing, drawing, painting, etc. They also need to go out on a ride on the bike, etc. with their parents or go outside like for e.g., to visit a temple. They need more and more of parents' support and time. Some of the parents said that have not thought of anything yet on what all are the needs of these children.

Most of the parents said that the areas in which these children can work after they grow up include, cooking in the kitchen, serving as waiter in a restaurant, typing on a computer, doing beautician work in parlour, making garlands, working in the field of music, or assisting in the field of painting or drawing. Some of the parents said that they have not thought about anything regarding the future area of work for these children because currently they are not aware of their own interest in any field.

Most of the parents said that no steps have been taken to improve vocational practices of these children. Some of the parents said that training is being given to these children at the school on how to use computers, make decorative items by beading, making paper bags, do painting, make rakhee for Raksha Bandha, etc. They are also learning the tasks to carry files in the office from one desk or room to the other, see small videos on YouTube in mobile, and make maggi noodles at home with the help and training of their parents.

Most of the parents said that these children need to learn computer, painting, music, cooking, and counting money so they can go to a shop when they want to buy something. Some of the parents

said that these children should be employed somewhere and trained so that they can become vocational.

### **INDEPENDENT BEHAVIOUR FOR SURVIVAL**

Most of the parents said that their children are unable to arrange food and water by themselves.

Most of the parents said that if food is kept on the table, children eat it themselves and take water out from the fridge and drink it by themselves, however after drinking the water they throw the glass bottles anywhere. While sitting for a meal these children keep drinking a lot of water and their mother has to feed them the food. If they take these children along for dinner at someone's place, they cannot wait for the food to arrive and begin to scream and cry and the parents have to be on their toes to calm them down until they are able to feel better. Some of the parents said that these children should be able to do at-least the daily routine tasks on their own and if they do not learn it then they will continue to be the way in future also. Parents also said in their absence, they do not know if anyone else will help these children or not and they trust that God would take care in some or the other way. Parents having a daughter expressed their anxieties and said they do not know what would happen to her in future, whether she will get married and be able to take care of her family or not. Few of the parents said that if they trained these children on how to use the burner and gas then they are able to prepare items like, tea, maggi noodles, etc. but still they cannot stay alone and it is necessary for someone to stay with them. Also, parents said that they hope that these children learn to manage eating and drinking related tasks independently, because parents are gradually getting tired and currently unable to cope up with their increasing energy so how will they be able to handle them in future? These thoughts are making the parents feel frustrated in life.

Most of the parents said that the problems related to safety and self-reliance in and around the house of these children include, fear of getting lost when they run away from the house and fear of injuring themselves when they jump at home thinking what if something falls on their hands or feet and they get hurt. Also, parents face practical difficulty in being unable to leaving them alone at home even for some time, due to their inability of being unable to do minimum daily routine tasks on their own. Some of the parents said that there is no security related problem in an around the house for these children since they remain very calm in the house and do not run

away outside the house and that even if say they go out, their neighbours take care inform them about the same.

Most of the parents said told that seeing the behaviour of these children they do not dare to send them out of the house because if they went out there is fear of car accident on the road or falling down in the sewer. Some of the parents said that they try to send these children out of the house but they speak anything to the people outside and if the outsider does not like it, then it creates a problem because not everyone knows about autism. They also cannot be left with any relative outside the house and they start crying.

Most of the parents said that in order to make these children independent, they see to it that practically all the work which everyone does by themselves, like bringing water, bringing a plate, serving the food, eating, brushing teeth, bathing, etc. is done by the children themselves. They also take these children along to the market to buy things from a shop, explain them the entire process, teach them how to count money after paying the shop keeper and other necessary details. Further they also explain them things related to what is good or right and what is bad or wrong thing to do, for e.g., when they touch their muddy shoes with the hand and smell it. Some of the parents said that for in order to make them independent they send these children to school, and also make them do all the activities by explaining loudly and clearly at home. Few parents said that do not give any kind of training to these children to make them independent.

Most of the parents said that if these children are able to understand how to cook food by themselves, buy items from the market and open the door if someone comes to the house then it is sufficient. These children do not need to study much and can sit at a small shop along-with a helper and do counting, manage financial transactions, etc., if they come across a stranger they should know how to talk and should be able to stay with someone else in the absence of their parents. Some of the parents said that if these children do only one thing which is to stop drinking dirty water then everything else is fine.

### **UNDESIRABLE BEHAVIOUR**

Most of the parents said that these children keep on flapping or clapping their hands, keep moving continuously while sitting, take their fingers near the eye while gazing at something, make sounds like hin hin hin A A A and U U U PAA PAA in a weird way, put their thumb in the

mouth, keep murmuring something and keep their hands up many a times. Some of the parents said that these children many a times walk on toes keeping their heels high, jump around, curve their body while sitting, keep on shaking their body, stroke with their hands below the waist, swing and turn their head round and round. Few parents said that these children are found to be constantly running around in the house, from one wall to the other wall and hitting their hands on the wall. When they get angry these children tend to slap their own face with the hands, suddenly hit their head on someone else's head, smash their head vigorously on the pillow, shout and do sit quietly at one place.

Most of the parents said that these children have a habit of walking on toes, waving their arms, running, swaying their feet, slamming the ground repeatedly, clapping, jumping, banging on one's head, squatting, rocking, lowering the head with the help of the wall and making different sounds. Some of the parents said that these children do not have any problem.

Most of the parents said that these children tend to frequently open and close the door, turn the switches on and off, spin objects and if they find something, say a piece of wood from a broken window which they can bite, then they put that object in the mouth and keep chewing it. These children are obsessed with boxes, if they like some particular box they play by emptying and putting back all the items into it. They run everywhere in house with a glass of water in their hand and laugh when the water spills on the floor. Some of the parents said that these children do not have such a problem. Most of the parents said that if these children become hyper then do not listen to anyone and get difficult to control. Sometimes they bite on their own or someone else's hand, jump fast, cry, swing swiftly, run around in the house, hold their mother's, sister's or father's arm and press or hold their rings and applause or murmur. When they get hyper, they beat themselves on the arms or legs, hit the table, jump, make loud noises, scream, get angry, pull their hair, bite on their own arm, scream in anger or bend the table fan or hand fan. Some of the parents said that these children's behaviour is not hyper.

Most of the parents sad that these children have broken glasses three to four times, they tend to throw things outside the house, take a pen out of someone's pocket and break it or take a mobile from someone's pocket and slam it. Some of the parents said that these children throw important documents out, get angry, and throw a full bucket or tub and enjoying spilling the water from it. Few of the parents said that there is no problem with these children.

Most of the parents said that when someone new comes to their house and does not pay attention to these children, they start pushing, slapping, pinching or spitting on that person. These children also tend to throw the chair from one place to another, do not move until they are able to take the mobile out from someone else's pocket and bite other's hand when in anger. Some of the parents said that these children suddenly start hitting on someone's face with their head, run to hit someone who cracks a big joke, beat their younger sibling. The parents said that they do not do anything for these children. Few of parents said that their children do not hurt anyone.

Most of the parents said that when these children get angry, they hit themselves hard on the cheeks and forehead with the hand and pinch themselves, cut their hands and hit on the ground or on the table with their hands and feet. Some of the parents said that if they do not give the mobile to these children, they begin banging their head on the road or anywhere in the tempo if they are travelling. Few of parents said that their children do not do any undesirable behaviour.

Most of the parents said that to calm down and improve the behaviour of these children, they give verbal prompts and explain lovingly, show a card or visual to explain the reasons. However, if they try to write and explain, these children immediately tear the paper. Parents also try to improve their behaviour by reinforcing the right actions, therapy and medicines and when their children become hyperactive, then press on their hands to normalize them. Some of the parents said that whenever their children try to jump from a height, cut the hand, throw things and flap while walking on the road, they scold, beat and ask them to go and get back the things which they had thrown. Parents solve problems faced by their children through WhatsApp group and when they meet each other at school by sharing each other's experiences and the same is also taught in the school as well.

Most of the parents said that all the unusual behaviour of these children should improve. This includes getting angry, shouting, crying, running, cleaving teeth, jumping, banging head, banging hands, legs, shaking body, throwing things outside, slamming glasses and mobiles. Also these children should be able to sit at a place quietly and start understanding things. Some of the parents said that try to improve the behaviour of these children by taking them to occupational therapy for correcting the sensory issue, trying to divert their mind (which they are unable to do themselves at home), improving their behaviour through training and reinforcement i.e., giving them the things they like. Few parents said that they are tired of doing everything for these

children as there is no improvement at all and so they do not have any answer on how to improve their behaviour.

Most of the parents told that we want that he/she should improve. If he/she go-comes somewhere, he should not have any problem and everyone should learn that things. When someone comes to his/her house, then at least sit calmly, don't tantrum, don't spit on him, don't push anyone like that.

### ***STAKEHOLDER- 3: HELPERS-3***

Three helpers working with the ASD children were interviewed by the researcher and the information provided by these helpers is presented as follow.

### **BEHAVIOUR IN THE SCHOOL**

About the routine behaviour at school, mostly helpers told that first of all children were told to keep their shoes in the proper place in place and also they help them who are not able to do so. Then they are taken directly to the prayer room and let them to stand in different lines for different groups like, Early Intervention, Transition One, Transition Two, Transition Three, and Prevocational. After prayer and national anthem, children are sent to their class rooms. Helpers stand near the class room and they make all the children sit in their respective class rooms. After every half an hour, they send children to the toilet and provide them water. At the closing time of school they help children to get their bags and get into the school bus or get into their own car.

Most of the helpers told that they help children in providing water. They also help children to go to toilet and help them to wash after toilet. Children ask for these helps through their communication book, in which everything of their need is written. About the problems in toilet practice of these children most of the helper told that if a child want to go to the toilet they assist them and even if the child do not ask for toilet, they took them to toilet in regular intervals. The class teachers call them for this purpose. If it is late for any child, then they spoil their cloths by passing urine and potty in the class. There are some children those are not allowed to go to the toilet alone because they drink water from tap in the toilet and leave it open, some try to take bath in the toilet, some throw their clothes in the toilet, some even take stool from the toilet and through here and there, on their body and take the smell also. Helpers do accompany these

children to the toilet to avoid these problems. Related to their food, water and problems related to it, most of the helper told that at the lunch time, they send all children to bring plates, spoons and their bags. They are instructed to sit together and to take out their Tiffin. Those unable to do so are helped by them. After the food mantra, they are asked to eat food. Some children eat by themselves, and some have problems in handling this. Some children eat only roti, some children eat only vegetables. These children are helped to take food using a proper manner. Water is given from time to time. After this, they are asked to lift the plate by themselves and keep it in the basket, then to wash their hands by themselves. At this time everyone takes care that no one should drink the bathroom water.

Most of the helper told that the behaviour of these children with all the people in the school is good, but sometimes as soon as he got angry from home, there is pain in the body and he cannot tell anyone, then he will become hyper, will beat himself, teacher, Peon, guest push or hit anyone. Major helper response that these children have problems with toilets, bathrooms and eating.

Most of the helper told that we want is he/she learns lettering, bathroom, wearing clothes, brushing and taking food themselves; if they feel to go to toilet, then tell them not to do it in class that is not to depend on anyone, that would be good.

## **COMMUNICATION**

Most of the helper told that I do not communicate because they are unable to tell anything. If they have any problem, then they show in the communication book what problem you have or what activity you want to do, then he/she show it in the book. And then by looking at the children, they also know what to do, like if I go to class, if he /she thirsty, then someone picks up a glass of water and comes near, or if he/she want to go to the toilet, then he/she will start taking off the paint.

Most of the helper has said that these children come running to us to drink water and to go to the playground (park- ride, swing) in the school.

Most of the helper responses that they understand most of the children because after working with them for so many years, then seeing it, it is known from experience that what it needs. And most come only for water and washroom.

Most of the helper told that when we say that it is time for launch, then immediately get ready to take Thali and Tiffin. And say let's go home, if it is time to go home, then he/she will be ready to go home with bags, that means all of his/her choice, things are understood immediately.

Most of the helper told that it is not known much, if a child is more disturbed, then lifts him up and sees him or if someone is hurt somewhere, then he will come and catch me. After this, it is applied by taking out the ointment from the first aid box.

Most of the helper told that when these children run away from the classroom and come to us, holding hands, take them to the tap or to some activity or to the washroom, then we come to know that he had to do this work.

Most of the helper told that mostly children do not speak, some children speak, sometimes he/she will never speak meaningfully, and most children speak but they do not know what he/she want to say. A child suddenly utters one or two words clearly, such as 'pe' for water.

Most of the helper said that they want that children can tell their needs by speaking and writing so that we can know properly what is their problem in reality? And communication book is also necessary for them.

## **BEHAVIOUR OUTSIDE SCHOOL**

Most of the helper response that the programs are organized by the school, such as twice Kamati Bagh, once taken to Majhalpur to show Ganpati, once taken to show shopping mall, so that they can also see all the places and understand about all places and how to live there?

Most of the helper told that there are some children who do more running around here and there, we take more care of those children, we will keep an eye on them, either someone will sit or stand holding their hand. Teacher people orient the children two days in advance that you have to go to that place for tomorrow's date, stay there well, don't eat anything, and don't run here and there. They also tell their parents that if they orient their children about the places to visit, then

the children will not bother you and they will become mentally prepared and motivated. Talk to the owner of that place in advance that we will bring our children to show the places. Our children have autism, they have different types of behavioural problems. When he gives written permission, then we take the children to that place to be seen.

Most of the helper responses that Children happily run here and there, push someone, snatch someone's eating things and start eating, break some toy like it, sit in another moving vehicle, and climb on the platform of Ganpati. We and all the teachers take care that the children do not get electric shock or injured.

Most of the helper said that if he/she go to any place, sit calmly, if he/she want to go somewhere then go slowly, suddenly run away out of hands fast, do not do this on the road, otherwise he/she will get injured. Listen and obey to everyone and understand the situations.

## **SOCIALIZATION**

Most of the helper told that most of these kids do not know to go to play. If they play with a normal child, normal child will feel that they do not hit them, then normal children are afraid of playing with these children with autism spectrum disorder. These children do not go to anyone and neither do they have any friends. He is lost in his own world alone, every time.

Most of the helper told that these children do not know that they should play in groups and they are also not interested in sports. Some children like to jump and play volleyball but again and again have to say ball throw-2, then they will throw one or two time ball hardly. He/she will immediately run to the playing ground (park) and glide on the slide rider. Some children sit quietly in class alone. Almost helper told that after eating food, Madam People sit in a room and tell stories to all the children there. Some children enjoy sitting in the sensory room and the happiest time to go home is 2 o'clock.

Most of the helper told that he/she doesn't do social talk. We will tell these children that hi, hello, good morning, birthday, wish to each other, you will do shake hand, then they perform wishes, but they do not wish anyone by coming in front of themselves.

Most of the helper told that be happy with these children and talk with love and do not talk too much by shouting in anger. While coming and going from home, they ask each other to shake hands. If it is someone's birthday, then the teacher has made each other wish by joining hands.

### **AFFECTIVE BEHAVIOUR**

Most of the helper told that there is attachment, we say something to the children sit quietly then they go to peace, if a new person tells something they do not listen to him. If the child likes someone in the teacher and staff, then he goes out of his class and sits near him.

Most of the helper told that friends do not belong to them and they do not have any kind of attachment to the children who sit near them, nor do they talk about anything. But some children sit in their spare time, holding the hand of a partner sitting beside to them.

Most of the helper told that while speaking to them regularly say hi, hello, hello good morning bye to each other and madam people.

Most of the helper told that like we praise some children, they smile immediately, if something good has happened in the house, so that child comes in such a smile, then it comes to know that something good has happened at home today.

### **INDEPENDENT BEHAVIOUR FOR SURVIVAL**

Most of the helper told that they think that these children will become pure and normal child in the future and take food, water, toilet, bathroom by themselves. They run around here and there, so a man always keeps an eye on them. There is a fear of running away on the road outside of the school, so Kanu Bhai always sits at the gate and looks after him.

Most of the helper told that we want him/her to start doing all the work of his activity for daily living (ADL) by himself and we also train him for that.

### **RECREATION AND VOCATIONAL BEHAVIOUR**

Most of the helper told that these type of children do not play single game in proper way and he/she have lack of interest in the sport.

Most of the helper told that he/ she not pay attention on the any type of game and he/ she does not have understanding about any type of game/ sports.

Most of the helper responses that these children are taught- someone makes jewellery, teaches screen painting, teaches envelop making, teaches sewing to a child who is in senior class, the child according to their ability or understanding in pre-vocational class does that.

Most of the helper told that the problem is that they do not pay attention quickly, if they work here, they will see that on the other hand they do not have that much understanding.

Most of the helper told that we are also giving training to the children to become dependent on themselves like - in pre vocational - making paper bags, painting, giving training to make Rakshabandhan. He/she should understand about the money concept. There is a need to mix-up in group playing.

### **UNDESIRABLE BEHAVIOR**

Most of the helper told that how can they tell such undesirable behaviour? But he/she do not know that their behaviour is bad. To them it is such that I am doing everything well according to me. We tell them that this thing is not good. This kind of behaviour should not be done. Spitting on someone, hitting someone, urinating and potty in the paint are their behaviour like this.

Most of the helper told that it is said that this (abnormal behaviour) should not be done, this work is not good. It is said again and again that the work you are doing today is not good, if you do this, then you will not get lunch today in the afternoon. Sometimes we also scold him/her but we should not do this because they do not know about right and wrong.

Most of the helper told that even for self-harming behaviour, they tell him that if you cut yourself or apply nails, then your body will be damaged. Most of them do not feel the pain due to sensory issue.

### ***STAKEHOLDER- 4: EXPERTS-8***

Eight experts working with the ASD children having expertise in different therapy were interviewed by the researcher and the information provided by these experts is presented as follow.

## **DETAILS ABOUT THE CHILD**

Most of the experts told that they diagnose ASD among children through observing their behaviour like way of looking ceiling fan, jumping behaviour, lack of eye contact, lack of social communication and repetitive behaviour etc. and interview with their parents. Few of the experts said that they diagnose the children on the basis of standardize tests and behaviour profile of autism assessment such as CARS, M-CHAT, DASSI-test etc.

Most of the expert told that the treatments for children with ASD depend upon the level of severity of disorder and the need based. For example, if the child is affected comorbidity like autism and Down syndrome, he/she first needs sensory therapy and then treatment for Down syndrome. But mainly treatments like remedial work, medicine, especial education and therapy (Physic therapy, ABA, sensory therapy, occupational therapy, speech therapy) were provided to the children with ASD. For communication difficulty, they were provided with speech therapy like reading good gift, communication through picture and through PECS.

According to some experts, they check the sensory need of children with autism spectrum disorder and the issues related to it. Then according to their needs they were given the treatments like different type of light, tactile, colours. In case of hyperactivity behaviour they were provided with few medicines as well as therapy.

Most of the autism expert told that most of the treatments have positive impact on the behaviour of the children if it is started in the early years. The impact also enhanced with a positive social environment of the family.

Mostly expert told that nothing can be related with the cause of autism as no strong research is available in this area. Some expert told that very protective environment in the family having negative impact on the growth of the child may increase the degree of ASD.

Most of the experts told about behaviour of children with ASD that make them uncomfortable like- behavioural issue, tantrum, crying, hand flapping, poor eye contact, rooming her and there, not mixing and communicating with others, dependency on others and weird behaviour related to body organ due to sensory problem in adult age.

Most of the experts told that they feel nerves about behaviour, very poor socialization and education issues of the autism children, because it cannot make them independent for a living. Few experts told that they do not feel nerves about future of these children as they will do something according to their capacity but mostly parents feel nerves about the future of these children.

## **BEHAVIOUR IN THE SCHOOL**

Most of the experts told that most of the teachers in general schools do not accept autistic children because they need remedial classes and more attention. They need specialize trained teachers. Autistic children are good in IQ. Autistic children those follow the instruction of teachers can enrolled in normal schools with extra attention, otherwise they need education at special school.

Most of the expert told that they focus on basics like reading and writing and gradually focus on understanding. Some expert told that they are arranging autism awareness program for teachers to manage them in inclusive schools.

Most of the experts said that children with autism have sensory issue that creates problems in early morning work like going to toilets, brushing, bathing, combing, wearing a shirt etc. They don't know how to behave in public transport and lacking personal hygiene.

Most of the expert suggested individualized education program for children with ASD. As every children have specific strength and weakness, special educator can prepare individual program to tackle problems like- attention difficulty, echolalia, lack of basic interaction, poor language skill, seating intolerance using the tools like modality, audio- visual method, picture exchange board, written script, ABA etc.

Most of the expert told that minimum needs of autistic children is ADL work to make them independent like going to toilet, bathing, wearing a shirt, brushing teeth, eating food etc.

## **COMMUNICATION**

Most of the experts told that these children are not able to express themselves whether they are non-verbal or verbal. Even they do not understand what others say. Only their parents understand

a little. There are very few children who respond to others but do not communicate properly. Because of this they hurt themselves and others in anger. Some experts said that the main problem of communication of these children is echolalia and restricted expressive speech.

Most of the experts suggested to give them maximum exposure for communication, such as, parents to talk to them every day, not to lock them in the house, performing group activities, communicating and prompting them during group work, taking them outside so that they talk to others, giving them opportunity to ask for things like food and drink so that they can think of speaking. Some experts suggested picture cards, flash cards, written cards for improving their conversation giving two options of similar level and have patience for getting their response. Also give them speech therapy, role play games and keep them away from television and mobile.

Mostly expert said that daily needs like asking for food and drink, using washroom, eye to eye contact while listening to others, paying attention and understanding and following commands are their minimum communication needs.

## **SOCIALIZATION**

According to most of the experts, people in society generally do not accept these children. They do not join the social groups, do not understand what the people in the society and gradually cut themselves off from the society. Parents of normal children tell their children not to play with these children and hence these children are kept isolated from social groups. Hence, proper social development of these children is not possible. They do not accept the strangers easily and they are lost in their own world, due to which their interaction with others is also limited. This is a big problem for them. There is a need to educate others about the needed socialization of these children.

Most of the experts told that there is a need to aware and educate others about the needed socialization of these children. Others should be aware that these children are a little different from others, should not be kept separately, should be considered as a part of the society and should be mixed with everyone. Parents can help them a lot. Parents should play with them as a child in small groups as well as talk to them regularly. This can help these children to become social gradually and their understanding will also increase. Some expert said that these children should be enrolled in general school along with a shadow teacher and the special teachers in the

school should expose them with small social stories through audio visuals, written scripts as well as spoken words, so that they will be able to interact with others.

Most of the experts told that for minimum, these children should be able to ask for help from others and should express themselves if lost somewhere. For this, they should learn to be in groups and to greet each other.

## **COGNITIVE BEHAVIOUR**

Most of the experts told that these children have good I, but it is difficult to know their cognitive behaviour by testing. Many of them spell words very well, sometimes repeat words again and again, sometimes they are found completely blank. There is issue of these children in expression and even they do have understanding issues as they do not understand directly. Some experts told that these children have difficulty in linguistic development as they are exposed to multiple languages at home and school that creates great problems for them in language development.

Most of the experts told that they can be taught English rhymes, mathematics through videos on mobile or laptop. Flash cards and picture description can also be used for the purpose. Some experts told that using one language both at home and school can help them for better language acquisition. The help of applied behaviour therapy can be taken to solve problems related to their cognitive behaviour.

Most of the expert told that these children need to be desensitize first and then regular effort of music teacher, yoga teacher, dance teacher, drawing teacher and art therapist can help them to learn co-curricular subjects. Even parents need to arrange extra classes for them so that they can increase their interest and ability in such skills. Some expert said that the activities like painting, drawing, music and dance should be combined with their curriculum so that it will improve their cognition and their other needs will also be fulfilled.

Most of the experts told that their thinking pattern is good and need improvement. It can be done by involving them more in group activities and developing their verbal communication and expressive ability. These children have a stereotype thinking pattern as they like to do the routine work from morning to evening. It is difficult to break it but through sensory therapy, join compression and social stories, it can be improved.

Most of the experts told that these children need to have sitting tolerance, have eye to eye contact and to follow instruction for better cognitive behaviour. Minimum cognitive behaviour they need to learn basic concepts like counting up to 100 in math, basic vocabulary in one language, basic science of air, water, plants, animals, eating items etc. and knowing the place and address in social science. It is very important for them to know the concept of money and its proper use.

### **SENSORY MOTOR BEHAVIOUR**

Experts told that these children have sensory problems. Some are hyper sensitive (do not like sound, light, touch, test or smell) and some are hypo sensitive (like to hear sound, feel happy in some touch, like smell and test).

Most of the experts told that their sensory motor behaviour will be improved through sensory integration therapy provided by occupational therapist, physio-therapist, and sensory therapist in an integrated manner in a specific schedule and time interval according to the need of individual child and the type of sensitivity, hyper or hypo.

Most of the experts told that the minimum sensory need of these children is a pleasant environment at their house with respect to the colour and intensity of light, colour shade of the room and other household items and the voice of the member in the house. Similarly. A pleasant sensory feeling is desired when outside the house.

### **AFFECTIVE BEHAVIOUR**

According to most of the experts they have more attachment to specific people or material. They like a specific toy and try to play with it always. Most of these people have attachment to vehicles. These children are more emotional and possessive. Once they are dependency on you, they do not like to do anything without you. So work with these children by maintaining distance with empathy not sympathy. They are more attached to the mother than the father. It takes a little longer for them to attach to a new person, but once attached, it was found to be deep.

According to most of the experts these children should be allowed to interact with as many people as possible. Allow them to do the activities according to their choice, do not force them for any work. They should be instructed to take care of each other. Parents should ignore them by remaining silent in case of their aggressive behaviour like shouting and crying. They should

also be reinforced by giving them the things of their choice in case of their right behaviour. Parents should neither use physical punishment nor should shout at them. There should be acceptance for these children from all the family members and from the society. Parents should give much time and care to autistic children than other children for improving their affective behaviour. Behaviour shaping and ABA therapy can be used for this purpose.

Most of the experts told that they should be able to differentiate between family member and other people and to behave properly with outsiders.

### **INDEPENDENT BEHAVIOUR FOR SURVIVAL**

Most of the experts told that these children depend on others for food, water, money and safety both at home and outside home. They cannot manage their own food if left alone at home. If they will be left outside alone, they will be lost.

According to most of the experts, rigorous training and learning is needed for these children to improve their survival behaviour. They could be trained to find the prepared food at home and to consume it properly if left alone at home. At least they could be trained to ask for their food. They should be trained in vocations for earning. It should be the responsibilities of government to take care for the survival of these children and should generate low skilled jobs for these children. Even, Government should make insurance policy for these children for their future survival.

According to most of the experts, shelter, food, health, cloth, education and employment are minimum survival needs of these children.

### **RECREATION AND VOCATIONAL BEHAVIOUR**

According to most of the experts, it is very difficult to understand their recreational behaviour, as it is very difficult to understand what they like and what is their interest. Those people are lost in themselves, and for them, leisure time activity is a particular behaviour they use to do, such as playing with a toys or a thing alone. They do not have the recreational behaviour like watching TV, playing games etc.

Mostly experts told that the interest of these children should be identified knowing their attachment with the objects they like most and then toys and games related to their interests can be provided and atmosphere could be created to make them play with that. These children may like television, mobile, hand flapping etc. This behaviour could be minimised by regular instruction and reinforcement through taking them to gardens and parks and even exposing them to social events. These children can be taught new activities by associating with the songs, toys and things that they like most. Autistic children do not have any interest in sports as they do not have depth distance perception. Involvement in sport activity is important for ASD children. Dance therapy, art therapy, and music therapy, recreational therapy should be made somewhat attractive and inspiring for them, and then their interest will be more towards all those directions.

Most of the experts told that due to sensory, physical and behavioural problems of these children, they don't pay attention to any vocational work. It takes a long time to teach these children any vocation.

With the combined therapy of music, dance, and yoga, they can be prepared for a vocation of their interest. It needs the awareness and help of the community members. If there is any autistic success story, then by making this child an ambassador, we can bring awareness in the society. Make them active only in their most interesting activities. Their rehabilitation can be made with the help of community. For example an autistic child can be send to a small shops nearby with the consent of owner for half an hour or an hour so that the child can understand what is happening there, what the customer is asking and how much money is to be taken, all these should be understood by the child in a gradual manner. As their expressive language is very limited, they could be taught through pictures and images. As they are slow, patient is needed while teaching them.

Most of the experts told that as the interests of all the children are different, so the vocation can be learned according to the interest of the children. Flower making, rakhi making, candle and jewellery making, screw driver related work, paper folding, punching, binding are some of the vocations which can be learnt by these children.

## **UNDESIRABLE BEHAVIOUR**

Mostly experts told that due to hormonal changes these children get upset and show unwanted behaviour. Different behaviours are seen in these children like - holding hands, hugging, angry at someone, biting oneself, tantrum, echolalia, not paying attention, running around, screaming, crying, heating head, Sudden laughing, stopping, gazing, not making eye-to-eye contact, not mixing with anyone, hyperactivity, not being comfortable in a crowd, lying on the ground, exposed to excessive light, irritability, etc. Some of the expert said that they know the undesirable behaviour in general by the name of obsession. When the child gets attached to someone since childhood and is unable to leave him, then his behaviour turns into obsession, this same obsession becomes the cause of trouble, such as touching, touching the private part in front of everyone, then putting his hand inside, taking hot smells, being impulsive etc.

Most of the experts said that using ABA therapy to improve behaviour provides unprecedented benefits. Parents should first observe the child that due to which the child is behaving like this. Make a social story and explain it daily by showing it, holding the child strictly and lovingly by giving him the things of their choice, giving reformation and slowly teaching good behaviour to the child. Then slowly the child will understand. Some expert told that on the basis of experience, see the child and understand if he is going to mess up or fuss, then immediately isolate him and work with him by diverting his attention to the activity of his choice.

Mostly experts said that in order to get attention, the child becomes hyper and exhibits unwanted behaviour such as biting themselves, hitting, head banging etc.. First, do not pay attention to their behaviour, do not be emotional and avoid their behaviour. Secondly, by understanding the child, give them the things of their choice or by explaining that if you behave in an undesired way, then all the things of their choice will be stopped (by reinforcement). You can explain this through social script, and then gradually their behaviour will improve. Some of the experts told that when the child is unable to communicate with others to get his things, then he gets frustrated and does self-harming behaviour. At that time we cannot control it, but we can make it calm down by diverting his mind for example if he is hitting someone, then give a boxing bag and say to hit it and try to explain him that when you do not like some things, then punch the boxing bag. Few experts said that the child's abnormal behaviour is seen because the child does not even know that due to sensory issues as they cannot feel pains.

Most of the experts told that through giving positive and negative reinforcement like if he spits, and then apply tape on the mouth or tie a napkin, if on the day he does not spit, give two chocolates of his choice by making a star on his hand, in this way he will stop behaving like this. If he shows unusual behaviour, then his parents and other members of the house together should ignore his unusual behaviour. To correct abnormal behaviour, orient the child, teach through the script that some physical or social problems sometimes arise and that they will resolve on their own. And you can explain it through a story also. Some of the expert told that behaviour therapy, psychologist and counselling can solve the child's behaviour. Training has to be given till life time because some children start repeating their abnormal behaviour even after a few days of correcting their abnormal behaviour.

#### ***STAKEHOLDER-5: DOCTORS -5***

The information of five doctors about children with autism spectrum disorder interviewed by researcher is presented as follow.

#### **DETAILS ABOUT THE CHILDREN WITH ASD**

Most of the doctors said that to diagnose children with ASD first of all they observe children in three aspects which are eye contact, social interaction and behaviour. Once found positive in these aspects they further validate it by conducting psychological tests with the help of clinical psychologist. The psychologists usually conduct tests like CARS, M-CHAT, DDSG, BKG, BSMS as per the age group of child. Once all the testing is done, all the reports are seen and after corroboration used for the confirmation of ASD.

Most of the doctors said that they treated children with ASD by following techniques like early interventions, enrolment in special school, inclusive schooling, and therapies like applied behaviour analysis, sensory integration therapy, occupational therapy, speech therapy and practical behaviour practices. They prescribed drugs only for the children with excessive repeated behaviour, impulsivity severe in attention and very poor seating tolerance. As per the needs medication is given for the sensory avoidance. Omega supplement and vitamins are also given to few patients.

Most of the doctors said that they give positive reinforcement to ASD children by appreciating their work along with therapies like ABA therapy, sensory integration therapy, speech therapy,

occupational therapy, special education for functional impairment, biomedical treatment focused on understanding, cognition, especially gut. These therapies are given 15 hours and more per week for the most beneficial output.

Most of the doctors said that ASD has usually caused by either genetic or environmental causes. Environmental causes are most prominent cause than genetic which involves electro-magnetic radiation and screen exposure from mobiles, televisions, laptops, tablets, server in the office or Wi-Fi in the nearby house which could have impacts during their mother's pregnancy. Besides that changing scenario of society, increases in number of nuclear family where parents cannot give much attention to baby caring are also some of the causes of ASD. The gene of parents has also some role in the making of ASD among more are more number of children.

Most of the doctors said that they do not find any of the behaviour of ASD children uncomfortable as they do not understand what they are doing. They are like that only. According to doctors many people in the society do not accept their behaviour like removing cloths at public places, tantrums, repetitive behaviour, stereotype, moving in circle, sitting intolerance, aggregation, obsessive compulsive behaviour etc.

Most of the doctors said that they fear whether these children will be able to speak or express their desire or not in future. They also showed their anxiety in these activities of ASD children lack of social skills, emotional and anxiety issues, issues in handling money, ignoring vehicles while crossing the roads etc. they were anxious and nervous about the future of ASD children as it is very difficult for these children to manage these activities.

## **EDUCATIONAL NEEDS OF THE CHILD**

### **BEHAVIOUR IN THE SCHOOL**

Most of the doctors said that the major problem of these children doing day to day activities are like bathing, toileting, tying shoe lace and wearing dresses. Besides that maintaining personal hygiene, communication, socialization, and sensory issues are also some of the major problems of these children.

Most of the doctors said that training program for special teacher; counsellor and therapists are needed to make them more progressive and aware about the need of these children. They also

urged for training program for parents so that they can handle these children with more patience and positive attitude.

## **COMMUNICATION**

Most of the doctors said that the major problems in the communication of these children involve motor and sensory coordination. Besides these, poor receptive and expressive communication, poor eye contact, poor language development, perceptive understanding, speech delay were some of the major problems related to communication problems of these children.

Most of the doctors said that socialization of these children are needed by giving them more opportunity to meet with people and to communicate with them. Besides this Bio-medical approach and speech therapy is also needed for them. Use of pecks cards for the speech delayed children, use of non-verbal communication and some other methods can be used for improving the communication of these children.

Most of the doctors said that the minimum communications needs of these children are communications about their daily and survival needs and activities either through minimum verbal ways or non-verbal ways like gestures and through cards.

## **SOCIALIZATION**

Most of the doctors said that as these children have serious communication problems they don't know how and what to speak and to communicate even non-verbally. They have also emotional issues where they lack understanding of particular emotions like love, like, dislike, smile etc. and fail to reciprocate. Because of this they fail to express their feelings. Besides that they have sensory issues as well which hinders their social integrations.

Most of the doctors said that to improve the socialization of these children they should be taken to visit different places and should be given ample opportunities to get mixed with people and to get socialize. For this purpose they should be given social skill training with the help of applied behaviour analysis and positive reinforcement. They should be reinforced always about their good behaviour.

Most of the doctors said that mixing of these children with their similar age group children and with people around are the minimum socialization needs of ASD children. For this purpose parents should make artificial social group and attend awareness programs.

### **COGNITIVE BEHAVIOUR**

Most of the doctors said that the problems related to the cognitive behaviour of these children involve understanding and concept formation as they mostly rely on rote memorization. Regression due to speech delay is also common problem of these children where children having speech also lose speech development after 18-24 months. Some of the high functioning ASD children are found good in Mathematics.

Most of the doctors said that CBT (Cognitive Behaviours Therapy) can be used to improve the cognitive behaviour of these children which should be approved by the Therapist Board. Biomedical approach can also strengthen the metabolism in understanding brain functioning. Besides these supplements, brain tonic, vitamins are also recommended. Interaction with the shadow teacher in inclusive school can also help these children.

Most of the doctors said that the help of visual cards, biomedical approach, meaningful playing, ABT and CBT can be taken to improve the thinking pattern (Behaviour) of these children.

Most of the doctors said that proper cognitive functions to attend process and react to most important and needed stimulus are minimum needs related to the cognitive behaviour of these children. For this their brain should be made receptive and if they lack it, they can be given therapy depending on their situation for two to three times in a week. Usually, fourteen hours in a week is recommended for such children. For this, mothers of these children should also be trained as they stay with the children the most so that they can also be able to provide the therapy.

### **SENSORY MOTOR BEHAVIOUR**

Most of the doctors said that the major sensory related problems of these children are that they are hypo and hyper sensitive which depend on their metabolic condition. Some children are sensitive to smell or touch or sound. All these issues and their degrees can vary from child to child.

Most of the doctors said that sensory integration therapy to improve the sensory motor behaviour of these children where they use a lot of vestibular inputs to improve these behavior. Biomedical approach and Diet approach are also used to correct metabolic condition. It also helps to resolve the other sensory issues. Different type of texture, smell, sound, light, should be provide to these children for improving the sensory issues as sensory integration therapy.

Most of the doctors said that the minimum needed sensory motor behaviour of these children are basic recognition of senses which can affect their body like hot, cold, rough, smell, sound and light.

### **AFFECTIVE BEHAVIOUR**

Most of the doctors said that major problem of affective behaviour of these children involves the lack of understanding and reciprocating affective behaviour of others due to communication problem. These kids express themselves through tantrum, anger, shouting, flapping hands and having continuous circular movements.

Most of the doctors said that to improve the affective behaviour of these children training of parents and society to handle them with patience, love and empathy so that their emotional issues can be reduced. Training of their parents with maximum therapy is needed so that they can improve the emotional behaviour of the children and can handle them at home.

Most of the doctors said that showing of reciprocal behaviour in which the similar kind of behaviour needs to be made is the minimum needed affective behaviour. For this the training is needed along with supplement of brain tonic.

### **INDEPENDENT BEHAVIOUR FOR SURVIVAL-**

Most of the doctors said that the dependent nature of these children for day-to-day activities, education, vocational training, lack of life skill training, lack of welfare scheme of the government as it is limited for 18-21 age children only are some of the problems related to the survival behaviour of children with ASD.

Most of the doctors said that these children have sensory issues for which parents and people around them should be educated to make them aware for handling them smoothly. Besides that

basic handling of day to day activities, basic communication, and vocational training are needed for their survival.

Most of the doctors said that education, healthy and basic life style are minimum survival needs of these children. They should be able to feed them and make them healthy.

### **VOCATIONAL BEHAVIOUR**

Most of the doctors said that insensitivity towards the capability of these children, normal work assignment instead of assigning as per their cognition and age level, dependent behaviour of these children are some of the major problem with the vocational behaviour of these children.

Most of the doctors said that the children with ASD should be involved in their interested fields/areas for which training should be given to them with patience as per their IQ and capability. Teacher should be trained for this. The first thing for this kind of training is to build rapport with the child.

Most of the doctors said that the minimum vocational need of these children depends on their degree of problem and their ability to adopt and learn. The best part of their behaviour is that if they can be learnt something, they can keep doing that forever because they like repetitive activities. Their vocational needs can be identified and they can be trained according to their condition. Centres working in Baroda for the ASD children like KOSIS, ARPAN and DISA are doing good work in providing vocational training to ASD children.

### **UNDESIRABLE BEHAVIOUR**

Most of the doctors said that major undesirable behaviours of these children are walking on paws, continuous hand flipping, running to and fro in excitement, repeated movements, making loud sound, clapping, stubbornness, humiliating oneself, mood upheaval, risk taking, hitting someone, aggression, self-mutilation etc.

Most of the doctors said that positive reinforcement is given for controlling the undesired behaviour of ASD children. They said that they assign ASD children some kind of work of their interest to make them calm down and controlling their abnormal behaviour.

Most of the doctors said that they give counting exercise to calm down these children where they count it backward from 20 till 0 and the children have to calm down by the time 0 arrives. Besides that, Applied Behaviours Analysis and Tailor Approach are given where the diary is maintained for self-hurting behaviour with its reason and accordingly the approach is made. After the age of 14 their physical behaviour increases due to hormonal changes. At this time the use of homeopathic medicine is most suitable.

Most of the doctors said that some basic training, ABA therapy, medication, and positive reinforcement are needed for ASD children to control their undesirable behaviour.

### **Following findings were derived from the analysis and interpretation of the data**

#### **4.2.0 Following findings were derived from the analysis and interpretation of the data**

##### **4.2.1 Findings: 1**

##### **4.2.1.1 TYPES OF EDUCATION PROVIDED IN SPECIAL SCHOOL**

There are special schools and centres providing Special Education to the children with autism spectrum disorder. These children have specific needs in all area of their life as well as they have specific ability also. Thus on the basis of children's ability, classes are divided into four stages such as (i) early intervention (ii) transaction-I (iii) transaction-II (iv) transaction-III (a) pre-vocational (b) vocational. Education is provided in special schools and centres through integrated approach like (Psychologist, Physio-therapy, Sensory-therapy, Special teacher, Doctor).

#### **Details about education which is provided in special school and centres.**

##### **Early Intervention-**

Activity for daily living include toilet training, bathing, brushing teeth, taking drinking water, shoe lasing, buttoning and unbuttoning, dressing. The teachers use communication diary to convey intention, identification of things, animals, birds, van, utensil, body part, writing, arithmetic, non-verbal activity, puzzle fitting, colour identification, fine motor activity, gross motor activity, training through iPad/ laptop action song, social story based training, sensory therapy, speech therapy, physio-therapy and playing some game meaningfully.

##### **TRANSACTION-1**

**Gross Motor Activities-**These activities includes training on lifting object from the floor, kicking and rolling the ball, jumping /hopping, Tossing ball in the basket.

**Fine Motor Activities**-These activities includes training on Peg board, manipulating clay, can pick small objects like pins, thread etc.

**Academic skills**-These activities include training on Picture description, Body part identification, recognizes self-script, photograph, roll call etc.

**Language & Communication Skills**-These activities includes training on Sorting words by category, attempts to his/ her intention, select and bring familiar object, uses toilet, break, water, wait etc.

**Sensory Intervention**-These activities includes training on Spot jumping, Joint compression, Smells-Pungent, pleasant Bean bags etc.

## **TRANSACTION-2**

**Gross Motor Activity**-These activities includes training on Raises head & shoulder from face down position, shifting object one hand to another, Participates in bat/ball game, kicking & rolling the ball, filling containers with difference liquid/ dry items (different measure), stands on one foot with no support and eye closed, Riding a bicycle.

**Fine motor activities**-These activities include training on Unbuttoning/Buttoning, Folding Paper, and Turns one Page at a time, Uses scissors.

**Academic skill**-These activities include training on Money concept/Time/Measurement, Finding hidden objects, Jumble sentences, object by association etc.

**Language & Communication**-These activities include training on sorting words by category, using gesture to indicate 'no', Uses vocal expression of pleasure when played, uses communication chart, book, independently etc.

**Sensory Intervention**-These activities includes training on spot jumping, joint compression, concept of depth, down-up the slope, clay/sand etc.

**Social skill**-These activities includes training on Adult concerns, waits for turn, interaction using gesture, and asks for help, facilitating parallel play.

## **TRANSACTION-3**

Envelope making, jewellery making, rakhee making, pot painting, paper filling, paper cutting, cutting picture, picture of piece joint on paper with fevicol, identification of inside game and outside game, identifying words then making small sentences structure i.e. this is a pen. Reading book of General Child (LKG), writing small letter, counting numbers and writing, addition and subtraction number with iPad, paper pencil and with the help of calculator, picture drawing and

painting, typing on iPad, game playing on iPad. identifying behaviour i.e. spitting, pee and poop in pain, developing seating and tolerance.

#### **4.2.2 Findings: 2**

##### **4.2.2.1 PURPOSE OF EDUCATION PROVIDED IN SCHOOL**

The purpose of education provided in schools for children with autism spectrum disorder (ASD) is to make them independent. All special schools and centers nurturing children with ASD aim to achieve this goal. The purposes are further divided into the following objectives:

- To train children with ASD in activities of daily living.
- To enhance communication skills among children with ASD.
- To enable socialization for children with ASD.
- To teach appropriate behaviour outside of school.
- To develop cognitive abilities in children with ASD.
- To fulfil the sensory needs of children with ASD.
- To modify affective behaviour in children with ASD.
- To improve recreational behaviour in children with ASD.
- To prepare children with ASD for vocational activities.
- To teach survival skills to help children with ASD live independently at home.
- To transform undesirable behaviour in children with ASD into desirable behaviour.

#### **4.2.3.0 Findings: 3**

##### **4.2.3.1 APPROACH IN SCHOOL**

**Followings approaches was emerged from the data collected from the different stakeholders**

- The teacher asks them to hold in their hand & keep it in their mouth and tells them to chew. Teach them by tearing paper, practising with wet soil, breaking roti and mixing rice and lentil curry. This way their gripping will improve and they can eat properly.
- Teacher gives them early intervention and training for autistic children, using schedules to send them washroom every half an hour. If children feel the washroom teacher send them washroom with helper.
- They were oriented in advance before any type of changes in their teaching activities. Vocational training was given by modelling, one-to-one and eye-to-eye contact, they

were taught with the help of prompts, writing, speaking, using pictures, and using different methods according to their problems.

- Talking to the children through written script, Showing pictures, motivating them to speak more than what they speak, understanding them by trial & error on a communication chart, and using cards, books, and pictures with social stories are used for communication. They talk verbally to the children so that they get into the habit of speaking. Giving speech therapy for communication.
- They were oriented about the new place before going outside, the teacher provided information about the place with written scripts. The teacher orients too children by doing action and also tells them in writing, explains the children not to take anything from the shop by just pulling them as those can be taken only by giving money and asking to teacher with the communication book.
- Orient these children before social involvement. Play together to improve their social behaviour. Role building with the guests, teaching manners to these children. To make them socialized, teachers need to work continuously for about 2 years. Trained with group activities and one-to-one activities.
- Autistic children learn math well with worksheets, concrete things, calculations with calculators, typing on the computer, iPad because all signs and numbers are present on it, dragging small lines on the copy, shaping with writing & copying on the notebook, pictures and verbal instruction. By holding their hands & face, Along with practice, they need both. They learn writing by joining the dots and tracing, they are to be taught step-by-step, Physical prompts for dance, Orientation, question-answer, and memory games.
- Teacher provides autistic children sensory therapy, accommodation therapy according to their needs, vestibular rehabilitation therapy puts pressure on their body, joint compression, and presses the spine. Smell bottles are kept for this, room freshener, phenyl, according to the need.
- These children are oriented by writing in advance that their favourite teacher will be absent. Improved the attachment through example sharing, birthday cake sharing, outings, goods visit, hand shake, daily namaste, making a star on hand, giving things of choice, dancing, music, sending children home with other mothers, giving information by

speaking, shows him picture then they practicing them the same way, the teacher tries to practice whole task into small pieces, using storytelling.

- Teachers show pre-vocational to vocational classroom for the vocational activity, in this way, they try to develop an interest in the vocational field. First, they show the activity in the option on the iPad as well as on the picture cards, after that, they show the process of activity then they concretely do the practice. They educate them on typing, email and internet operation.
- Teacher using that approach to make their behaviour normal-orientation, written script, a social story to explain them, giving sensory therapy, reinforcement, binding with C P chair, physical practice.

➤ **MAJOR APPROACHES EMERGED**

The following approaches have emerged from the collected data

**Psychoanalytic approach**

**Psycho-educational approach**

**Humanistic approach**

**Ecological approach**

**Behavioural approach**

1. Normalization and Developmentally Appropriate Practices for Young Children with Autism
2. Developmental Individual Differences, Relationship-Based Approach
3. Family-Guided Routine-Based Intervention
4. Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH) Strategies
5. Applied Behavior Analysis (ABA) and Discrete Trial Training (DTT)
6. Positive Behavioral Support
7. Assistive Technology
8. Sensory Intervention Plan
9. Verbal Behavior
10. Other Approaches:
11. Auditory Integration Training
12. Diet/Vitamins

13. Facilitated Communication
14. Medication
15. Music Therapy
16. Vision Therapy
17. Picture Exchange Communication System (PECS)
18. Social Orientation
19. Yoga Therapy

#### **4.2.4.0 Findings: 4. Educational needs of the children with autism**

**Followings educational needs of the children with autism was emerged from the data collected from the different stakeholders**

- Education and training is needed for the children with autism for the daily activities like- using toilet, taking bath, wearing the dress, brushing teeth, changing diaper, eating food etc. to make them independent in their regular life. Parents of the autistic children need training to educate and help them in these activities.
- Children with autism require education and training for communication activities using pictures, practical demonstrations, communication cards, charts, computer-assisted communication, written communication, scripts, and daily scheduled conversations. Speech therapy, vocabulary building, and social practice drills are also essential to help them communicate their basic needs. Parents should spend 5 to 10 minutes each day calmly telling stories and talking to their children, speaking clearly and slowly, and then waiting for the child's response, as these children may not respond immediately.
- Children with autism need education and training for outdoor living activities, such as using the washroom, sitting peacefully, living together, dressing and changing diapers, eating properly, and choosing items like toys and food. They should also be taught to recognize socially useful symbols, such as gender-specific restrooms and traffic signals (green, red, yellow). It's important to familiarize them with new places before visiting to

help them understand the situations and manage transition difficulties, which can help maintain consistent behavior.

- Children with autism require education and training for socialization activities such as practicing greetings like "hi," "hello," "good morning," and "namaste," celebrating birthdays, sharing tiffin with others, shaking hands, welcoming guests, and developing good manners. They should also learn to sit quietly, engage in group activities, and interact with peers and new people. Parents should speak to them lovingly and avoid shouting, encourage one-on-one activities, play games like volleyball, use playground equipment, and tell social stories to prepare them for social situations.

These children should be enrolled in general schools with a shadow teacher. Parents can create artificial social groups for practice and raise awareness about autism to foster acceptance in society. By involving autistic children in social settings, their interest in socialization will increase, allowing them to seek help and express themselves, ultimately enhancing their social skills and integration.

- Children with autism need education and training for mathematics learning activities, such as counting from 1 to 100 using a tablet, pictures with numbers, calculators, iPads, and typing numbers on a computer. They should also learn counting with concrete objects and shapes, practice with worksheets, use coins and notes to understand the concept of money, and perform calculations using pictures and verbal instructions. Regular practice with the help of special educators is essential to develop mathematical abilities in autistic children.
- Children with autism need education and training for language learning activities, such as using pictures to teach the English alphabet (A-Z) and forming words and sentences. They should practice writing their names and signing with the help of paper and pencil by joining dots and tracing them. Teaching in their mother tongue, using computer apps for questions and answers, and introducing new words with pictures in the early morning can help develop their vocabulary. This will enhance their language abilities and help them solve problems.

- Children with autism need education and training to learn color concepts through activities like using colorful cards and beads for color identification, painting, filling in shapes with color, making palm prints and finger prints, painting flower shapes with brushes, and drawing with colorful pencils. These children may benefit from extra coloring classes, and parents should support painting activities at home. Art therapy can help calm them and address gripping and sensory issues.
- Children with autism need education and training for general knowledge activities, such as using charts to learn about plants, pictures to learn about animals, and social stories to understand places, addresses, states, and countries. Teaching methods should include holding their attention and using visual aids. These children should receive integrated therapy involving an Occupational Therapist, Physiotherapist, Speech Therapist, Sensory Therapist, and Psychologist. All professionals, along with a special education teacher, should work together in a team spirit using a multidisciplinary approach.
- Children with autism need education and training for co-scholastic activities such as playing the harmonium, playing the drum to slow music, dancing with a shadow teacher, singing songs slowly, and practicing yoga at a slow pace. To improve cognitive functions, which include attending, processing, and reacting to important stimuli, these children require therapy for fourteen hours a week. With one-on-one instruction from special teachers, autistic children can engage in these activities properly.
- For hyperactive children, education, training, and activities include climbing, jumping, wearing a weighted bag or jacket to channel energy, and gradually reducing weight and time. Activities like vestibular sensory stimulation and using vibrating brushes can improve sensory integration. Children benefit from wearing loose cotton clothing and receiving visual cues as needed. They may also benefit from gentle pressure on their bodies and joints, and redirection from obsessive objects to others, like observing a moving wheel or fan.

Autistic children should be shielded from loud noises, avoid excessive physical contact, and use mild cleaning agents and room fresheners to minimize strong odors like sweat. Minimizing overwhelming stimuli by not exposing them to too many objects and providing options on communication charts includes what to express emotions like pain and sorrow, can also be helpful. Allowing them to listen to music or songs with earphones can reduce hypersensitivity.

- Education, training, and activities for hypoactive children include training in auditory perception, using lighting, exposure to textures and colors, applying body pressure, and encouraging chewing food. Sensory-motor behavior is crucial for these children to recognize senses such as temperature (hot/cold), texture (rough), smell, sound, and light. Modifying room environments, such as adjusting TV or radio volume, room color, and bed texture, and taking them to playgrounds to experience textures like grass and sand, are essential. Autistic children benefit from sensory integration therapy and may also use homeopathic remedies to address sensory issues. Following therapy, their sensory systems become more responsive, enhancing their ability to understand their surroundings.
- Education and training are crucial for children with autism to improve their social and affective behaviors. Activities such as sharing, celebrating birthdays, going on outings, making handprint stars, offering choices, interacting with other caregivers, and participating in group lunches help develop empathy and social skills. It's important for all family members to accept these children, interact with smiles, greet them warmly, and teach them about appropriate physical contact through visual aids. Teaching good and bad habits, using charts to illustrate happy and sad moments, praising positive behaviour, and adjusting routines to foster attachment are essential. Techniques like shaping and Applied Behavior Analysis (ABA) therapy are used to enhance affective behavior, encouraging reciprocal interactions that stabilize emotions in children with autism spectrum disorder.
- Education and training are essential for children with autism to learn survival skills such as cooking, feeding themselves, shopping independently, greeting guests, and connecting

with nature. They also need instruction in daily living activities like tying shoes and buttoning shirts. Providing opportunities for hands-on practice, using videos as guides, and reinforcing learning with rewards like chocolate are effective methods. Parents can establish support groups and shelters where autistic children can live independently when separated from their parents. It's crucial to prepare them for self-sufficiency in basic needs such as shelter, food, healthcare, clothing, education, and employment. Governments should create low-skilled job opportunities and insurance policies to secure their future. Autistic children require intensive training and support to achieve independence and self-reliance.

- Education and training are necessary for children with autism to engage in recreational activities such as watching TV, using a laptop or mobile device, playing with toys and musical instruments, participating in ball games, creating colorful arts and crafts, listening to songs and poems, watching dance performances or movies, playing with sensory items like colorful liquid bottles, and enjoying activities like football, volleyball, swings, indoor games, visiting places like temples, drawing, painting, using scissors, and walking in gardens. Children with ASD require significant parental support and dedicated time to engage fully in these activities.
- Education and training are crucial for children with autism to engage in vocational activities such as making paper bags, pottery painting, file making, candle and jewellery crafting, creating Raksha Bandhan items, block painting, acquiring computer skills, learning about financial transactions, flower arranging, and basic carpentry. Vocational opportunities should be identified based on individual capabilities and tailored accordingly. Additionally, children require rehabilitation support to meet their basic needs for food, clothing, and shelter. The specific vocational requirements for these children vary based on their abilities and the severity of their condition. Some parents suggest focusing less on academic studies and instead opening small shops with assistance for their children.

- Education and training are essential for children with autism to address and improve undesirable behaviors. This includes sensory therapy, establishing a structured teaching schedule, Applied Behavior Analysis (ABA) therapy, providing orientation through written scripts and social stories, using reinforcement and consequences, counseling by psychologists, medication as needed, engaging in physical exercise, redirecting attention to preferred activities, and employing calming techniques like counting backwards or offering water. Undesirable behaviors such as anger outbursts, incontinence, spitting, self-harm, shouting, crying, running, tantrums, hitting, biting, jumping, head-banging, hand-banging, sudden laughter, staring, body shaking, throwing objects, and slamming things can be managed to help these children integrate into society.

#### **4.2.5.0 Findings-5:**

##### **Emerged educational needs of children with autism spectrum disorder conveyed by children with autism spectrum disorder**

- Students need to participate in prayer and chant the bhojan mantra for good health before lunch. They should also eat lunch and drink water properly during recess, with teachers assisting them in these activities.
- Autistic students need to be trained to use the toilet. Teachers send them to the bathroom with a female helper who assists with changing clothes if needed. Some young children also require toilet training, but teachers only train the students and advise parents to use diapers for their young children. Teachers do not provide lunch to encourage proper bathroom use. Helpers guide the students in cleaning themselves to improve their bathroom habits.
- There is an educational need for children with autism spectrum disorder to improve their finger grip. Activities such as fitting colourful pieces onto plastic meshes, holding a pen, fitting colourful wooden shapes, pressing soft balls, and rolling weighted balls on their hands can help.
- Children with autism spectrum disorder need education and training to improve their behaviour outside. This includes explaining, speaking, writing, and showing printed materials about shopping at the mall, traffic rules, and other similar activities.

- Children with autism spectrum disorder (ASD) need to learn basic reading and writing skills. Teachers use tablets with linear programming to teach letter recognition, have the children practice writing with pencils on paper, and use cards and charts to help them read the names of animals, places, and fruits. Colouring activities are also used to enhance eye-hand coordination.
- Children with autism spectrum disorder (ASD) need education and training to improve their speaking skills. This includes practicing pronouncing whole sentences and chanting the word "Om" during yoga. They also need to identify body parts, animals, vegetables, and fruits using peg-boards, and practice fitting these items back in their places. Vocabulary games are taught online with the help of the internet, and speech therapy should also be provided.
- Children with autism spectrum disorder (ASD) need help with language development. This includes showing wildlife pictures on a computer, using a communication book for word pronunciation, and doing jaw exercises to improve speech. Teachers use wildlife pictures and tablets for practice. Both teachers and parents should pay close attention to the children's needs and provide immediate care, as lack of attention can lead to behavioural issues. Speech therapy is also necessary.
- Autistic children need education and training to help them participate in group activities, such as playing in a group, joining sports, and understanding games. Activities that can help include keeping a spoon in their mouth, wearing a T-shirt, walking with a small ball, racing, hitting a ball with a colourful small bat, and playing video games. Teachers often assist by participating with them in these activities.
- Children with autism need support for socialization and recreational activities. For festivals and ceremonies honouring legendary persons, teachers arrange events like dancing, painting, rangoli competitions, poetry readings, speeches, fashion shows, and social stories for the students.

- Children with autism spectrum disorder (ASD) need education and training to develop vocational skills. This includes learning activities such as making jewelry, beading, creating envelopes and pouches, painting pots, making candles, making diyas, and colouring.
- Children with autism need education and training to improve their ability to sit still during hyperactive activities. This includes using a CP chair, applying a weight belt, providing engaging tasks, and offering physiotherapy. Additionally, mothers also need training to work with their children effectively.
- Children with autism need training to address unusual behaviours. Teachers explain to them, both in writing and verbally, not to damage their nails, push their nails into the teacher's hand, or drop things on the ground. They should also avoid banging their teeth with hard objects, pressing softballs and thick wooden balls, and applying too much pressure on their elbows, wrists, and shoulders. Activities like pressing paper with tweezers and following a behaviour modification schedule can help. Yoga practices, such as Surya Namaskar, Halasana, Butterfly, Cycling, Vajrasana, and eye exercises, are done together. Some children may struggle with yoga, so ABA therapy is used to address self-injurious behaviours. Sensory therapy and physiotherapy are also important for improving behaviour.