A Study on an Autistic Children from three Cities of Gujarat State

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Abstract

In the present scenario, there is a growing demand of medical & psychiatry social work in India & abroad...with growing problems getting more complex day by day, their was a need for a timely intervention. Autism is a severe disorder of brain function marked by problems with social contact, intelligence and language, together with ritualistic or compulsive behavior and bizarre responses to the environment. Autism is a lifelong disorder that interferes with the ability to understand what is seen, heard, and touched. This can cause profound problems in personal behavior and in the ability to relate to others. A person with autism must learn how to communicate normally and how to relate to people, objects and events. However, not all patients suffer the same degree of impairment. There is a full spectrum of symptoms, which can range from mild to severe.
This is an attempt to understand the perception, knowledge, Attitude and Practices towards the autistic children's daily schedule, their life style, behavior, supportive programmes, ministry of education and upbringing including the developmental aspects of the autistic children. The Researcher will focus on the areas as below: **Knowledge &Practices:** It includes Information about autism, practices adopted by the parents such as Skills in Communication, Social and Intellectual Skills of parents, training source material and treatment like special education, Behavioral counseling, Medication and Nutritional Diet programmes given to the child. **Attitude** is both positive & negative attitude of the parents towards autistic child. Autism home programs allow parents to have full control over every aspect of their child's treatment. Many parents prefer home programs because they can work closely with their child and tailor treatments to the child's specific needs. The one-to-one activities of a home program help foster a close relationship between parents and autistic children. In addition, the fact that the home is also a classroom helps maintain the flow of learning for the child.
KEYWORDS: Autism, Behavior, Knowledge, Attitude & Practices.

INTRODUCTION

Autism is a brain development disorder characterized by impaired social interaction and communication, and by restricted and repetitive behavior. These signs all begin before a child is three years old⁻ The autism spectrum disorders (ASD) also include related conditions with milder signs and symptoms.
Autism has a strong genetic basis, although the genetics of autism are complex and it is unclear whether ASD is explained more by multigene interactions or by rare mutations. In rare cases, autism is strongly associated with agents that cause birth defects. Other proposed causes, such as childhood vaccines, are controversial, and the vaccine hypotheses lack any convincing scientific evidence. The prevalence of ASD is about 6 per 1,000 people, with about four times as many boys as girls. The number of people known to have autism has increased dramatically since the 1980s, partly due to changes

in diagnostic practice; the question of whether actual prevalence has increased is unresolved.

Autism affects many parts of the brain; how this occurs is not understood. Parents usually notice signs in the first two years of their child's life. Although early behavioral or cognitive intervention can help children gain self-care, social, and communication skills, there is no known cure. Few children with autism live independently after reaching adulthood, but some become successful, and an autistic culture has developed, with some seeking a cure and others believing that autism is a condition rather than a disorder.

Social Interaction. The symptoms of social impairment are described as: 1) impairment in multiple nonverbal behaviors; 2) failure to develop peer relationships appropriate to developmental level; 3) a lack of spontaneous seeking to share enjoyment with others; and, 4) a lack of social and emotional reciprocity (APA, 2000). Some of the early indicators of these symptoms of social impairment include a lack of attachment behavior, failure to bond with caretakers, not seeking comfort when hurt or upset, and lack of or abnormal use of eye-to-eye gaze (Rutter, 1978). Another commonly discussed early social marker in children with autism is nonverbal joint attention skills (Mundy & Crowson, 1997). Joint attention involves looking at another person and then nonverbally drawing that person's attention to an object of interest by either looking at or gesturing towards the object. In typically developing children such behavior usually first occurs around the age of 10-12 months but is notably absent or impaired in a child with autism. Such children have marked difficulty in both the initiation and response to bids of joint attention (Baron-Cohen, 1989; Mundy, Sigman, Ungerer, & Sherman, 1986). Responding to joint attention bids (but not initiating them) has also been proposed as a moderator in the relationship between amount of intervention and language gains in children diagnosed with autism (Bono, Daley, & Sigman, 2004). Deficits in these joint attention skills are considered to be precursors to many of the more overt social disturbances that become more pronounced as the disorder progresses (e.g., lack of sharing enjoyment, interests, or achievements with others; impairment in multiple nonverbal behaviors; Kasari, Sigman, Mundy, & Yirmiya, 1990).

The social deficits evinced by children with autism are rather pervasive, affecting their orientation, recognition, and overall response to social stimuli. As alluded to earlier, such deficits distinguish individuals with ASD from those with ID. For example, Dawson, Meltzoff, Osterling, Rinaldi, and Brown (1998) demonstrated that children with autism are significantly more impaired in terms of orienting to social stimuli in comparison to both children with Down's syndrome and developmentally-matched children without ID. Examples of social stimuli that children with autism typically fail to respond to include an adult asking for help or expressing distress (Bacon, Fein, Morris, Waterhouse, & Allen, 1998; Sigman, Kasari, Kwon, & Yirmiya, 1992). Impairments in social referencing (i.e., looking to an adult for cues in response to unfamiliar stimuli) are also evident in children with autism (Bacon et al., 1998). Collectively, these studies highlight that the social stimuli that children with autism fail to recognize or respond to appropriately are often related to the emotions of other people. For example, in the study by Sigman and colleagues (1992), the children with autism continued to play with their toys when an adult pretended to be hurt.

Such impairments in recognizing and responding to social stimuli are likely to manifest themselves in play situations, which is often the primary vehicle for social interaction in

children. One aspect of play that is strikingly absent or impaired in children with autism is symbolic or pretend play (Jarrold, Boucher, & Smith, 1993). Even in comparison to children with ID, the play interactions of children with autism are shorter and much more unlikely to be initiated by that child (Jackson et al., 2003). However, deficits in peer-related social behaviors (e.g., being in close proximity to other children, receiving social bids, focusing on other children) are quite pervasive and are evident in all social activities, not just play (McGee, Feldman, & Morrier, 1997). It should also be noted that children with autism generally respond more positively to adults than to other children. This factor may be the result of such interactions with adults centering on need fulfillment and not being purely social, as would be the case with peer interactions (Jackson et al., 2003).

Another area of social interaction that often proves to be difficult for individuals with autism is inferring others' thoughts and feelings from indirect social cues (e.g., body posture, tone of voice) or what could be called "reading" other people. This is a skill that develops without conscious effort in typically developing children, but for individuals with autism, marked difficulties are apparent in picking up on other people's social and emotional cues as well as gleaning feelings and beliefs during conversation with others (Gillberg, 1990; Rutter, 1983). It is believed that these deficits are specific to autism and do not generalize to those with ID or other developmental delays. For example, children with autism have greater difficulty in discriminating social and emotional cues in comparison to same-age children with ID (Hobson, 1986a, 1986b). Additionally, persons with autism demonstrate impairment in expressing the appropriate emotion required for a given situation (Cohen, Paul, & Volkmar, 1986).

Children with autism will also actively avoid engaging with social stimuli and oftentimes show stronger attachments to objects than people – a symptom originally noted by Kanner. Such avoidance of social stimuli has been observed even in infants; for example, in a study by Swettenham and colleagues (1998), children with autism spent significantly less time looking at people and significantly more time gazing at objects when compared to both developmentally delayed and typically developing infants. Some researchers have argued that this impairment is the result of a general deficit in orienting ability that is more pronounced for social stimuli (Dawson et al., 1998). Along with impaired joint attention skills, such deficits support the notion that social impairment exists at very young ages in children with autism.

The origin of these social deficits is still being debated. At a very general level, it is more than likely that symptoms of social impairment stem from neurological abnormalities associated with the disorder (Mundy & Sigman, 1998). Rutter (1983) has suggested that the social deficits seen in autism arise from a cognitive defect in dealing with social and emotional cues. Supporters of this view point out that, for an individual with autism, only those areas of social interaction that require an individual to recognize and understand the emotions of other people are impaired (Braverman, Fein, Lucci, & Waterhouse, 1989), whereas other social capacities that only require perception of the observable world (e.g., face recognition) remain intact (Baron-Cohen, 1988; Gillberg, 1990). However, it should also be mentioned that children with ASD do have difficulty in matching tasks with faces and objects, above and beyond deficits in affect matching (Braverman et al., 1989; Hobson, 1986a, 1986b).

Communication. A deficit in communication is the second symptom domain used in diagnosing autism. The DSM-IV-TR requires at least one of the following impairments to be present: 1) delay in the development of or absence of spoken language; 2) in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others; 3) stereotyped and repetitive or idiosyncratic language; and, 4) lack of varied, spontaneous make-believe play or social imitative play appropriate to the developmental level (APA, 2000). It's been estimated that 50% of children with autism never gain functional speech, and in those that do, echolalia or other abnormalities such as pronoun reversal (e.g., saying "You want a snack," instead of "I want a snack") are commonly observed (Rutter, 1978). Persons with autism have particular difficulty in both the production (Baltaxe, 1977; Baltaxe & D'Angiola, 1992; Stone & Caro-Martinez, 1990; Tager-Flusberg & Anderson, 1991) and comprehension of pragmatic language (Hewitt, 1998; Paul & Cohen, 1985). Given that conversation skills are significantly limited in this population, persons with autism have specific deficits with regard to responding to conversational questions that are either lengthy and/or requiring the person to draw inferences in order to respond appropriately (Hewitt, 1998). Additionally, when an individual with autism is engaging in conversation, he/she oftentimes gives the impression of talking at the conversational partner, rather than with the person (Rutter, 1978). Conversation topics are also usually restricted to the present situation or the special interests of the person with ASD (see below).

Restricted Behavior. This third and final symptom domain was originally conceptualized as an "insistence on sameness" (Kanner, 1943) and has also been described as a lack of "behavioral flexibility" (Wahlberg & Jordan, 1991). The symptoms in this domain cover a wide variety of stereotyped behaviors and routines, and behavioral presentations are heterogeneous and often idiosyncratic. According to the DSM-IV-TR, at least one of the following must be evident for a diagnosis of Autistic Disorder: 1) preoccupation with one or more stereotyped and restricted patterns of interest of abnormal intensity or focus; 2) apparently inflexible adherence to specific, nonfunctional routines or rituals; 3) stereotyped and repetitive motor mannerisms; and, 4) persistent preoccupation with parts of objects. Early indicators of such symptoms include rigid and limited play patterns (usually related to a lack of imaginative or make-believe play; Rutter, 1978). As mentioned above, children with autism often show greater attachment to inanimate objects than to people; this attachment to objects can often be quite intense – to the point of causing marked distress if the child is separated from the object in some cases. When these children play with toys they often do so in bizarre or nonfunctional ways (e.g., twirling a toy around) and/or only focus on a particular part of the toy (e.g., spinning wheels on a toy car). Common ritualized or stereotyped motor mannerisms include such things as body rocking, handflapping, and SIB.

The researcher has focused on the Knowledge regarding the rearing/bringing up of an Autistic Children by their Parents, as well as its also focus on the Attitude –either positive or negative attitude towards these children, How the parents deal with such children , which kind of problems personal and social problems they are facing and the positive and negative feelings they have towards their child, encountering the societal problems.

Objectives of the study:

1) To prepare socio economic demographic information of parents of Autistic Child.
2) To study Knowledge of parents about Autism.

3) To study Attitude of parents towards Autistic child.
4) To study parental practice with autistic children at home.

Hypothesis of the Study:

- There is significant association between socio demographic information and child's play activities.
- There is a correlation between independent variables with Key variables.
- There is a correlation among Knowledge, Attitude & Practices.

The researcher included in her study the samples of 155 Respondents of 8 institutions from three cities of Gujarat ,Here the Researcher has used the Snow ball sampling method to collect the Data.

Findings:

RESPONDENT DEMOGRAPHIC /PERSONAL PROFILE:

- From the Present Study it is found that most of the respondents that (n=111) 71.6% of the respondents belonged to the age group between 26 to 45yrs, Looking to education profile it is found that Most of the respondents (n=66)42.6% have done graduation, Majority of the respondents (n=118)76.1% engaged in job, while 13%(n=21)have their own business, Majority of the respondents (n=55)35.5% had monthly income between Rs.5000 to 10,000, Looking towards family type than (n=78)50.3% belong to joint family system, while (n=70)45.2% belong to nuclear family, Majority of the respondents (n=95)61.3% have the first born child among the number of the children, Regarding the complication in delivery (n=117)75.5% respondents had complication during delivery.

SOCIALISATION OF CHILDREN.

A) PLAY:

- (n=47)30.3% of the children play content by sound producing objects and toys, (n=46)29.7% of the children play with constructive toys, blocks, and clay, Majority of the respondents (n=87)56% told that the toys purchased for their children on occasions, Majority 0f the respondents (n=84)54.2% told that their children allowed to play as their pleases, (n=102)65.8% children are given toys to play whenever the child desires, (n=85)54.8% are children allowed to play in the house only**,** Majority of the respondents (n=75)48.4% sometimes allowed to their child to play with other children.

B) COMMUNICATION:

- Majority of the respondents (n=71)45.8% told that their children indicates needs and desires by requesting, Majority of the mother's responds(n=72)46.5% towards their child's need by giving what the child desire, It is found that majority of the children (n=68)43.9% go to their mother when they need , (n=71)47.1% children mostly ask questions to their mother, (n=61)39.4% respondents always replied to their child's question, (n=72)46.5% children desires to be company of their mother only, (n= 54)34.8% children often seeks physical contacts**,** (n=97)62.6% of the respondents told that their children communicates in socially approved manner with their parents, Majority of the respondents(n=57)36.8% told that their child seeks permission to go out, Majority

of the respondents (n=78)50.3% told that their child sometimes interferes in adult's talk and activities, (n=50) 32.3% children interfere by asking questions, while others by making noise and creating needs, Most of the respondents (n=141)91% keep the balance diet for their children to keep body healthy, Majority of children (n=58)37.4%are given feeding by mother and father alone, Majority of the respondents(n=62)40% told that the child does not eat much without any help, (n=96)61.9% children are given food at regular interval.

PARENTAL ATTITUDE TOWARDS AUTISTIC CHILD.

- (n=64)41.3% respondents agree with the statement that autistic child is a matter of shame, (n=51)32.9% respondents strongly disagree about the autistic child is burdon on family, (n=52)33.5% respondents agree with attitude that the social-economic situation is stressful, (n=91)58.7%respondents agree that their child is depend on others for daily activities, (n=73)47.1%respondents agree that their child should live upon donation,(n=73)47.1%respondents agree that their child is gift of god,(n=85)54.5%respondents agree about child's lacking in mental growth,(n=70)45.2%respondents strongly disagree about that the autistic child is sin,(n=53)34.2%respondents undecided that autistic child is result of deeds of previous birth,(n=43)27.7%respondents undecided about the belief that autistic child can be cure by supernatural power,(n=52)33.5%respondents agree about that autistic child can be cure by medication,(n=64)41.3%respondents undecided that autistic child can be cure by support of the family,(n=48)31%respondents disagree about that autistic child can be cure by none of them i.e by supernatural power, medication, support of the family,(n=65)41.9%respondents agree about that they attempt to suicide because of autistic child.,(n=110)71%respondents strongly disagree about to think to kill their autistic child as they are burdon for them,(n=90)58.1%respondents agree about in restricting family because of autistic child,(n=58)37.4%respondents strongly disagree about to separate autistic child so family can not be affected.

PARENTAL KNOWLEDGE OF AUTISTIC CHILD

- (n=47)30.3%respondents strongly agree about that autism is childhood schizophrenia,(n=75)48.4%respondents agree about that autism is an autoimmune condition,(n=50)32.3%respondents undecided that autism is a neuro develop mental disorder,(n=65)41.9%respondents believe to a great extent to need information about assessment report for their child,(n=85)54.8%respondents believe to a great extent that proper decision or help to decide in which training centre/school to admit their child,(n=73)47.1%respondents believe to a great extent that they need information about where to procure training material,(n=58)37.4%respondents believe to a great extent that they need information on the effect of admitting the child special/normal school,(n=56)36.1%respondents are not at all need help in deciding where to admit or not to admit their child in a hostel,(n=52)33.5%respondents believe to a great extent aware about any financial facility to pay for medicines therapy or other services,(n=67)43.2%respondents are not at all aware about information on legislation for autistic child.

PARENTAL PRACTICES OF AUTISTIC CHILDREN.

- (n=80)51.6%respondents believe to a great extent that they require material to help to deal with their child,(n=73)47.1%respondents believe to a great extent that they need information on nutrition/special diet,(n=63)40.6%respondents believe to a great extent that need information about normal growth & development by attending any of the parenting seminars,(n=60)38.7%respondents believe to a great extent that they need to know about what teachers/trainers teaching to their child,(n=67)43.2%respondents believe to a great extent that they need help in finding the most appropriate vocation,(n=43)27.7% respondents are believe to a moderate extent that they aware about any financially security by transfer of property,(n=49)31.6% respondents are believe to a moderate extent that they aware about any saving account to make secure their child's life,(n=53)34.2% respondents believe to a great extent that they aware about any pension benefits to make secure their child's life,(n=58)37.4% respondents are sometimes faced in helping to eat their child,(n=66)42.6% respondents are sometimes faced in dressing to their child,(n=65)41.9%respondents are sometimes faced in toilet training to their child,(n=52) respondents are never faced problems in brushing to their autistic child and (n=52)33.5% respondents sometimes faced,(n=41)26.5respondents are sometimes faced problem in grooming to their child,(n=60)38.7%respondents are sometimes faced problem in lifting,(n=66)42.6%respondents are sometimes faced problem in giving medication,(n=40)25.8% respondents are never having problem of sleepiness due to have autistic child,(n=60)38.7%respondents are rarely having the problem of mental worry,(n=50)32.3%respondents are sometimes having the problem of blood pressure,(n=42)27.1% respondents are never having problem of headache,(n=99)63.9%respondents never faced the problem of loss of support by spouse,(n=47)30.3%respondents never faced the problem of loss of support by family,(n=56)36.1%respondents rarely faced the problem of loss support by in-laws,(n=59)38.1%respondents sometimes faced the problem of loss support by relatives,(n=45)29%respondents rarely faced the problem of loss support by friends.**,**(n=45)29%respondents rarely faced the problem of loss of support by neighbors,(n=122)78.7%respondents never faced the financial difficulties for visiting to the doctors & other professionals,(n=123)79.4%respondents never faced the financial difficulties for laboratory investigation,(n=75)48.4%respondents never faced the financial difficulties for transportation.

CROSS TABULATION AMONG KEY VARIABLES

- With the reference towards the correlation there is positive correlation (.142)between attitude and knowledge & Practices, There is significant level of relationship(.000)at 0.001 level among Knowledge, Attitude & Practices, There is negative correlation (-.085) between Knowledge, Attitude & Practices and Age of the respondents, There is positive correlation (.065) between knowledge, Attitude & Practices and Education of the respondents, There is positive correlation(.001) between Knowledge, Attitude & Practices and Occupation of the respondents.
- There is negative correlation (-.109) between Knowledge, Attitude & Practices & Monthly Income, There is positive correlation (.006) between Knowledge, Attitude & Practices & Family types, With reference to Knowledge, Attitude & Practices has correlation is significant at the 0.01 level.

CONCLUSION:

DEMOGRAPHIC DATA OF RESPONDENTS

From the above study it can be conclude that the family is a primary institution where the child can learn and inculcate the social values, ethics and life importance and well manners.

So, from the demographic point of view majority of respondents were adult between the age group of 31 to 35 yrs. and they have completed their graduation and engaged in job and meanwhile some have their own business having monthly income between Rs.5000 to 10,000. So it shows that they belong to middle class family.

The study revealed that the key variables i.e. Knowledge, Attitude & Practices are inter correlated with each other and single independent variable can affected on the key variable.

As such family is a place where child can get all kind of emotional bondage, love and warm. The study also revealed that the parental practices affected by the independent variables. When the Age increased it affected on the parent's knowledge regarding the rearing up to the child.

The result is that when the age increased it automatically affected the respondent's Knowledge, Attitude and Practices.

The another result is the rearing practice also can be improved when the occupation, monthly income is increased. The parents can give good rearing practices with advanced planning for their autistic child.

PARENTAL ATTITUDE TOWARDS AUTISTIC CHILD.

In our Indian society the person either it is child/ man/ woman or young they are stigmatized if they are suffering from any kind of mental illness problems. so, it is too difficult for the parents, relatives & other significant people around by them and specially for those who are living with the child.

Parents are agree that to have an autistic child is a matter of shame and sometimes they also feel it is Burdon on the family. Parents can not live normal life due to autistic child they sometimes feel social , economic stress while some parents believe that an autistic child a gift given by god. While some parents also agree about the belief that to have an autistic child is a result of their deeds of their previous birth.

In present scenario, no one believe in "Bhutvidhya or Supernatural power" or "Black magic". The study also concluded that their child can be cured only when there is full support by family, relatives, neighbours and ultimately whole community.

The study revealed that some parents had also experienced about negative thoughts and suicidal thoughts and also restricting themselves or by making themselves aloof from the society.

PARENTAL KNOWLEDGE TOWARDS AUTISTIC CHILD.

Parents play an important role for the development of autistic children. The study conclude that parents believe that they need help to decide in which kind of training centre/ school /parental seminars and parental material are required to rearing their child.

Various government facility which is also helpful for them in financial crisis and also need knowledge, regarding various medication , therapies and services available in the

society. It is also find out that parents also believe in receiving the proper guidance and knowledge about the various government programmes or benefits for autistic children as well as they are also wanted to update and making themselves aware about the legislation for the autism.

PARENTAL PRACTICE TOWARDS AUTISTIC CHILD.

Parental practice makes the child perfect ,rearing practice can be play a vital role in the child's holistic development . there are number of rearing practice for the child development ,the study concluded that majority of the respondents have requirement of material and good tips to deal with their autistic child as they are facing much difficulty to deal with their child, they also require the diet chart and nutrition information or special diet for this kind of children. Some of the parents are also ready to attending such a parenting seminars for the mental growth and development of their child, the study revealed that parents also interested to take an appropriate vocational training for the child's development. With the reference to security of their child parents wanted to secure their child by transferring property ,by saving accounts and some pension benefits for their child. It shows the mental worry and stress of parents about the security of their autistic children's future.

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