AAC In India : The Current Status of Art

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A survey was designed to gather information about the current status of AAC in India. Specific information about which schools/centers were using AAC systems, why they were using them, with which type of children and with what success in India, was obtained.

For the study a total of 184 questionnaires were sent to different schools for the mentally handicapped, cerebral palsied and autism throughout India. The responses obtained were 30.5%.

The questionnaires collected information on various relevant aspects as about the demographic information, medium of instruction, AAC systems, number of students, type of handicap, severity of the handicap, age, criteria for AAC system selection, tests used, personnel involved, hours of training, reactions of family members, mode of communication at different places, frequency of using AAC systems, school/centre providing any system/device freely, teaching programs, reassessment, training the listeners, indigeous or non-indigenous systems, listeners understanding, programmes for public awareness, participation of family members, parent training programmes, most useful AAC system, personal experiences, case reports and addresses of the schools using AAC system.

Data was analyzed, computed for elaborate, appropriate percentage, tables and graphs wherever essential for data representation.

The following conclusions could be drawn from this survey :

1. 54.9% of the respondents are using various kinds of AAC systems in eleven different states of India.

2. Maximum number of schools for the mentally handicapped/cerebral palsied/ autism, using AAC systems are seen in Tamilnadu, as per the present responses seen.

3. 85.7% of the schools are using gestures as the most common type of AAC system, which is followed by pictorial drawings and communication boards.

4. From this survey it found that 317 handicapped population are using different types of AAC systems in India. The maximum number of such population using AAC systems are found in Tamilnadu. Children as young as 2 1/2 years - 4 years are introduced AAC systems. This is continued in the adulthood also.

5. The clinical population using AAC systems are cerebral palsied, mentally handicapped, hearing handicapped, autism and other which include multiple handicapped and childhood aphasia. It is found that maximum number of AAC systems are used by the mentally handicapped followed by cerebral palsied, autism multiple handicapped and childhood aphasia in the descending order respectively.

6. It is found that the moderately-severe handicapped population are using maximum AAC systems in India.

7. Special educators seem to be the more involved group, among the professionals involved in implementation and use of AAC systems which is followed by the speech-language-pathologists.

8. There is no specific standard criteria followed by the schools in selecting a candidate for AAC systems. Hence, such criteria have to be developed, uniformly accepted and implemented by the schools/centers/institutions in selecting a candidate for AAC system across the country.

9. Training hours for AAC systems ranged from 3-7 hours per week in the various schools.

10. Full-fledged acceptance by the parents, their children using AAC system is reported.

11. 50% of responses have reported that they provide devices/systems free of cost. However, no description of such devices/systems are mentioned.

12. 46.4% of the schools/centers are using indigenous AAC systems and 7.14% are using non-indigenous AAC systems. However, no description of such systems are mentioned.

13. The following public awareness programmes for AAC systems are used : Seminars, Films, TV, AIR, Video cassettes, Exhibitions, Advertisements and Workshops. However, these efforts need to be boosted.

14. The most useful AAC system found by the different schools/centers/institutions are gestures, followed by communication boards, Makaton symbols, sign language, computers, Blissymbols, pictorial drawings and vocaid.

15. From the remarks of personal experiences by different professionals, it is seen that there is a need for trained professionals in the field of AAC for its effective implementation.

16. This survey stresses the need for documentation of case reports.

17. There is a need to develop low cost indigenous electronic or non-electronic communication systems, so that the clinical population will be practically benefited for efficient communication.

Limitations of the Study

1. This survey did not include the schools/institutions for the hearing handicapped, assuming that they use only gestures and sign language.

2. Most of the schools selected for this survey were from urban areas and did not include schools from rural area.

3. Responses to the survey were limited which may restrict the generalization of the results of present study.