

A Qualitative Study to Explore the Social Skills of Autistic Children Among Care Takers in Selected Centres of Pune City

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ABSTRACT

Introduction: Social development is one of the most critical developmental areas for human beings. Deficits in social skills may negatively impact several essential domains including academic achievement, interpersonal relationships, behaviour, mental health, and adult life outcome. Child with autism present with core deficits in social skills. Without supports and effective interventions to enhance social skills, children with autism often struggle to obtain social competence, and may experience challenges in the school, home, and community settings. With effective interventions, children with autism can learn essential social skills that can help to mitigate deficits and strengthen social competence. **Objective:** The primary objective of this study was to explore the social skills of autistic children among care takers in selected centres of the Pune city. **Methods:** A qualitative research approach was adopted to explore the social skills. The study was conducted in selected centres in the Pune city using a Non-Probability Purposive Sampling technique. The participants included biological parents of children with autism diagnosed at least one year. Data was collected through semi structured questionnaire English, Marathi. The collected data was analyzed using a descriptive and inferential statistics. **Results:** 90% of autistic children showed Low social skills; 10% showed Average social skills; none showed High social skills. Overall Mean Score = 102.77 out of 208 (SD = 4.13) — falls in the Average / Adequate range.

Keywords: social skills, care takers, autistic children, selected centres

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INTRODUCTION

Autism Spectrum Disorder (ASD), a complex disorder of brain function, has been described as a condition that involves limited and repetitive patterns of behavior, interests, activities, as well as difficulties with social communication, social interactions that last and continue into adulthood and old age. The use of the word 'spectrum' reflects how this disorder affects skills, symptoms. The prevalence of ASD has risen significantly across the globe due to enhanced awareness and early identification strategies¹. This disorder typically begins in early childhood and persists throughout life, not only affecting the individual but also the family and social integration².

Among the most common issues that children with ASD experience is in the area of social interactions. Children with ASD may have difficulty understanding social cues, sustaining eye contact, interpreting facial expressions, engaging in reciprocal conversations, and making friendships with their peers, whereas children with NT can acquire social skills through observation and imitation of others³. Social isolation, reduction in group activities, lack of opportunities for social interactions may arise from these problems. Social problems in children with ASD are not only

behavioral but are also rooted in cognitive, neurological differences, such as differences in neural connectivity, theory of mind, sensory perception⁴. Therefore, intervention approaches are necessary to address social development in children with ASD.

Communication challenges:

Communication issues in children with ASD are the third critical component of the condition. Children with ASD have been seen to have issues with the delay of expressive and receptive language, gesture, spontaneous speech, and the use of pragmatic language⁵. Even when children have a sufficient vocabulary, they still have issues with turn taking, comprehension, and social communications. This, in turn, makes it more challenging for them to build relationships, learn in the classroom, and participate in the community.

Need of the study:

Children suffering from Autism Spectrum Disorder (ASD) show notable impairments in their social interaction skills because of their inability to communicate properly. As described in the DSM5 and ICD-II, social interaction and communication deficits are key characteristics of autism. There are several connections between these two types of impairments (APA, 2013; Hansen et al., 2014; Tager-Flusberg, 2003). Children with autism often

have difficulties with pragmatics, commonly referred to as social language (Carter, et al., 2005; Miller et al., 2015; Staikova et al., 2013). Difficulties in pragmatics can be manifested by any of the following behaviors: eye contact, reciprocal conversation, turn taking, topic maintenance, greetings, speech prosody, understanding figurative language, and/ or understanding emotions and non-verbal body cues (Shaked & Yirmiya, 2003; Tager-Flusberg, 2003; Tierney et al., 2014).⁶

Social skills for autistic children are essential for building meaningful relationships, fostering independence, reducing anxiety, and navigating a social world with confidence. These skills help bridge the gap in social communication, allowing children to express needs, understand emotions, and succeed in educational and community settings. Social communication deficits contribute to the likelihood of social isolation and reduce prospects for social engagement (Miller et al., 2015; Wetherby et al., 2007).⁷

Aim of the stud:

The primary objective of this study was to explore the social skills of autistic children in selected centres of the Pune city.

METHODOLOGY

This study was conducted using a qualitative research approach and Selected centres of Pune city. The Target Population was care takers of autistic children. In this study Non probability Purposive Sampling technique was used and study was done in 30 samples. The participants included biological parents of children with autism diagnosed at least one year. Data was collected through semi structured questionnaire English, Marathi. The collected data was analyzed using a descriptive and inferential statistics.

RESULTS

Section 1:

1.1 Findings related to Demographic Data of Caretakers

The majority of caretakers (43.3%, n=13) were in the 25–30 years age group, followed by 31–35 years (33.3%, n=10), and 36–40 years (23.3%, n=7). No caretaker belonged to the 41–45 years group. Slightly more than half of the caretakers were female (53.3%, n=16) compared to male (46.7%, n=14). Half of the caretakers (50%, n=15) lived in urban areas, followed by semi-urban areas (33.3%, n=10), and rural areas (16.7%, n=5).

A significant majority (63.3%, n=19) of caretakers held a university Degree, followed by Secondary education (20%, n=6) and Postgraduate Degree (16.7%, n=5). No caretaker had only primary education. Mothers were the primary caretakers (53.3%, n=16), while fathers comprised 46.7% (n=14). Employment was equally divided: 50% (n=15) were working and 50% (n=15) were not working.

Section 2:

1.2 – Findings related to Social Skills of Autistic Children

Social skills were assessed using a structured rating scale with 52 items grouped under 10 major domains: Speech, Gesture, Facial Expression, Body Language, Conflict Resolution, Active Listening, Empathy, Relationship Management, Respect, and Understanding. Caretakers rated each item on a 4-point Likert scale (1=Never, 2=Rarely, 3=Sometimes, 4=Often). The maximum possible total score is 208.

Table 1: Social Skill Level of Autistic Children (N = 30)

Social Skill Category	Score Range	Frequency (n)	Percentage (%)
High – Well Developed Social Skill	195 – 208	0	0.0%
Average – Adequate Social Skill	99 – 194	3	10.0%
Low – Deficit in Social Skill	35 – 98	27	90.0%
TOTAL	35 – 208	30	100%

Score Range: High = 195–208 | Average = 99–194 | Low = 35–98

Key Finding: 90% (n=27) of autistic children showed Low (Deficit) social skills, while 10% (n=3) showed Average (Adequate) social skills. No child demonstrated High (Well Developed) social skills. The overall mean score was 102.77 out of 208 (SD = 4.13), placing the group in the Low category.

Fig. 1 – Social Skill Level of Autistic Children (N = 30)

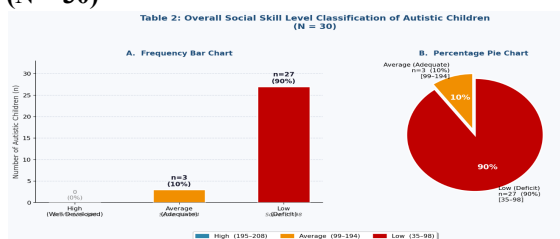


Table 2: Domain-wise Mean Score of Social Skills of Autistic Children (N = 30)

Domain	Items (n)	Mean	SD	Interpretation	Skill Level
A. Speech	8	2.25	0.68	Rarely to Sometimes	Low-Moderate
B. Gesture	6	2.24	0.52	Rarely to Sometimes	Low-Moderate
C. Facial Expression	5	1.89	0.71	Rarely	Low-Moderate
D. Body Language	5	2.71	0.74	Sometimes	Moderate-High
E. Conflict Resolution	5	2.07	0.55	Rarely to Sometimes	Moderate
F. Active Listening	5	1.80	0.61	Rarely	Low-Moderate
G. Empathy	1	1.90	0.55	Rarely	Low-Moderate
H. Relationship Mgmt	6	2.12	0.61	Rarely to Sometimes	Moderate
I. Respect	3	2.01	0.68	Rarely to Sometimes	Moderate
J. Understanding	5	1.67	0.58	Rarely	Low
OVERALL TOTAL	39	102.77	4.13	Adequate Social Skill	AVERAGE

Scale: 1 = Never | 2 = Rarely | 3 = Sometimes | 4 = Often | Max Total = 208

A. Speech (Mean = 2.25 | Low-Moderate)

Caretakers reported that autistic children rarely to sometimes showed confident speech, initiated conversations, introduced themselves, or maintained appropriate tone. A common concern was repetitive questioning (asking the same question over and over, Mean = 2.83) and frustration during communication attempts (Mean = 2.93).

B. Gesture (Mean = 2.24 | Low-Moderate)

Gestures such as waving, clapping, pointing, head nodding, and cultural gestures (thumbs-up, high-five) were shown only rarely to sometimes. The most preserved gesture was the hand signal for "wait" (Mean = 1.47), suggesting some basic communicative gestures are present but inconsistent.

C. Facial Expression (Mean = 1.89 | Low-Moderate)

Children showed limited use of facial expressions to convey emotions. Expression of anger through scowling was somewhat present (Mean = 1.90), but appropriate emotional expression when wronged was notably low (Mean = 1.93). This reflects the well-documented difficulty in emotional expressiveness in autism.

D. Body Language (Mean = 2.71 | Moderate-High) – HIGHEST DOMAIN

This was the highest-scoring domain. Behaviours like being overly quiet/withdrawn (Mean = 3.63) and crying easily with minor provocation (Mean = 2.83) were frequently observed. Eye contact was limited (Mean = 1.70). These behaviours, while scored higher, reflect challenging social presentations rather than positive social skills.

E. Conflict Resolution (Mean = 2.07 | Moderate)

Children rarely to sometimes asked adults for help when pushed or hit (Mean = 3.37), and compromise in conflict situations was seldom seen (Mean = 2.57). Temper control with both friends (Mean = 1.43) and adults (Mean = 1.50) was slightly better, suggesting that children are more compliant with adults than peers.

F. Active Listening (Mean = 1.80 | Low-Moderate)

Active listening was one of the weaker domains. Listening to friends (Mean = 1.23) and accepting peers' ideas (Mean = 1.43) were performed rarely. Following caretakers' instructions (Mean = 2.73) was relatively better, indicating better responsiveness to adult directions than peer interactions.

G. Empathy (Mean = 1.90 | Low-Moderate)

Children showed limited empathy toward others' misfortunes (Mean = 1.90), which is a hallmark deficit in autism. Difficulty with perspective-taking and Theory of Mind underlies this finding.

H. Relationship Management (Mean = 2.12 | Moderate)

Making friends was a challenge (Mean = 2.13), and confidence with opposite-sex interactions was moderate (Mean = 1.70). However, cooperative play (Mean = 2.27) and inviting others to activities (Mean = 2.43) were noted occasionally. Ignoring teasing was frequently seen (Mean = 2.93), suggesting passive withdrawal rather than active engagement.

I. Respect (Mean = 2.01 | Moderate)

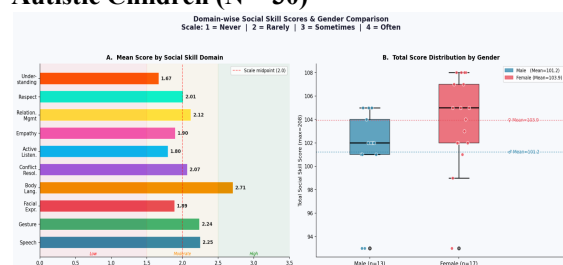
Smiling, waving, or nodding at others was sometimes observed (Mean = 2.33). Concern for friends and relatives of similar age was moderate (Mean = 2.07). Politely refusing unreasonable requests was relatively low (Mean = 1.63), indicating difficulty in assertive communication.

J. Understanding (Mean = 1.67 | Low) – LOWEST DOMAIN

This was the lowest-scoring domain across all 10 areas. Understanding others' emotions (basic: Mean = 2.33; complex: Mean = 1.60), controlling temper when arguing (Mean = 1.30), and recognizing that others have different thoughts and feelings (Mean = 1.47) were all performed rarely. This reflects a core deficit in mentalizing and social cognition in autism.

Association Result: The study found that there is no significant association between social skill level and demographic variables such as age ($p > 0.8959$), gender ($p > 0.3900$), area of residence ($p > 0.6905$) education level ($p > 0.6513$), relationship with child ($p > 0.4642$) and employment status ($p = 0.5428$).

Figure 2: Domain-wise Mean Social Skill of Autistic Children (N = 30)



DISCUSSION

The present study was conducted to explore the social skills of autistic children among care takers in selected centres of the Pune city.. The findings revealed that 90% of autistic children showed Low social skills; 10% showed Average social skills; none showed High social skills. Overall Mean Score = 102.77 out of 208 (SD = 4.13) falls in the Average / Adequate range. Body Language was the highest-scoring domain (Mean = 2.71), though much of this was due to challenging behaviours like withdrawal and crying. Understanding was the lowest-scoring domain (Mean = 1.67), reflecting core deficits in Theory of Mind and social cognition. Active Listening (Mean = 1.80) and Facial Expression (Mean = 1.89) were also significantly weak areas. Most caretakers were young adult females (53.3%), degree-educated (63.3%), and equally split between working and

non-working. No single demographic factor showed a clear dominant association with social skill level.

The findings are consistent with the study conducted by Aznan Che Ahmad et al. (2025), which reported that the social skills of children with autism spectrum disorders (ASD) within early childhood settings, based on the perspectives of special education teachers. Using a quantitative approach, data was collected through a structured questionnaire involving 39 educators to assess social skill development in children with ASD. Five key elements influencing social interactions were identified: Attention-Seeking Skills, Sharing Abilities, Skills of Asking and Requiring, Skills of Giving Ideas, and Skills of Accepting, Praising, and Appreciating. A total of 39 special education teachers participated in this study by responding to the questionnaire. Findings reveal that children with ASD face significant challenges in most areas, except for Request and Inquiry Skills, where they demonstrate relative proficiency. Despite these difficulties, varying levels of competence across the five categories indicate potential for targeted interventions. The study highlights the importance of structured social skills training, emphasizing peer modeling, role-playing, and explicit communication strategies. These results contribute to research on social development in ASD, underscoring the need for interdisciplinary collaboration among educators, parents, and therapists. By recognizing the variations in competency across different skill categories, educators and practitioners can refine intervention strategies to better support social communication. Future research may explore longitudinal assessments of these interventions to determine their effectiveness in improving social outcomes for children with ASD. ⁸

CONCLUSION

Understanding the background of caretakers is essential in nursing research. The demographic profile helps explain the context in which these caregivers observe and interact with autistic children daily. The study concluded that most caretakers are young adults, which may influence their level of awareness about autism and their adaptability to modern caregiving strategies. In the Indian context, mothers tend to take a more active role in the daily care of autistic children, which is reflected in these findings. Urban caretakers generally have better access to autism care centres and early intervention services. This suggests a relatively educated sample, which may positively influence understanding and management of autism. This equal distribution reflects that both parents in the Pune urban setting are actively involved in managing the children. This balance is important as employment status may affect the time available for direct care giving and interaction with autistic children. The study concluded that 90%

(n=27) of autistic children showed Low (Deficit) social skills, while 10% (n=3) showed Average (Adequate) social skills. No child demonstrated High (Well Developed) social skills. The overall mean score was 102.77 out of 208 (SD = 4.13), placing the group in the Low category. Communication-based therapies such as Applied Behaviour Analysis (ABA), Social Stories, and Picture Exchange Communication System (PECS) should be recommended. Regular assessment of social skills using validated tools should be incorporated into routine autism care.

Conflict of Interest

The authors certify that they have no conflict of interest.

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REFERENCES

1. Soares EE, Bausback K, Beard CL, Higinbotham M, Bunge EL, Gengoux GW. Social Skills Training for Autism Spectrum Disorder: a Meta-analysis of In-person and Technological Interventions. *J Technol Behav Sci.* 2021;6(1):166-180. doi: 10.1007/s41347-020-00177-0. Epub 2020 Nov 17. PMID: 33225056; PMCID: PMC7670840.
2. Alahmari FS, Alhabbad AA, Alshamrani HA, Almuqbil MA. Effectiveness of social skills training interventions for children with autism spectrum disorder: A systematic review and meta-analysis. *Saudi Med J.* 2025 Mar;46(3):226-237. doi: 10.15537/smj.2025.46.3.20240788. PMID: 40096975; PMCID: PMC11918677.
3. Reichow, B., Steiner, A.M. and Volkmar, F. (2012), Social skills groups for people aged 6 to 21 with autism spectrum disorders (ASD). *Campbell Systematic Reviews*, 8: 1-76. <https://doi.org/10.4073/csr.2012.16>
4. Almalki I, Al-Masaeed M, Alqudah M. A Systematic Review of Studies on Social Skills Development for Adolescents with Autism Spectrum Disorders. *J Q Health Educ (or journal name if known).* 2021;4(1)
5. Wang Y, Hu W, Li X. Social skills interventions for children and adolescents with high-functioning autism spectrum disorder: a narrative review. *Transl Pediatr.* 2025;14(9)
6. Laugeson EA, Frankel F, Gantman A, Dillon AR, Mogil C. Evidence-based social skills training for adolescents with autism spectrum disorders: the UCLA PEERS program. *J Autism Dev Disord.* 2012 Jun;42(6):1025-36. doi: 10.1007/s10803-011-1339-1. PMID: 21858588.
7. Tracey Silveira-Zaldivara, Gül Özerkb, Kamil Özerk Developing Social Skills and Social
8. Competence in Children with Autism *International Electronic Journal of Elementary Education* January 2021, Volume 13, Issue 3, Page no 341-363
9. AC Ahmad, S Omar, AF Sariff, ADN Rahman Social Skills In Children With Autism Spectrum Disorders (Asd) Within Early Childhood Settings Vol. 4 No. 1 (2025): *Journal of Social Sciences and Business* Vol 4 (1) 2025