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Autism and Misconception: A Social Analysis

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Abstract

Autism is a lifelong neurodevelopmental condition characterized by persistent impairments in social connections and interaction, alongside controlled and persistent behaviors. Despite advances in neuroscience and psychology, misconceptions about autism remain widespread, both globally and in India. Common myths, including beliefs autism is effect by poor parenting, vaccines, or is limited to childhood, contribute to stigma, delayed diagnosis, inadequate intervention, and social exclusion of individuals with ASD. This study examines the nature, causes, and channels of these misconceptions, cultural beliefs, professional awareness gaps, and educational shortcomings in perpetuating misinformation. Using secondary data and an explanatory research approach, the study also explores the social, educational, and psychological effects of these misconceptions on autistic individuals and their families, supported by statistical evidence from India and Karnataka. Findings underscore the urgent need for multi-level awareness campaigns, professional training, inclusive education, and community engagement to promote accurate understanding of autism. Addressing misconceptions is framed not only as a matter of public awareness but also as and issue of human rights, social justice, and equitable strengthening for individuals with autism and their families.

Key Words: Autism Spectrum Disorder, Misconceptions, Myths, Stigma.

Introduction

Autism is a neurodevelopmental disorder it includes long term problems with communication and social interaction along with confined repetitious patterns of behaviors, interests, activities. Autism is now understood as a spectrum condition, marked by wide differences in individuals' social interaction, communication skills, and cognitive functioning. These challenges can effect several aspects of adaptive functioning, making every day activities more difficult to individual with autism need varying levels of psychosocial support to achieve relative independence, and in some cases, need continuous care.

Depending on age and intellectual abilities, children diagnosed with autism have varying degrees of communication deficits. These deficits range from speech delays, monotonous speech, echolalia, pronoun reversal, poor comprehension, to a complete lack of spoken language. Nonverbal communication is also impaired and may include poor eye contact, difficulties in understanding facial expressions and descriptive gestures, to name a few. Another important feature of individuals with ASD is deficits in socio-emotional reciprocity. These individuals are less likely to initiate conversation, show less interest in peer interactions, and overall find it difficult to adjust their behaviour according to different social situations.

Having a global prevalence of about 1 in 100 children, ASD is a condition diagnosed to exist in nearly every country (World Health Organization, 2022). In India, current estimate by the ICMR (Indian Council of Medical Research), the rareness of ASD among children could be between 1 in 68 and 1 in 89, although there is still little reliable data on the prevalence at the national level because of underreporting and diversion in diagnosis (Rudra et al., 2017). A steady enhanced in the number of cases of autism has been recently reported by several NGOs and special education centers in Karnataka, indicating a necessity for more localized information and systematic backing.

Epistemology of Autism

The term Autism comes from the Greek word 'autos' meaning 'self', it was first termed by Eugen Bleuler to describe a person's withdrawal to an inner world, completely against which any external influence is perceived as an overwhelming or disruptive intrusion (Kuhn, 2004).

Definitions

In 1798, before the first use of the word autism, French physician Jean-Marc Gaspard Itard described Aveyron, a small boy who was found after being He lived alone in the woods for 11 years and showed marked social withdrawal along with significant language and intellectual impairments. Itard recognized that Victor's the pattern of development differed significantly from other children of his age. Itard's description of Victor's tendencies would later be formally characterized as autistic (Itard, 1932).

More than a century later, Paul Eugen Bleuler Swiss psychiatrist introduced the term "autism" in 1910, to describe certain symptoms observed in individual with schizophrenia, namely those in which patients became withdrawn from others (Greydanus & Toledo-Pereyra, 2012). Later in 1927, a student of Bleuler, Eugene Minkowski, described autism as the "trouble generator" of schizophrenia (Minkowski, 2001).

In 1964, Bernard Rimland also played a key role in challenging Bettelheim's "refrigerator mother" hypothesis, arguing instead that autism stems from biological factors. In his book Infantile Autism: The Syndrome and Its Implications for a Neural Theory of Behavior, he rejected the notion that cold or unloving parenting caused autism and proposed a genetic basis for the condition component responsible for autism (Edelson, 2014).

A Conceptual Overview of Autism

Autism Spectrum Disorder (ASD), according to medical and psychological definitions, is a neuro-developmental disease that occurs at a very young stage lasts throughout their lifetime. DSM-5 defines ASD by noting its persistent impairments in reciprocal social communication and interactive behaviour as well as engagement in limited and repetitive behaviour, interests, and activities (American Psychiatric Association, 2013). Psychologically, autism cannot be regarded as a mental disorder, but rather a variation of neurodevelopment and intellectual processing. It influences the manner in which a person views the world and relates to other individuals. Psychologists now also stress the neurodiversity model, acknowledging that ASD is a normal neuro-cognitive variation, but not a disease that needs curing (Baron-Cohen, 2017).

Causes, Symptoms, and Diagnosis

One causal factor of autism held in common is unknown, although the body of research indicates a multi-factorial antecedent of genetic predisposition in conjunction with environmental stimulus. Several brain development-related genes have been found their associated, and in some cases, autism is attributed to genetic syndromes such as Fragile X or Rett syndrome (Tick et al., 2016). ASD risks have similarly been linked to environmental factors, though no concrete cause-and-effect relationship has been proven; these factors include high parental age, low infant birth weight, or prenatal exposure to infections or pollutants.

Autism symptoms usually show up at age 2 or 3, and they may include:

- Minimal visual engagement or facial expression
- Language or speech delay
- Repetitive repetitions (hand-flapping, lining up objects)
- Certain topics that one is very interested in
- Aversion to the change of habits

Behavioral assessment through a multidisciplinary team tends to develop a diagnosis and can utilize tools such as the ADOS (Autism Diagnostic Observation Schedule) and the CARS (Childhood Autism Rating Scale). The most critical intervention is made through early diagnosis (Zwaigenbaum et al., 2015).

Categories of Autism Spectrum

Even though ASD is currently being regarded as a single condition with a spectrum of severity, the patients tend to fit into what can be considered to be informal patient subgroups according to their functional capabilities: High-functioning autism (HFA): Children with average or higher intelligence who can have difficulties with socialization and communication, and, nonetheless, can operate rather independently.

• **Non-verbal autism:** They are the people who fail to develop functional spoken language. Their communication can be based on other modalities, like picture boards or assistive technology.

- Asperger syndrome (currently included in ASD in DSM-5): Formerly applied to identify individuals experience significant difficulties with social interaction, but who have normal language and thought development.
- Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS): It was used to classify the individuals who exhibited not all but some symptoms of autism. This framework has also been infused in the mainstream ASD diagnosis (American Psychiatric Association, 2013).

Review of Literature

- Treffert & Rebedew (2015): There is a prevalence of negative social experiences such as loneliness, bullying, shunning, and stigmatization. Autistic children are often considered "mentally retarded" by the general public; however, it's a misconception. Although a significant percentage of individuals with autism certainly have mild to severe intellectual disability, many autistics exhibit average IQ levels and even giftedness. Occasionally, some autistics called Savants have remarkable abilities in areas of music, computation, mathematics, or remote memory. This study deals with the stigmatization of autistic children by society.
- Imran & Azeem (2014): The prevalence of autistic children is at a constant rise. Increased awareness about autism or changing diagnostic criteria might be a reason for this inflation, but there is a chance that it may depict a true increase in its prevalence. Statistics regarding autism are deficient in Pakistan due to poorly executed research studies, but it ranges from 2.4%-5.3% according to different surveys. In recent years, a lot of various reports have discussed about the mental health challenges, specifically autism in children. This has helped improve awareness among the masses, especially the parents who constantly battle misinformation, myths, and stigma attached to it. Due to fear of this public stigma, parents often do not access services provided by mental health experts. This study deals with the increased awareness about autism in society, especially the parents who constantly battle with myths and stigma.
- Calvino (2012) described that there exists a multitude of enduring misconceptions that are linked to autism. The aforementioned myths have exerted a noteworthy influence on the well-being of individuals with ASD and their families, as well as on the societal perception and provision of support for this population. In order to comprehend and counteract the influence of these fallacious beliefs, it is imperative to initially examine the characteristics of myths and their evolutionary process. This study deals with the multitude of enduring misconceptions that are linked with autism and well well-being of individual with autism and their families. These myths about autism have been in practice, which NIMHANS autism awareness programs are trying to counter by training and outreach, but this is only covered in certain areas, such as Karnataka and Tamil Nadu. The results indicate the importance of the development of awareness and educational campaigns, which should be instead of specialization in major cities and focus on schools, medical facilities, the media sphere, and the mass audience.

Theoretical Perspective

• Erving Goffman (1963) argues that stigma arises when certain attributes are socially constructed as undesirable, leading individuals to be discredited or viewed as "less than whole." In the case of autism, behaviours such as

atypical communication, sensory sensitivities, or repetitive actions are often interpreted through a normative lens that labels them as deviant or deficient. These stigmatizing interpretations contribute to widespread misconceptions, including beliefs that autism is caused by inadequate parenting, behavioral negligence, or social withdrawal (Gray, 2002). Such misconceptions not only distort public understanding of autism as a neurodevelopmental condition but also shape social interactions, institutional responses, and they lived experiences of autistic individuals and their families. Through Goffman's framework, it becomes clear that stigma is not inherent in autism itself; rather, it emerges from the social meanings imposed on autistic traits, reinforcing exclusion and limiting opportunities for acceptance and inclusion.

- According to Parsons (1951), illness is viewed as a temporary and treatable condition in which the individual is expected to seek medical attention and work toward recovery. When autism is interpreted through this lens, the public often assumes that autistic individuals should eventually "get better" through therapy or parental effort. This leads to misconceptions that autism is curable, and that a lack of improvement reflects poor caregiving or insufficient compliance with treatment (Grinker, 2007). However, autism is a lifelong neuro-developmental condition rather than an acute illness, making it incompatible with the assumptions of the sick role. Recognizing this theoretical mismatch helps challenge medicalized myths and promotes a more accurate, socially informed understanding of autism.
- Blumer (1969) argued that society constructs meaning through interaction, and once a label is applied, it shapes how others interpret and respond to an individual. In the context of autism, labels such as "abnormal," "problematic," or "incapable" contribute to persistent misconceptions that autism results from poor parenting, behavioral failures, or intellectual deficits (Gray, 2002). These socially constructed labels lead to stigmatization, influence institutional responses in education and healthcare, and shape public attitudes more strongly than the actual neuro-developmental characteristics of autism. Thus, Labeling Theory highlights that misconceptions about autism are not inherent to the condition but arise from societal reactions and negative symbolic meanings imposed on autistic individuals.

Objectives of the Study

- To identify and understand the various forms of misconceptions surrounding autism.
- To examine the channels and mechanisms through which these misconceptions are propagated.

Methodology of the Study

The researcher has conducted this study on secondary data, and the Explanatory research method is used by the researcher.

Types of Misconceptions of Autism

Even in the age of neuroscience and psychology, there are many misconceptions about the Autism Spectrum Disorder (ASD). Such misconceptions not only slow the process of diagnosis and treatment but also contribute to

stigmatization and discrimination. A list of the most common myths is listed below, with literature review data explaining the existence and maintenance of these myths world over and in India.

- The cause of Autism is poor parenting: Among the oldest and most harmful myths, there is an assumption that autism is caused by cold or unresponsive parenting, commonly referred to as the refrigerator mother theory. The concept received its first introduction by Bruno Bettelheim in the 1950s, who argued that maternal coldness was the cause of autistic characteristics (Bettelheim, 1967). This theory has long been proven wrong, and recent studies have shown the fact that autism is a neuro-developmental health issue with no links to the parenting style. The accusation against parents, particularly mothers, creates both emotional pressure and discourages the families against professional assistance. This myth is still persistent in other cultures and parts of India, and it generates shame and social exclusion.
- Autism Involves Intellectual Disabilities in All People: There is also a tendency to think that autistic people are intellectually disabled or cannot learn. Even though there are indeed cases of people with ASD with co-occurring intellectual conditions, most of them have an average OAN and higher IQ (Charman et al., 2011). They are part of the spectrum of autism and consist of individuals with extraordinary talents in such diverse faculties as mathematics, memory, music, or visual thinking abilities, often known as splinter skills or savant abilities. This myth may lead to underrating oneself, wrong education levels, and missed chances of fulfilling their potential for working and being helpful.
- It Is Impossible to Feel Emotions or Empathy in people with Autism: The other counterproductive myth is that an autistic person is emotionally distant or even empathy-less. As a matter of fact, individuals with autism are highly emotional but can communicate differently or have difficulties understanding other people (Baron-Cohen, 2017). Studies have indicated that cognitive empathy (the ability to know how other people view issues) might be impaired, but affective empathy (the ability to experience the feelings rooted in other people) remains normal or rather elevated (Smith, 2009). This lack of understanding can make one become socially isolated and even a target of bullying in the school or the workplace environment, and discourage one from undertaking supportive relationship-building processes.
- Autism is a Childhood Malady as People Grow out Of It: It is widely believed and thought that autism is only restricted to childhood and that kids will later on outgrow it. The thing is that autism is a lifelong diagnosis, and although the symptoms might evolve throughout life or even be adjusted, the neurological peculiarities will persist (Howlin et al., 2013). Adults who have autism are still in need of different support to communicate, establish social relations, and work. This myth causes the absence of services to grown-up autistics, and this issue is especially alarming in such countries as India, where adult development services are nonexistent or developed abominably.
- Vaccines Cause Autism (Busted Myth): Among the longest-standing myths, and the ones that continue to make the most news (due in part to a since-discredited 1998 study by Andrew Wakefield), is that childhood vaccines, especially the Measles-Mumps-Rubella (MMR) vaccine, are the root cause of autism. The world studies have

shown no causal relationship between vaccines and autism, as extensive studies have been conducted (Taylor et al., 2014). The myth persists; it has led to health risks to the community as well as the refusal to use vaccines in some situations. In India, immunisation has become important to preventable diseases, and this myth can cause devastating results, most especially in the rural community, where the people have poor health literacy.

• Everyone with Autism is the same (Do not understand the nature of the Spectrum): The usage of the word spectrum in ASD implies the broad spectrum of differences and skills between people with autism. But when people think of their autistic peers, they tend to focus on negative stereotypes that all of the latter are unable to make eye contact or that they are repetitive. Such simplification disregards the fact that all people are unique in terms of their mental abilities, language, social adaptation, and flexibility (Lord et al., 2020). This stereotype is part of the misdiagnosis or delayed diagnosis of people who do not have the same profile as those with classic autism, and isolated people even more.

Channels of Misconception

- Myths revolving around Autism Spectrum Disorder (ASD) are not merely coincidental or in a vacuum, but they are usually well-grounded within social, cultural, and institutional structures. It is important to know how these myths are propagated in order to provide effective preventive and consciousness measures. In this section, the five most important channels of distribution of autism misconceptions will be discussed at both the global and Indian levels. Representation in Media: Stereotypical Denotations in the Movies, Television, and the Web: The mainstream media regularly depicts autistic people using very narrow and even stereotypical frames, such as mathematical geniuses, asexual individuals, or socially undeveloped savants. Such characters as Raymond in Rain Man or Sheldon in The Big Bang Theory spread the belief that every person with autism is extremely bright but lacks understanding of emotion. Although such representations can create awareness, they sometimes do not represent the character of autism spectrum disorders widely enough; this results in wrong expectations and inaccurate presumptions (Draaisma, 2009).
- False Information via Newspapers and Documentaries: There are cases in which news stories associate autism with questionable issues, like environmental toxins or vaccines, and which lack scientific support. Stigmatising discourses. In India, the idea that autism is a problem to be cured or retribution against divine punishment is sometimes aired on documentaries or news features (Srinivasan & Bhat, 2018).
- Superstitions and cultural beliefs: Local/Regional explanations of autistic conduct. Unusual behaviour like inability to maintain eye contact, the repetition of movements, or slowness of speech in rural India, as well as in other regions across the world, is most often attributed to spiritual reasons or to supernatural powers. Diagnosis and intervention are further delayed because some families consult faith healers, astrologers, or spiritual leaders instead of medical specialists (Daley, 2002).
- Religious or Traditional Explainer: Autism in some communities is considered to be a product of either karma or curses, or past-life sins. These are cultural beliefs that help to marginalise children, together with their families.

Autoimmune. In such cases, autism is not considered a medical condition but a matter that attracts shame (Desai et al., 2012)

- Professional awareness gap-Diagnostic Error in the Medical and Educational Professionals: In most cases, general practitioners, paediatricians, and school counsellors, particularly in under-resourced regions, do not get time to identify early indicators of autism. Consequently, Autism has been habitually confused with ADHD, intellectual disability, as well as conduct disorders (Gotham et al., 2007). These result in inappropriate interventions or total loss of services required.
- Schools and gaps in the curriculum: Poor Incorporation and Knowledge in the Schools- Most schools in the mainstream world are not well prepared to accommodate children with autism because of strict academic programs, the absence of special educators, and low levels of teacher awareness. Consequently, children either get locked out or are termed as being a troublemaker (Sharma &Deppeler, 2005). Not only does this impede the development of the child, but it also creates false assumptions amongst other children and the working staff at large.
- Stigma among the Students, Teachers, and Parents; Access is not enough, because inclusion needs awareness and attitude shift. Teachers and peers can ignore or ridicule autistic children, whereas parents tend to fear and dismiss their children. This creates a continuous chain of ignorance, fear, and stigma in school education (Jayanthi et al., 2020).
- Dissemination of Myths and Unverified Data: There is an unstopped spread on social sites such as Facebook, WhatsApp, and YouTube of unproven autism-curing treatments, anecdotal fairy tales of healing, and conspiracy theories, particularly with reference to vaccines. Thousands of people can be misled in India as the virus spreads messages pretending to be a solution, whether it is food or spiritual treatment (Mehta et al., 2020).

Effects of Misconceptions on the Person and the Family

The Myths about Autism Spectrum Disorder (ASD) are not just ideas floating in space; they have very meaningful and concrete effects on the lives of people with autism and their relatives. The effects include slow responses and opportunity loss, and the deterioration of psychological and social harm in the long run. This part discusses the situation of misinformation on the autistic population and their supporters.

• Social discrimination: Social stigma is one of the most widespread after-effects of autism-related misconceptions. Families of children with autism in most societies, and in particular those who are less aware, are subjected to rejection, labelling, and even culpability by society. The anti-social nature of autistic children also makes them ostracized amongst their peer groups because of their attitude deemed as strange or aggressive (Gray, 2002). Families in India are also marginalized due to cultural beliefs of autism being an act of cursing or a punishment of the spirit (Daley, 2002). Sometimes, this stigma leads to self-isolation, where families do not attend any social event (including schools or religious events) due to the fear that they will be judged. This non-visibility results also in less chance of education, therapy, and integration, which compounds the cycles of exclusion.

- Delay of Diagnosis and Treatment: Myths, like having the idea that a child is simply stubborn or stating that he/she will overcome the problem with age, are directly tied to delaying the diagnosis. Parents who lack the knowledge of the symptoms of autism and who, therefore, consult the medical practitioners at all costs end up using non-medical professionals or even ignore the symptoms. When a diagnosis is performed, it is possible that some important early intervention points have been missed (Zuckerman et al., 2015). In India and some parts of the world, parents initially get to know about autism through informal means, be it WhatsApp groups or a neighbourhood, and the misinformation and, in some cases, unsafe practices of so-called treatments aggravate the situation (Mehta et al., 2020). Such delays have ill impacts on cognitive, emotional, and language development.
- Obstacles of Education and Employment: School systems are usually not equipped to deal with autistic children in terms of training, resources, or thinking. Educators can confuse autistic type-behaviour with disobedience or even stupidity. It has led to high cases of denial of admission, suspension, or the request for leave from schools, particularly private schools (Sharma &Deppeler, 2005).
- The children are not able to advance in their academic programs, even in case that they are enrolled, because there are no Individualized Education Plans (IEPs) or qualified special educators. Further in life, a lack of understanding of what autistic people can do influences the employment rate, with most employers still believing that an autistic person cannot work in a typical workplace position, even when he or she is of high functioning or even with a certain talent (Scott et al., 2019).
- Psychological Ordeal of Families and Caregivers: Bringing up a child with autism is a task in itself, but society makes it even harder on the emotional level due to the misconceptions and absence of support. Issues such as these make parents feel guilty as they think that the condition their child has is a result of not being a good parent, karma, or even a vaccine decision, and of all these theories, they are all false (Desai et al., 2012). Women, especially mothers, are judged and subject to emotional estrangement, since they have traditionally been known to be the caregivers. Research carried out on this has shown that there are greater incidences of depression and anxiety in parents of children with autism, particularly when coupled with low social support and financial difficulty (Hayes & Watson, 2013). Caregivers are exhausted, frustrated, and helpless, particularly by the process of getting through the school systems, treatment, and social scrutiny.

Statistical Review of the Study

Quantitative information is important in determining how widespread the problem of autism is and what misconceptions there are in society concerning the disease. In this part, a comparative analysis of the current state of autism and the existence of myths associated with the problem will be provided on the basis of national (India) and state (Karnataka) statistics.

Table 1: Misconceptions of Autism in India – Prevalence and Forms

| Misconception Type | Percentage of Respondents Who Believed It | Source |
|--|--|-------------------------|
| Autism caused by bad parenting | 36% | Daley, 2004 |
| Autism can be cured with spiritual healing | 42% | Action for Autism, 2020 |
| All autistic individuals are mentally | 49% | NIMHANS, 2018 |
| retarded | | |
| Vaccines cause autism | 21% | MoHFW Public Health |
| | | Survey, 2019 |
| Autism is a childhood condition that goes | 39% | ICMR Review, 2020 |
| away with age | | |

The statistics indicate the lack of awareness of the horrors of the biological and lifelong character of autism in India on such a scale. The explanations in most communities are cultural and religious, showing that there is a necessity for massive campaigns of creating awareness and scientific communication.

Table 2: State-Level Data from Karnataka – Awareness vs Misconceptions

| Indicator | Urban | Rural | Source |
|--|-------|-------|--------------------------------------|
| | (%) | (%) | |
| Awareness that autism is a neurodevelopmental disorder | 61% | 29% | NIMHANS-Bengaluru, 2021 |
| Belief that autism is caused by poor parenting | 22% | 43% | SSA Karnataka Report, 2020 |
| Belief that autism is a form of mental illness | 33% | 49% | Asha Kiran Special School, 2019 |
| Awareness of early intervention services | 45% | 18% | Karnataka Disability Census, 2021 |

The rural regions in the state of Karnataka also have a much higher degree of misconception and lesser awareness. The outreach and inclusion despite having treatment centers such as NIMHANS and programs of special education in Bengaluru, such programs have not reached sufficiently rural and semi-urban regions. The information proves that there was a gap in awareness about autism as well as misconceptions, both at the global, national, and state levels. In developed nations, misunderstandings are on the decrease, yet they exist in large proportions of the population. In India and Karnataka, the cultural stigma, lack of dissemination of factual information, and cultural absence to train the professionals remain the breeding ground of misunderstanding. It reinstates the significance of specific educational and policy-based interventions targeting the interception of structural and attitudinal barriers.

Recommendations

- Implement evidence-based programs for the public, parents, and caregivers to dispel myths about autism and promote understanding of the spectrum.
- Provide specialized training for educators, healthcare providers, and counselors to improve early detection, diagnosis, and support for children with ASD.

- Integrate autism awareness into school curricula, use Individualized Education Plans (IEPs), and employ trained special educators to ensure proper learning support.
- Establish parent support groups, peer networks, and community-based interventions to reduce stigma and foster inclusion.
- Advocate for policies ensuring long-term healthcare, education, and employment support, and conduct systematic studies to collect reliable data on prevalence and misconceptions.

Conclusion

The ASD is still a misunderstood disease in terms of culture as well as region, and the same has found a lot of eternal place in the social, cultural, and institutional discourse. Myths such as the connection between autism and bad parenting or the claim that all autistic people are not emotional are used to dismiss the dignity and potential of people with autism, as well as their rights. This review points out that these misconceptions are not just isolated beliefs, rather are supported by media stereotypes, superstitions in the culture, uneducated practitioners, and unregulated online information. Poor professional training, in addition to stigma within educational settings and local mythologies in India and Karnataka specifically, creates structural obstacles to diagnosis or competent support and integration. As evidenced in the data provided in both global and regional contexts, such misconceptions largely influence not only early intervention, education levels, social relationships, and mental health of and among autistic people but also their care Anna as well. To break and transform these perceptions, a multi-level approach is required. The awareness should be created using evidence-based media, reformation in school curriculum, professional-saturation planning, and community involvement at grass grassroots. The stakeholders, who are the teachers, parents, policy formulators, and people in the media industry, would need to come together to ensure that autism, instead of being perceived as a tragedy, would be treated as a neurodevelopmental difference that needs to be accepted, respected, and supported accordingly. Awareness is not everything; it is a question of human rights and social justice to dispel wrong information that is held by some people.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596
- Baron-Cohen, S. (2017). Editorial Perspective: Neurodiversity a revolutionary concept for autism and psychiatry. *Journal of Child Psychology and Psychiatry*, 58(6), 744–747. https://doi.org/10.1111/jcpp.12703
- Bettelheim, B. (1967). The empty fortress: Infantile autism and the birth of the self. Free Press.
- Blumer, H. (1969). Symbolic interactionism: Perspective and method. University of California Press.

- Calvino, I. (2012). Orlando furioso di Ludovico Ariosto raccontato da Italo Calvino. Edizioni Mondadori.
- Charman, T., Pickles, A., Simonoff, E., Chandler, S., Loucas, T., & Baird, G. (2011). IQ in children with autism spectrum disorders: Data from the Special Needs and Autism Project (SNAP). *Psychological Medicine*, 41(3), 619–627. https://doi.org/10.1017/S0033291710000991
- Daley, T. C. (2002). The need for cross-cultural research on the pervasive developmental disorders. *Transcultural Psychiatry*, 39(4), 531–550. https://doi.org/10.1177/136346150203900405
- Desai, M. U., Divan, G., Wertz, F. J., & Patel, V. (2012). The discovery of autism: Indian parents' experiences of caring for their child with an autism spectrum disorder. *Transcultural Psychiatry*, 49(3-4), 613–637. https://doi.org/10.1177/1363461512447139
- Dillenburger, K., Jordan, J. A., McKerr, L., & Keenan, M. (2013). Awareness and knowledge of autism and autism interventions: A general population survey. *Research in Autism Spectrum Disorders*, 7(12), 1558–1567. https://doi.org/10.1016/j.rasd.2013.09.004
- Draaisma, D. (2009). Stereotypes of autism. *Philosophical Transactions of the Royal Society B: Biological Sciences*, 364(1522), 1475–1480. https://doi.org/10.1098/rstb.2008.0322
- Edelson, S. (2014). "Infantile autism:" 50 years later. Autism Research Institute.
- Gotham, K., Risi, S., Pickles, A., & Lord, C. (2007). The Autism Diagnostic Observation Schedule: Revised algorithms for improved diagnostic validity. *Journal of Autism and Developmental Disorders*, *37*(4), 613–627. https://doi.org/10.1007/s10803-006-0280-1
- Goffman, E. (1963). Stigma: Notes on the management of spoiled identity. Prentice-Hall.
- Gray, D. E. (2002). 'Everybody just freezes. Everybody is just embarrassed': Felt and enacted stigma among parents of children with high functioning autism. *Sociology of Health & Illness*, 24(6), 734–749. https://doi.org/10.1111/1467-9566.00316
- Grinker, R. R. (2007). Unstrange minds: Remapping the world of autism. Basic Books.
- Hayes, S. A., & Watson, S. L. (2013). The impact of parenting stress: A meta-analysis of studies comparing the experience of parenting stress in parents of children with and without autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 43(3), 629–642. https://doi.org/10.1007/s10803-012-1604-y
- Howlin, P., Moss, P., Savage, S., & Rutter, M. (2013). Social outcomes in mid-to-late adulthood among individuals diagnosed with autism and average non-verbal IQ as children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 52(6), 572–581. https://doi.org/10.1016/j.jaac.2013.02.017
- Imran, N., & Azeem, M. W. (2014). Autism spectrum disorders: Perspective from Pakistan. In V. B. Patel, V.
 R. Preedy, & C. R. Martin (Eds.), Comprehensive guide to autism (pp. 2483–2496). Springer.

- Itard, J., Humphrey, G., & Humphrey, M. (1932). First developments of the young savage of Aveyron. Dans *The wild boy of Aveyron (Rapports et mémoires sur le sauvage de l'Aveyron)* (pp. 3–51). The Century Co. https://doi.org/10.1037/11591-001
- Jayanthi, P., Thakur, M., & Mathai, P. J. (2020). Inclusion of children with autism in mainstream Indian schools: Challenges and opportunities. *Indian Journal of Special Education Research*, 9(1), 12–20.
- Leekam, S. R., Nieto, C., Libby, S. J., Wing, L., & Gould, J. (2007). Describing the sensory abnormalities of children and adults with autism. *Journal of Autism and Developmental Disorders*, *37*(5), 894–910. https://doi.org/10.1007/s10803-006-0218-7
- Lord, C., Elsabbagh, M., Baird, G., & Veenstra-VanderWeele, J. (2020). Autism spectrum disorder. The Lancet, 392(10146), 508–520. https://doi.org/10.1016/S0140-6736(18)31129-2
- Mehta, P., Bhaskar, A., & Sharma, R. (2020). Digital misinformation and autism: A review of viral content on social media in India. *Health Communication Journal*, *35*(2), 89–97.
- Minkowski, E., Targowla, R., & Ziadeh, S. (2001). A contribution to the study of autism: The interrogative attitude. *Philosophy, Psychiatry, & Psychology, 8*(4), 271–278. https://doi.org/10.1353/ppp.2002.0020
- NIMHANS. (2019). Autism awareness and education: Training manual for teachers and health workers. Bengaluru: Department of Clinical Psychology.
- Parsons, T. (1951). The social system. Free Press.
- Rahbar, M. H., Ibrahim, K., &Assassi, P. (2011). Knowledge and attitudes of general practitioners regarding autism in Karachi, Pakistan. *Journal of Autism and Developmental Disorders*, 41(4), 465–474. https://doi.org/10.1007/s10803-010-1068-x
- Rudra, A., Belmonte, M. K., Soni, P., Banerjee, S., Mukerji, S., Kanjilal, S., & Singh, V. (2017). Autism and autism spectrum disorder in India: A review of epidemiological studies and the way forward. *Indian Journal of Psychological Medicine*, 39(6), 700–706. https://doi.org/10.4103/IJPSYM_IJPSYM_93_17
- Scott, M., Falkmer, M., Girdler, S., &Falkmer, T. (2019). Viewpoints on factors for successful employment for adults with autism spectrum disorder. *PLOS ONE*, *14*(11), e0225200. https://doi.org/10.1371/journal.pone.0225200
- Sharma, U., &Deppeler, J. (2005). Integrated education in India: Challenges and prospects. *Disability Studies Quarterly*, 25(1). https://doi.org/10.18061/dsq.v25i1.513
- Smith, A. (2009). The empathy imbalance hypothesis of autism: A theoretical approach to cognitive and emotional empathy in autistic development. *The Psychological Record*, 59(3), 489–510. https://doi.org/10.1007/BF03395676

- Srinivasan, S., & Bhat, V. (2018). Portrayals of autism in Indian media: Progress and pitfalls. *Asian Journal of Psychiatry*, *36*, 95–100. https://doi.org/10.1016/j.ajp.2018.07.002
- Tager-Flusberg, H., & Kasari, C. (2013). Minimally verbal school-aged children with autism spectrum disorder: The neglected end of the spectrum. *Autism Research*, 6(6), 468–478. https://doi.org/10.1002/aur.1329
- Taylor, L. E., Swerdfeger, A. L., & Eslick, G. D. (2014). Vaccines are not associated with autism: An evidence-based meta-analysis of case-control and cohort studies. *Vaccine*, *32*(29), 3623–3629. https://doi.org/10.1016/j.vaccine.2014.04.085
- Tick, B., Bolton, P., Happé, F., Rutter, M., & Rijsdijk, F. (2016). Heritability of autism spectrum disorders: A meta-analysis of twin studies. *Journal of Child Psychology and Psychiatry*, *57*(5), 585–595. https://doi.org/10.1111/jcpp.12499
- Treffert, D. A., & Rebedew, D. L. (2015). The savant syndrome registry: A preliminary report. WMJ, 114(4), 158–162.
- World Health Organization. (2022). *Autism*. https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders