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Effectiveness of Occupational Therapy Intervention On Menstrual Care Training in Autistic Girls From the Age of 9-14 Years

Ms. Preety Vashisht

Research Scholar, Jaipur Occupational Therapy College, MAHARAJ VINAYAK GLOBAL UNIVERSITY,DHAND, AMBER, JAIPUR-302028(RAJ.)INDIA,

I. Abstract

Menstrual is phase by which most girls go through and it is a natural process for them. It normally starts between the age of 9 to 14 years for girls. But for autistics girl; the menstrual cycle is hard due to the lack of understanding the process and how to deal with it. So, for the autistic girls when they reach to the menstrual cycle and experience it first time it is better to make them aware of it and introduce them even before they face period. Under this study, try to identify the such issue and how to deal with it. The objectives of this study are to make the girls trained about taking care of menstrual hygiene and to make their mothers feel comfortable about their daughter's menstruation related issues and also intervene by regular intervention strategies on a regular basis in clinical settings/classrooms. The questionnaire and statistical methods such as descriptive statistics and regression analysis has been used for this study. The results shows that before adopting the Occupational Therapy Intervention girls were not aware of the menstrual cycle and to deal with it but after applying of the Occupational Therapy Intervention with the scale of ACF, LDSH and PC; the 90% of the girls and their mother were aware of the issue and to deal with it and they were easily solving this issue. Therefore the Occupational Therapy Intervention was effective for all the samples which were taken for the study.

Keywords: ACF, LDSH, PC, Occupational Therapy Intervention, Menstrual Care Training, Intervention, Menstrual Cycle, Autistic Girls.

II. Introduction

The menstrual cycle is the ordinary herbal extrade that takes place withinside the girl reproductive system (specially the uterus and ovaries) that makes being pregnant possible.[1][2] The cycle is needed for the manufacturing of oocytes, and for the practise of the uterus for being pregnant.[1] Up to 80% of girls file having a few signs at some point of the only to 2 weeks previous to menstruation.[3] Common signs encompass acne, smooth breasts, bloating, feeling tired, irritability and temper changes.[4] These signs intrude with everyday existence and consequently qualify as premenstrual syndrome in 20 to 30% of girls. In three to 8%, they're severe.[5] The day rely for menstrual cycle starts offevolved on the primary day of menstruation while blood begins offevolved to pop out of the vagina. In this section, the duration of menstrual cycle has been assumed to be 28 days (that's the common amongst girls). The whole period of a Menstrual cycle may be divided into 4 most important phases:

1. Menstrual phase (From day 1 to 5)
2. F0llicular phase (Fr0m day 1 to 13)
3. 0vulation phase (Day 14)
4. Luteal phase (From day 15 to 28)

Menstrual phase begins on the first day of menstruation and lasts till the 5th day of the menstrual cycle. The following events occur during this phase:

- The uterus sheds its inner lining of soft tissue and blood vessels which exits the body from the vagina in the form of menstrual fluid.
- Blood loss of 10 ml to 80 ml is considered normal.
- You may experience abdominal cramps. These cramps are caused by the contraction ofthe uterine and the abdominal muscles to expel the menstrual fluid.

This phase also begins on the first day of menstruation, but it lasts till the 13th day of the menstrual cycle. The following events occur during this phase:

- The pituitary gland secretes a hormone that stimulates the egg cells in the ovaries to grow.
- One of these egg cells begins to mature in a sac-like-structure called follicle. It takes 13 days for the egg cell to reach maturity.
- While the egg cell matures, its follicle secretes a hormone that stimulates the uterus to develop a lining of blood vessels and soft tissue called endometrial.
- The uterine and the abdominal muscles to expel the menstrual fluid.
- On the 14th day of the cycle, the pituitary gland secretes a hormone that causes the ovary to release the matured egg cell. The released egg cell is swept into the fallopian tube by the cilia of the fimbriae. Fimbriae are finger like projections located at the end of the fallopian tube close to the ovaries and cilia are slender hair like projections on each Fimbriae.

This phase begins on the 15th day and lasts till the end of the cycle. The following events occur during this phase:

- The egg cell released during the ovulation phase stays in the fallopian tube for 24 hours.
- If a sperm cell does not impregnate the egg cell within that time, the egg cell disintegrates.
- The hormone that causes the uterus to retain its endometrium gets used up by the end of the menstrual cycle. This causes the menstrual phase of the next cycle to begin.

Most ladies get their first duration while they're among eleven and 14½, however everywhere from 9-sixteen years is taken into consideration normal. If a woman has a first-rate boom spurt and has grown a few underarm hair, durations are in all likelihood to be simply across the corner.ASD doesn't have an effect on while ladies begin their durations. Children with autism spectrum disorder (ASD) regularly want longer to modify to and apprehend modifications of their lives than commonly growing kids do[5]. Autism spectrum issues (ASDs) are a collection of neurodevelopmental issues characterised with the aid of using middle deficits in 3 domains: social interaction, communication, and repetitive or stereotypic behavior. The diploma of impairment amongst people with ASD is variable, however the effect on affected people and their households is universally life-altering. The circumstance became to begin with defined withinside the U.S. and European scientific literature withinside the mid-1940s; however, references to people each fictional and ancient who reputedly meet the ASD medical profile pass again numerous centuries.Through the Nineteen Eighties ASDs have been believed to be rare, with a occurrence of no extra than five in keeping with 10,000 individuals and have been taken into consideration extra of an interesting medical catch 22 situation than a first-rate public fitness problem.

III. Review of Literature

1. **Rajanbir Kaur, Kanwaljit Kauret.al,(2018),Menstrual Hygiene, Management, and Waste Disposal: Practices and Challenges Faced by Girls/Women of Developing Countries,**stated thatmenstrual cycle is recognized as a special period in a girl's life cycle which requires special attention. Menarche is an important biological milestone in a woman's life as it marks the onset of the reproductive phase of her life. The average age at menarche is mostly consistent across the populations, that is, between 12 and 13 years of age. Unfortunately, due to lack of knowledge on menstruation preparedness and management or due to shyness and embarrassment the situation becomes worse for girls[10].
2. **Farah Tarrannum,Najam Khalique Et.Al,(2018),A Community Based Study On The Age Of Menarche Among Adolescent Girls In Aligarh,**stated that the age of menarche reflects the health status of a population.This marks the beginning of sexual maturation and is affected by various factors. This study measured the menarchial age of adolescent girls in Aligarh and explored the factors that could influence the onset of menarche.And concluded that the majority of study population had attained menarche between 12 to 14 years,socio-economic class and order of birth influences the age of menarche[11].
3. **Shabnam Omidvar, Fatemeh Nasiri Amiri et.al,(2018)A study on menstruation of Indian adolescent girls in an urban area of South India.**A cross-sectional study was conducted on 536 healthy menstruating females aged 10–19 years. Standardized self-reporting questionnaires were used to obtain relevant data. The categorical data were analyzed using Chi-square or Fisher's exact test.Mean age of menarche was 13 ± 1.1 years with wide variations, i.e., 10–17 years. 73.1% had cycle duration of 21–35 days. More than half of them reported 5–6 days' duration of menstrual blood flow and 12% of the participants had >7 days of flow. Long blood flow duration was more prevalent in early than in late adolescence. 30.1% reported abundant blood loss. 66.8% had dysmenorrhea and no difference was observed between early and late adolescents. Menstrual cycles tend to be shorter in early adolescence period. They concluded that A comprehensive school education program on menarche and menstrual problems may help girls to cope better and seek proper medical assistance[12].
4. **Tondo, M. Pinna, et.al ,(2017),Age at menarche predicts age at onset of major affective and anxiety disorders.**They stated thatMenarche denotes the onset of the female reproductive capacity. The age that menarche occurs is mostly attributed to the interaction of genetics and various environmental factors. Herein, the author describes the evolution of the age at menarche from prehistoric to the present times. Data from skeletal remains suggest that in the Paleolithic woman

menarche occurred at an age between 7 and 13 years, early sexual maturation being a trade-off for reduced life expectancy. In the classical, as well as in the medieval years, the age at menarche was generally reported to be at approximately 14 years, with a range from 12 to 15 years. A significant retardation of the age at menarche occurred in the beginning of the modern times, soon after the industrial revolution, due to the deterioration of the living conditions, with most studies reporting menarche to occur at 15-16 years. In the 20th century, especially in the second half of it, in the industrialized countries, the age at menarche decreased significantly, as a result of the improvement of the socioeconomic conditions, occurring at 12-13 years. In the present times, in the developed countries, this trend seems to slow down or level off[13].

5. **Sebahat Altundag and Nazanet al ,(2016)Teaching menstrual care skills to intellectually disabled female students.**Their study aimed at teaching pad replacement skills to intellectually disabled adolescent female students during their menstruation periods by demonstrating on a dummy.According to them It may be difficult to make intellectually disabled adolescents achieve self-care during menstruation. In addition, there are difficulties experienced in explaining menstruation, such as physical changes and the practice of cleaning during this period.The study used a 'One group pretest and post-test model. The study was performed in a special educational institution. The population consisted of 77 female students in the high school section. Calculation of a sample size was not attempted, and 54 students with no attendance issues agreed to take part in the study and were included.They found that pad replacement training significantly changed the scores of mentally disabled adolescents before and after training. their training yielded positive results, and the population improved their skills at all stages of skill building.And concluded that Training adolescents with mental disabilities helped them gain hygiene habits. Performance of these trainings occurs at the beginning of menstrual hygiene education.
6. **Jane tracy,Sonia grover et.al , (2016),Menstrual issues for women with intellectual disability.**They stated that the approach to menstrual management in girls with intellectual disabilities should be the same as it is for other girls. Advice may need to be tailored according to the severity of the disability.Girls who can manage their own toilet hygiene can usually learn to manage their menses independently. They need preparation for the menarche with information appropriate to their level of understanding.When assessing menstrual problems, it may help to chart any symptoms against the menstrual cycle to confirm that they are related. The management options for problems such as dysmenorrhoea or heavy bleeding are the same as they are for other women.Women with intellectual disability have the same menstrual problems as other women. The starting point for management should therefore be just the same as it would be for another woman of the same age.Modifications to that strategy may be warranted when tailoring the intervention to the individual's needs and her decision-making capacity. These modifications should be justifiable in terms of being in the woman's best interests, the least restrictive option, and complying with any legal requirements[14].
7. **Sarah E. Veazey, Amber L. Valentino et.al ,(2016). Teaching Feminine Hygiene Skills to Young females with Autism Spectrum Disorder and Intellectual Disability.** They stated thatapplied research focuses on teaching feminine hygiene skills to females with disabilities, yet this is a common clinical concern. The current study demonstrates the use of chaining to teach two young females with autism spectrum disorder feminine hygiene skills. A no concurrent multiple baseline across participants was utilized, and the results indicate that both participants acquired the skill. Generalization probes with one participant indicated the skill generalized to novel stimuli.Sessions took place in each participant's home, and the mother was present for sessions. Materials consisted of data sheets, a laminated copy of the task analyses, pens, plastic gloves, preferred edibles, and the feminine care supplies. The feminine care supplies consisted of sanitary napkins, underwear, and

materials to make them seem "soiled" (e.g., red food dye, red markers) for training trials.They concluded that The procedures described here can immediately be adopted by practitioners to teach females with intellectual disability and ASD the skills for successful and independent feminine hygiene in a relatively short period of time[15]

8. **Muthusamy Sivakami,Anna Maria van Eijk, et.al, (2015).Effect of menstruation on girls and their schooling, and facilitators of menstrual hygiene management in schools: surveys in government schools in three states in India.** They conducted a survey on menstruating school girls in class 8-10 (above 12 years of age) of 43 government schools who were selected through stratified random sampling in three Indian states (Maharashtra, Chhattisgarh, Tamil Nadu) in 2015. For comparison, they selected ten model schools supported by NGOs or UNICEF with a focused menstrual hygiene education program purposely in the same states to represent the better-case scenario. They informed more girls regarding menstruation before menarche in model schools than in regular schools. Menstruation affected school absenteeism, concentration was associated with pain, fear of stain and smell. About 45% of girls reported using disposable pads in both model and regular schools, but only 55% and 29% of pad-users reported good disposal facilities, respectively. In multivariate analysis, reported absenteeism during menstruation was significantly lower in Tamil Nadu and Maharashtra compared to Chhattisgarh, and halved in model compared to regular schools. Pain medication in school and use of disposable pads were associated with lower absenteeism and inadequate sanitary facilities with higher absenteeism during menstruation. They concluded that menstrual hygiene education, accessible sanitary products, pain relief, and adequate sanitary facilities at school would improve the schooling-experience of adolescent girls in India
9. **Vinod Ramdasji Wasnik,et.al,(2015),A study of the menstrual pattern and problems among rural school going adolescent girls of Amravati district of Maharashtra, India.** Theystated thatthe age of onset and the pattern of menstrual cycles vary on different factors.Objectives of the study were to study the menstrual pattern & problems among school going adolescent girls in rural area of Amravati district of Maharashtra. The Prospective observational study was carried out among selected 435 Secondary and higher secondary girls students (12-16 years of age) of Ner Pinglai by purposive sampling method. The study was done in the month August 2013 to February 2014. Statistical analyses were done using SPSS 16.0 version. They concluded thatMenstruation is an important milestone for adolescent girls and menstrual problems are common among adolescent girls. The mean age of menarche was 13.1 ± 1.0 of years[16].
10. **Ashok Pandey et.al,(2014), Challenges Experienced by Adolescent Girls while Menstruation in Kathmandu, Valley: A Qualitative Study.**They stated that Menstruation is a phase of risk factor for various infections. Adolescents' school girls are more vulnerable to infection. This study was carried out to assess the knowledge and practices about menstruation among adolescent girls in Kathmandu Valley.

    A study was conducted in the two private and public schools, which were selected with the help of teachers. Adolescent girls of age 12-18 years from one public school and another private school of Samakhusi, Kathmandu Valley were involved in the study. FGD was carried out with a total of 11 girls in New Himalayan School and the 10 girls were taken from the Ranidevi School. Out of 21 girls, 12 girls are from class 8, 5 girls are from class 9 and the remaining 4 girls are from class 10. They were made to sit in aventilated room ,to make them feel comfortable. And verbal consent was taken from the respondent prior to the study. Young girls described the onset of menarche as a shocking or fearful event. Information was mainly provided about the use of cloth, the practice of rituals in the form of restrictions on their movements and behavior towards males and, of course, the possible effects of her "polluting touch" and the equality polluting potential of the menstrual cloth. The socio-

cultural beliefs behind are based on the concept of "pollution. Hindu culture women are not allowed to pray or fast nor is she allowed touching the holy book and temple. The girls are relieved from exclusion only after purification after the five days of menstruation. If any activities like touches of something is happened unknowingly then her mother, sister sprinkle the gold water through her body. Parents are more afraid of committing a sin if their daughters go to school during menstruation than the possibility of the latter failing in exams if they are not sent to school whenever they have a period. Most of the girls Bath daily during menstruation period. Some also bath in the third days of menstruation. In case of school absenteeism if infrastructure of toilet is present, in many instances basic lock system is missing or not functioning in public school. So they usually go in pairs by taking turns to go to their toilet and wait on each other. About the sanitary pad, they cannot afford always, most of them usually use old cloth material when staying at home and use sanitary pad only when they need to go out. The FGD finding is that on an average one re-useable cloth is used with the alternative of safety pad. Modern safety pads are frequently used in the school times. They re-use a single cloth for two to three menstrual cycles. However the girls clarified that the number of times of use also depends on the nature of blood strain on the cloth-if the stain is strong they don't use it again. From FGD it was clearly identified that in the time of menstruation girls are prone to diseases like Hemorrhage, Anemia, Syphilis, over flow of blood, with symptoms like Headache, Back pain, Backbone pain, Leg pain, Lethargy. In the menstrual period most of the girls eat the food as they used to eat. Some of the girls say that foods were not allowed their mothers in their foods. Most of the girls expressed that first menstruation is often traumatic and very negative experience, culturally girls of brahmins, khsetris caste girls are put in seclusion they are not allowed to see sun and male relatives (brothers and fathers). they concluded that knowledge was better than practice, both were not satisfactory. So, the girls should be educated about the process and significance of menstruation, use of proper pads or absorbents and its proper disposal. This can be achieved by giving them proper training and health education (by teachers, family members, health educators, and media) so that there won't be any misconception to the adolescent girls regarding menstrual hygiene.

11. **Davida Hartman, (2014),Sexuality and relationship education for children and adolescents with autism spectrum disorders.**She stated that for girls,the physical changes of puberties usually begin between the ages of 7 and 14 when they begin to experience growth spurts and weight gain.menstruation typically lasts between four and five days each month,but can range from two to eight days.the time between menstruation varies but its typically 28 days.at this stage girls will experience a range of few feelings, including sexual feelings and may experience mood swings all of which they may find hard to understand and control.parents and teachers of girls with asd have also reported an increase in behaviours (including self injurious behaviours) prior to menstruation as well as mood changes,irritability,becoming withdrawn and less interested in previously enjoyed activities.this may be compounded by difficulties in locating,recognizing and reporting pain[17].
12. **Azadeh Memarian et.al,(2014).Therapeutic and Ethical Dilemma of Puberty and Menstruation Problems inan Intellectually Disabled (Autistic) Female: a Case Report and Review of the Literature.** They stated that Intellectual disability is a term used when a person has certain limitations in mental functioning and skills. Autism is a group of developmental brain disorders, collectively called autism spectrum disorder (ASD). Teenagers with learning and physical disabilities are more likely to have menstrual problems compared to the general populations. The parents of a 12-year-old girl with autism spectrum disorder and intellectual disability referred to the coroner due to her numerous problems of puberty (menstruation) including: poor hygiene and polluting herself and the environment, not allowing to put or change the pads and changes in mood and physical health prior period, requested for the surgery (hysterectomy) .They further added that In legal medicine

organization after reviewing the medical records, physical exams and medical consultations with a gynecologist and psychiatric, surgery was not accepted. Hysterectomy (surgery) due to the age of the child, either physically or morally is not recommended. The use of hormone replacement therapy has side effects such as osteoporosis. In these cases, it seems noninvasive methods (behavioral therapy and learning care skills) under the welfare experts is also more effective and moral.

13. **Victoria Knight**,**Emily Sartini et.al, (2014)Evaluating Visual Activity Schedules as Evidence-Based Practice for Individuals with Autism Spectrum Disorders.**They conducted a comprehensive review of the literature for articles published between 1993 and 2013 to evaluate the quality of the Visual Activity Schedules (VAS) literature using current evidence-based criteria developed by Horner et al. Authors sought to determine whether VAS can be considered an evidence-based practice by expanding on the findings from previous reviews. A total of 31 studies met inclusion criteria for the use of VAS to various behaviors to students with autism spectrum disorder (ASD). Of these studies, 16 met criteria for acceptable quality. Results suggest that VAS can be considered an EBP for individuals with ASD, especially when used in combination with systematic instructional procedures. VAS can be used to increase, maintain, and generalize a range of skills of individuals from preschool through adulthood in a variety of settings (e.g., general education, community)
14. ***Nashville,Stormi Pulver White*(2013)"How can we help our teenage daughter improve her hygiene and understand the Teen with Autism Needs Help with Hygiene & Appropriate Behavior.**Theystatedthat Helping your daughter learn hygiene skills is an important step on her path to independence and self-esteem. So, too, is distinguishing between appropriate public versus private behavior.Creating visual aids-A picture book guide can include images of important hygiene products such as soap, deodorant and pads. You can include a visual picture schedule of each step in their use.Create a music CD equal to the length of time she should shower or bathe. Each song change within the CD can signal that it's time to move to the next step on the schedule.Assembling hygiene kits-The two of you can create hygiene kits for specific tasks. On the outside of each box, place a picture illustrating the task along with pictures or a list of the items in the box.As girls enter puberty, they may need to shower and wash their hair more frequently. This can be difficult for those with sensory issues around the feel of water or shampoo on their heads. If this is true of your daughter, try having her shampoo her hair with a soft sponge. If the feel of the shower water upsets her, try having her use a plastic cup to rinse.Also, consider other sensory issues. Sometimes resistance to washing is an aversion to strong scents. Try unscented or mildly scented products.Teaching menstruation hygiene-

    Menstruation presents a new and significant hygiene challenge for most adolescent girls. Sensory sensitivities often add to the challenge for those on the autism spectrum.Ideally, you'll want to teach your daughter about menstruation before her first period. (Menstruation usually starts a year or two after a girl develops breast buds.) Discussing it in a clear, matter-of-fact way can help relieve anxiety. Help her understand that having a period is normal. Make sure she knows that the blood doesn't mean she's hurt.In particular, explain that she will see some of the blood in her underwear or in the toilet bowl. You might even show her what it will look like with a few drops of food coloring on pair of underwear or in the toilet bowl.A visual schedule can help your daughter through the steps needed to change pads. Slip a pocket-size version of this schedule in her "pad purse." Keep another in a folder in your bathroom. The schedule can include reminders to check and change pads at set intervals during the day. For school, you might want to develop a plan with her teacher that provides her an easy way to request these breaks[18].

15. **Venderbilt kennedy center venderbilt consortium lend,(2013),Healthy Bodies**,statedA picture book may be a good starting point for teaching self-care. The autistic girls and their mothers can create it together. The amount of information (more or fewer pictures) depends on the child's reading level and memory. Include pictures of supplies needed (e.g., specific body wash, deodorant, pads), and a visual picture schedule of the steps to use them. For Menstruation: Assorted sized pads, wet wipes, pain reliever (if able to take medication independently), a change of underwear.Don't forget visuals-Use checklists and stories to remind the girls of what steps to follow to clean her body and why. Laminate the schedule so it can hang in the shower.They recommended starting with pads and changing to tampons if necessary. The ASD girls may find tampons harder to use if they have motor difficulties. It is also less clear when tampons need to be changed.[19]
16. **Hye Ran Park ,(2013),Menstrual Support for Females with Developmental Disabilities: Survey and Interview of Parents or Caretakers.**He stated thatMenstruation is a difficult topic to address with as females with or without disabilities. It is a more significant challenge for females with developmental disabilities (DD) because it stimulates a variety of physical and psychological changes. Thus, some females with DD might have a qualitatively different experience compared to the general population.In this study, an online survey and follow up telephone interviews of parents/caretakers of females with DD were conducted in order to investigate how they manage menstruation, the kind of support or help needed or currently given to females to manage menstruation. The results of the study generated quantitative data for the survey study and qualitative data for the interview study. In order to examine the hypotheses of the survey study, bivariate tests (Wilcoxon Mann-Whitney test, correlation) were conducted. A total of 61 participates (parents or primary caretakers of females with DD) completed the survey via Survey Monkey TM. The results Showed that the mild and moderate group (M/M group) tended to be more independent on menstrual management, sought more educational support, and training and recourses related to menstrual management than the severe and profound group (S/P group). The interview study used semi-structured interviews to examine the research questions.Total five participants were interviewed. Overall, the results indicated that parents or caretakers of females with DD had negative experiences of menstrual management and they need more support and resources not only for themselves but also for females with DD[20].
17. **Lesley S. Klett (2012).Generalized Effects of Social Stories with Task Analysis for Teaching Menstrual Care to Three Young Girls with Autism.** In their pilot study ,they evaluated the effectiveness of a parent-implemented Social Story intervention with an embeded visual task analysis to teach menstrual care skills to three young girls with ASD. Skill generalization was evaluated using two different types of pads and a simulated condition (i.e., a pad with red syrup). Social validity of target behaviors, intervention procedures and intervention effects were evaluated. Additionally, qualitative changes in participant behaviors were measured via phone interviews with the participants' mothers one year later. They concluded that participants were more knowledgeable about reproductive development and were able to independently care for their menses regardless of pad type and condition. Parents reported high satisfaction with the intervention procedures and outcomes.
18. **Lan –ping,lin-ying,et al(2011).Caregiver awareness of reproductive health issues for women with intellectual disabilities.**They stated that Limited attention has been paid to the issue of reproductive health as it affects women with intellectual disabilities, despite reproductive health being a vital issue in public health policy forwomen in the general population. They employed a cross-sectional, questionnaire-based study which recruited 1,152 caregivers (response rate = 71.87%) from 32 registered disability welfare institutions in Taiwan.They classified their understanding/awareness of reproductive health issues into four domains: menstrual (1) and menopause (2) issues, sex education (3), and reproductive health services (4). Each domain had five associated yes/no questions and the

total score for the four domains was out of a maximum of 20. Data were analyzed using SPSS 15.0 software.They found that most of the caregivers were familiar with matters concerning sex education, menopause, and reproductive health services, but they lacked adequate understanding of issues associated with menstruation in women with ID. Many aspects of reproductive health such as "menstrual pain", "age at menarche", "masturbation", "diet during perimenopause", and "publicly available reproductive health services" were issues in which caregivers lacked adequate knowledge and required further instruction. Logistic regression analysis revealed that female caregivers with a university degree, and those who had experience assisting with reproductive health care were more inclined to have higher reproductive health awareness scores than their counterparts[21].

19. **Michael Arthur-Kelly, Jeff Sigafoos, et.al(2009).Issues in the use of visual supports to promote communication in individuals with autism spectrum disorder.**They stated thatVisual supports are widely used and generally regarded as an effective resource for intervention with individuals who function on the autism spectrum. More cross-contextual research into their efficacy is required.They reviewed the research literature around visual supports based on an original conceptual model that highlights their contribution in the interpersonal social and communicative milieu of classrooms, homes and other daily living contexts. Attention is drawn to a range of practical and research issues and challenges in the use of visual supports as well as evidence of their effectiveness in enhancing participation, learning and social membership in this population. And concludedareas for further research relating to the introduction and use of visual supports with the autism spectrum disorder population are identified.
20. **Jackie Rodgers,(2005)The nature and extent of help given to women with intellectual disabilities to manage menstruation.**They stated that Menstruation has been shown to be problematic for many women with intellectual disabilities. Their greater focus was on menstrual suppression or elimination than on help and train1ing to manage menstrual care successfully.They conducted a cross-sectional questionnaire survey in England to investigate the help and training currently given to women with intellectual disabilities.They found that twenty-nine percent of the women had never been given the opportunity to learn how to manage their own menstrual care. Where someone had tried to teach the woman, this was most often her mother. Carers were giving considerable amounts of assistance with menstrual care, although some of the women with more profound disabilities were able to manage menstrual care independently.The authors argue that all women with intellectual disabilities should have the chance to manage or assist with their own menstrual care, backed by a strategic approach to menstrual education and support.

Eleanor Atkinson, Michael J Bennett (chairman), et.al(2003).Consensus statement: Menstrual and contraceptive management in women with an intellectual disability. They stated that a National Consensus meeting was held to discuss the evidence-based management of menstrual problems in women with intellectual disabilities.Participants were all active members of The AustralianSociety of Paediatric and Adolescent Gynaecology. Prior tothe meeting, an extensive literature review was undertaken toreview best clinical practice. In addition, members consultedwith State based Guardianship Boards or Family Courts toobtain information relevant to individual states. The outcomes were achieved bycomplete consensus of participants.Most girls who have an intellectual disability passthrough menarche at the usual time and go on to menstruate with the same regularity as their non-disabledpeers. Women with intellectual disabilities have the same rightto the full range of management options as otherwomen, tailored to their specific needs. Treatment options recommended should be the leastrestrictive and always in the woman's best interest.The management of menstrual problems in young girls(minors) rarely requires destructive surgery such as hysterectomy or endometrial ablation. Issues for consideration and assessment in women with intellectual disability were Level of functioning: dressing, self-care, toileting, communication skillsBehavioural issues particularly around the time ofmenses: including catamenial epilepsy, head-butting,smearing of menstrual blood Mobility:

wheelchair, dexterity; hand skills formenstrual/tampon change, capacity and practicalitieof menstrual care Complicating medical factors: risk for osteoporosis, cardiacproblems, anticoagulants, epilepsy/anticonvulsants.Careful documentation should be made of the historywith information from other doctors, psychologists, etc.included.

IV. Objectives

1. To make the girls trained about taking care of menstrual hygiene
2. To make their mothers feel comfortable about their daughter's menstruation related issues

V. Methodology

Data Collection = The data is collected with the help of the Survey method in which the questionnaire was prepared for collecting the data. There were total 24 questions in the questionnaire and well set up according to the need of the study.

Sample Size = The total number of sample were 136 girls from schools, clinics ad training centre. The sample was selected randomly for the study which means the random sampling method was opted for the sample collection.

Area of the Study = The area of the study was Delhi NCR, Ghaziabad and Noida.

Statistical Method = The Descriptive Statistics and Multiple Regression Analysis is been used with the help of the Stata Software.

VI. Analysis

ACF (Pre)

a= **EDUCATION OF THE MOTHER**

b= **AGE OF MENARCHE**

c= **SHE AWARE WHY SHE HAS STARTED MENSTRUATING**

d= **HAVE YOU INTRODUCED THE AWARENESS REGARDING MENSTRUATION**

e= **ARE YOU ABLE TO MAKE HER UNDERSTAND THE CHANGES OCCURING IN HER BODY DURING ADOLESCENT PHASE**

f= **DOES SHE KNOW THE NAMES OF HER PRIVATE PARTS**

g= **DOES THE CHILD KNOWS THAT SHE SOILS HER CLOTHES DURING THOSE DAYS**

h= **THE CHILD FOLLOW SIMPLE INSTRUCTIONS**

Table 1.0 Descriptive Statistics

a		*B*		*C*		*D*		*e*		*f*		*g*		*h*	
Mean	4.96	Mean	4.993333	Mean	5	Mean	4.8	Mean	4.84	Mean	2.12	Mean	4.393333	Mean	1.626667
Standard Error	0.016054	Standard Error	0.006667	Standard Error	0	Standard Error	0.032769	Standard Error	0.032878	Standard Error	0.096433	Standard Error	0.070724	Standard Error	0.063842
Median	5	Median	5	Median	5	Median	5	Median	5	Median	2	Median	5	Median	1
Mode	5	Mode	5	Mode	5	Mode	5	Mode	5	Mode	1	Mode	5	Mode	1
Standard Deviation	0.196616	Standard Deviation	0.008165	Standard Deviation	0	Standard Deviation	0.040134	Standard Deviation	0.402676	Standard Deviation	1.181059	Standard Deviation	0.866193	Standard Deviation	0.781898

Descriptive statistics of Awareness and Command Following the value are Mean, Median, Mode, Standard Error and Standard Deviation. The mean value of a variable is 4.96, standard error is 0.1060, median is 5, mode is 5 and standard deviation is 0.1966. The standard error depicts the error which has occurred during the study. And for the variable a standard error is 0.1060 which means for the variable-a there is a possibility of error is more. Chances are slightly higher of occurrence.

Table 2.0 Regression Statistics

Regression Statistics	
Multiple R	0.330479
R Square	0.109216
Adjusted R Square	0.058262
Standard Error	1.281389

The above table 2.0 is showing the regression statistics of ACF. The regression statistics are Multiple R, R-Square, Adjusted R Square and Standard Error. The Multiple R is 0.3304 it means that there are correlation with dependent and independent variable. There is almost 33% positive relationship among all the dependent and independent variable.

LDSH (Pre)

a= **IS SHE INDEPENDENT IN DRESSING HERSELF**

b= **SHE COMFORTABLE IN WEARING PANTIES RATHER THAN BOXERS OR BLOOMERS?**

c= **SHE KNOW THE CONCEPT OF PRIVACY FOR CHANGING CLOTHES AND USING TOILET MATERIALS**

d= **DOES SHE KNOW HOW TO APPLY PADS?**

e=**IS SHE COMFORTABLE WITH PADS PLACEMENT?**

f=**HAS HER MENSTRUAL CARE TRAINING BEEN STARTED BY YOU/TRAINER/THERAPISTS?**

g= **DO YOU FIND IT DIIFICULT TO TRAIN HER FOR GETTING READY FOR HER PERIODS?**

h= **CAN SHE MAINTAIN MENSTRUAL HYGEINE INDEPENDENTLY?**

i= **CAN SHE REACH FOR ABSORBENT MATERIAL BY HERSELF?**

j= **WHAT SORT OF ABSORBENT MATERIALS ARE BEING PROVIDED BY YOU TO YOUR DAUGHTER?**

k= **IS SHE HAVING THE CONCEPT OF CHANGING PADS AFTER REGULAR INTERVALS?**

l= **DO YOU GIVE HER SOAP ,WATER & ANTISEPTIC FOR CLEANING EXTERNAL** GENITALIA?

M= DO YOU PRACTICE RESRICTIONS DURING HER MENSES?

Table 3.0 Regression Statistics

Regression Statistics	
Multiple R	0.222941
R Square	0.049703
Adjusted R Square	-0.04113
Standard Error	1.352381

The above table 3.0 is showing the results for LDSH in Regression Statistics. The regression statistics are Multiple R, R-Square, Adjusted R Square and Standard Error. The Multiple R is 0.2229 it means that there are correlation with dependent and independent variable. There is almost 22.22% positive relationship among all the dependent and independent variable. The R Square is 0.04970; it means that the changes in independent variable changes in its dependent variable. Therefore, R Square is showing 0.4% of changes in independent variable the dependent changes by 0.4% positively.

PC (PSYCHOLOGICAL COMPONENT) (Pre)

a=**DOES SHE EXPRESS HER PAIN DURING THE DIFFICULT PHASE?**

b= **HOW SHE EXPRESSES HER FEELINGS DURING THAT PHASE;DOES SHE REMAIN**

c= **SHE AWARE ABOUT ITS RE-OCCURENCE PERIODICALLY EVERY MONTH?**

Table 4.0 Descriptive Statistics

A		*B*		*c*	
Mean	2.046667	Mean	2.693333	Mean	4.626667
Standard Error	0.079335	Standard Error	0.10186	Standard Error	0.05479
Median	2	Median	3	Median	5
Mode	2	Mode	3	Mode	5
Standard Deviation	0.971656	Standard Deviation	1.24753	Standard Deviation	0.671037

The above table 4.0 is showing the Descriptive Statistics for PC-PSYCHOLOGICAL COMPONENT. The variables which are taken into consideration for the Psychological Component are; a, b and c. The mean value of variable a is 2.0466, standard error is 0.07933, median is 2, mode is 2 and standard deviation is 0.9716.

Table 5.0 Regression Statistics

Regression Statistics	
Multiple R	0.067885
R Square	0.004608
Adjusted R Square	-0.01584
Standard Error	1.335855

The above table 5.0 is showing the regression statistics for psychological component of autism patients. The regression statistics are Multiple R, R-Square, Adjusted R Square and Standard Error. The Multiple R is 0.0688 it means that there are correlation with dependent and independent variable. There is almost 6.88% positive relationship among all the dependent and independent variable. The R Square is 0.004608; it means that the changes in independent variable changes in its dependent variable. Therefore, R Square is showing 0.46% of changes in independent variable the dependent changes by 0.46% positively.

ACF (POST)

Table 6.0: Descriptive Statistics

a		*b*		*c*		*D*		*e*		*f*		*G*		*h*	
Mean	4.96	Mean	4.96	Mean	5	Mean	4.406667	Mean	4.466667	Mean	1.826667	Mean	2.666667	Mean	1.38
Standard Error	0.016054	Standard Error	0.016054	Standard Error	0	Standard Error	0.0599	Standard Error	0.060325	Standard Error	0.067388	Standard Error	0.135332	Standard Error	0.039764
Median	5	Median	5	Median	5	Median	5	Median	5	Median	2	Median	2	Median	1
Mode	5	Mode	5	Mode	5	Mode	5	Mode	5	Mode	2	Mode	1	Mode	1
Standard Deviation	0.196616	Standard Deviation	0.196616	Standard Deviation	0	Standard Deviation	0.733628	Standard Deviation	0.738824	Standard Deviation	0.825326	Standard Deviation	1.657469	Standard Deviation	0.487013

The above table 6.0 is showing the descriptive statistics of Awareness and Command Following the value are Mean, Median, Mode, Standard Error and Standard Deviation. The mean value of a variable is 4.96, standard error is 0.1060, median is 5, mode is 5 and standard deviation is 0.1966. The standard error depicts the error which has occurred during the study. And for the variable a standard error is 0.1060 which means for the variable-a there is a possibility of error is more. Chances are slightly higher of occurrence.

Table 7.0 Regression Statistics

Regression Statistics	
Multiple R	0.606278
R Square	0.367573
Adjusted R Square	0.327052
Standard Error	1.07591

The above table 7.0 and figure 2.0 are showing the regression statistics of ACF. The regression statistics are Multiple R, R-Square, Adjusted R Square and Standard Error. The Multiple R is 0.606278152; it means that there are correlation with dependent and independent variable. There is almost 60% positive relationship among all the dependent and independent variable and the correlation between dependent and independent variable is very high.

LDSH (Post)

Table 8.0 Coefficients, Standard Error, t-Stat and p-Value

	Coefficients	*Standard Error*	*t Stat*	*P-value*
Intercept	11.21131	0.990348	11.32058	2.41E-21
A	0.12422	0.101211	1.227332	0.221818
B	0.36039	0.178536	2.018588	0.045496
C	0.096278	0.184071	0.523046	0.601793
D	0.046487	0.155072	0.299773	0.764808
E	-0.25702	0.149439	-1.71989	0.087727
F	0.124601	0.177883	0.700466	0.484833
G	-0.11099	0.118693	-0.93513	0.351378
H	-0.02709	0.095267	-0.28436	0.776565
I	0.114052	0.141157	0.807979	0.420513
J	0.155959	0.230518	0.67656	0.499834
K	-0.10276	0.123234	-0.83389	0.405803
L	-0.27926	0.208848	-1.33716	0.183402
M	-0.11378	0.089758	-1.26762	0.2071

The above table 8.0 is showing the results for variables; a,b,c,d,e,f,g,h,I,j,k,l and m. The p-value of variable a is 0.932 it means the p-value is insignificant because it is more than the 0.05. In this case the null hypothesis will be accepted and reject the alternate hypothesis for variable a. The p-value of variable b 0.1054 it means the p-value is insignificant because it is more than the 0.05.

Table 9.0 Regression Statistics

Regression Statistics	
Multiple R	0.316664
R Square	0.100276
Adjusted R Square	0.014273
Standard Error	1.315903

The above table 9.0 is showing the results for LDSH in Regression Statistics. The regression statistics are Multiple R, R-Square, Adjusted R Square and Standard Error. The Multiple R is 0.31666 it means that there are correlation with dependent and independent variable. There is almost 31% positive relationship among all the dependent and independent variable.

PC (POST)

Table10.0 Descriptive Statistics

A		*b*		*c*	
Mean	2.046667	Mean	2.06	Mean	4.626667
Standard Error	0.080455	Standard Error	0.092796	Standard Error	0.05479
Median	2	Median	2	Median	5
Mode	2	Mode	1	Mode	5
Standard Deviation	0.985374	Standard Deviation	1.13652	Standard Deviation	0.671037

The above table 10.0 is showing the Descriptive Statistics for PC-PSYCHOLOGICAL COMPONENT. The variables which are taken into consideration for the Psychological Component are; a, b and c. The mean value of variable a is 2.0466, standard error is 0.080455, median is 2, mode is 2 and standard deviation is 0.985374. The standard error depicts the error which has occurred during the study. And for the variable a standard error is 0.07933 which means for the variable-a there is a possibility of error is less. Chances are slightly less of occurrence.

Table 11.0 Regression Statistics

Regression Statistics	
Multiple R	0.101897
R Square	0.010383
Adjusted R Square	-0.00995
Standard Error	1.331975

The above table 11.0 is showing the regression statistics for psychological component of autism patients. The regression statistics are Multiple R, R-Square, Adjusted R Square and Standard Error. The Multiple R is 0.101896; it means that there are correlation with dependent and independent variable

VII. Results

The results show that the post Occupational Therapy Intervention is very helpful for the girls. More than 90% of girls were able to understand and able to help their selves with the menstrual cycle. It means Occupational Therapy Intervention is very effective for the autistic girls and for their mothers. The regression statistics of ACF are Multiple R, R-Square, Adjusted R Square and Standard Error. The Multiple R is 0.3304 it means that there are correlation with dependent and independent variable. There is almost 33% positive relationship among all the dependent and independent variable. The R Square is 0.1092; it means that the changes in independent variable changes in its dependent variable. Therefore, R Square is showing 10% of changes in independent variable the dependent changes by 10% positively. The Adjusted R Square is 0.0582; it means the R Square is adjusted by the dividing the R Square by n-1, which gives the exact correlation between dependent and independent variable. So, the relationship between dependent and independent variable is positive but very less. The Standard Error is 1.2813; it means that the overall error is high which shows that the chances of error in ACF variable a,b,c,d,e,f,g and h has possibility of error. descriptive results for the variables a,b,c,d,e,f,g,h,I,j,k,l and m. the value are Mean, Median, Mode, Standard Error and Standard Deviation. The mean value of variable a is 3.96, standard error is 0.0845, median is 4, mode is 5 and standard deviation is 1.0354. The standard error depicts the error which has occurred during the study. And for the variable a standard error is 0.0845 which means for the variable-a there is a possibility of error is less. Chances are slightly less of occurrence. The mean of variable b is 1.6533, standard error is 0.0648, median is 2, mode is 1 and standard deviation is 0.7941. The standard error for variable b is 0.0648 which means the error occurrence chances are low for the variable b. There are less possibilities for the error occurrence of variable b. The mean of variable c is 4.3666, standard error is 0.0530, median is 4, mode is 4 and standard deviation is 0.6493. The standard error for variable c is 0.0530. It means there is very less chances of error for the variable c. The mean of variable d is 3.8066, standard error is 0.1008, median is 4, mode is 5 and standard deviation is 1.2353. The standard error of variable d is 0.1008 which means the chances of error are there but very less. It may occur but do not have high tendency of occurring. The mean of variable e is 4.386, standard error is 0.0589, median is 5, mode is 5 and standard deviation is 0.7215. The standard error for the variable e is 0.0589 which means the chances of error are there but very less. It may occur but do not have high tendency of occurring. The mean of variable f is 4.48, standard error is 0.0515, median is 5, mode is 5 and standard deviation is 0.6316. The standard error for variable f is 0.0515 it depicts error which has occurred during the study. And for the variable a standard error is 0.0964 which means for the variable-a there is a possibility of error is more. Chances are slightly higher of occurrence. The mean of variable g is 4.5333, standard error is 0.0450, median is 5, mode is 5 and standard deviation is 0.5515. The standard error for the variable g is 0.0450. It means the chances of error are there but very less. It may occur but do not have high tendency of occurring. The mean of variable h is 4.4266, standard error is 0.0.0476, median is 4, mode is 4 and standard deviation is 0.5832. The standard error for the variable h is 0.0.0476it depicts that the error occurrence chances are low for the variable h. There are less possibilities for the error occurrence of variable h. The mean of variable j is 1.6333, standard error is 0.0593, median is 4, mode is 4 and standard deviation is 0.7273. The standard error for the variable j is 0.0593 it depicts that the error occurrence chances are low for the variable j. There are fewer possibilities for the error occurrence of variable j. The mean of variable k is 4.0066, standard error is 0.0651, median is 4, mode is 4 and standard deviation is 0.7984. The standard error for the variable k is 0.0651it depicts that the error occurrence chances are low for the variable k. There are fewer possibilities for the error occurrence of variable k. The mean value of variable l is 1.8533, standard error is 0.0644, median is 2, mode is 2 and standard deviation is 0.7890. The standard error depicts the error which has occurred during the study. And for the variable l standard error is 0.0644 which means for the variable-l there is a possibility of error is less. Chances are slightly less of occurrence. The mean of variable m is 3.52, standard error is 0.1077, median is 4, mode is 5 and standard deviation is 1.3195. The standard error for the variable m 0.1077 it depicts that the error occurrence chances are slightly high for the variable m. Therefore, those variables have high standard error need more attention than those have lesser for variables; a,b,c,d,e,f,g,h,I,j,k,l and m. The p-value of variable a is 0.932 it means the p-value is insignificant because it is more than the 0.05. In this case the null hypothesis will be accepted and reject the alternate hypothesis for variable a. The

p-value of variable b 0.1054 it means the p-value is insignificant because it is more than the 0.05. In this case the null hypothesis will be accepted and reject the alternate hypothesis for variable b. The p-value of variable c is 0.88357 it means the p-value is insignificant because it is more than the 0.05. In this case the null hypothesis will be accepted and reject the alternate hypothesis for variable c. Therefore with these results Occupational Therapy Intervention is very effective.

VIII. Discussion

The menstrual cycle is the regular natural trade that takes vicinity withinside the female reproductive system (in particular the uterus and ovaries) that makes pregnancy possible. The cycle is wanted for the producing of oocytes, and for the steerage of the uterus for pregnancy. Up to 80% of women report having some symptoms and symptoms at a few level withinside the most effective to two weeks proceeding to menstruation. Common symptoms and symptoms embody acne, tender breasts, bloating, feeling tired, irritability and mood changes. These symptoms and symptoms interfere with normal lifestyles and therefore qualify as premenstrual syndrome in 20 to 30% of women. In 3 to 8%, they are severe. All girls benefit from steerage in advance than the menarche to understand what is taking place in their body. This applies in addition to girls with intellectual disabilities. All girls need records furnished in techniques which may be appropriate to their diploma of know-how Autism doesn't have an impact on while girls start their periods. However, your daughter with autism may moreover take longer to modify and need greater useful resource with dealing with everything. It is important that you, as a parent, start this communication collectively together with your daughter early. Don't wait until it without a doubt takes place. Your autistic daughter will cope with the scenario higher if she is aware about the information and is aware of she will be able to rely upon you for help if needed. Your daughter will choose up in your pressure or reservation as regards to conversations approximately menstruation. Don't sense awkward. It's a herbal a part of your daughter's existence. Relax and reassure your daughter that it's herbal and not anything to fear approximately. Make positive your daughter is aware of you're usually to be had to reply any questions or concerns. Have an open communique together along with your daughter approximately the social policies regarding menstruation. Your daughter wishes to realize its some thing you don't normally talk overtly at college or deliver up with boys withinside the classroom. She might also additionally surprise why it's far very well to talk about it together along with her dad and now no longer boys from college. While you don't need your daughter to sense embarrassed or expand a feel of disgrace approximately her period, you could want to paintings together along with her to apprehend how society perspectives menstruation as a personal topic.The data has been collect of Screening will be done on the basis of identification of problems by the care takers/mothers onlyThe present study is based on purposive sampling procedure where two special school & one clinic will be taken for study purpose it means –all the 30 cases will be fetched out from the schools & clinics, Menstrual care training, Demographic details , age , Mother's educational level. The questionnaire has been divided into 3 groups, total questions are (24) the first parts of questionnaire in which questions are =8 (Awareness and command following.) in this group all questions based on care taker only, the second part of question in which questions are =13 (Level of dependency) in this group all questions based on self hygiene, the third parts of questionnaire in which questions are =3 (Psychological component) in this group all questions based on behavioral changes during menstruation. For helping in dealing with the time and self help skills to extrade pads after intervals ; a song CD equal to the time frame she must take to take care of her personal care like changing the pads ,washing genitalias is probably created. Each track extrade withinside the CD can signal that it's time to move to the subsequent step on the schedule. Mothers are probably there to act as co-therapist to can create hygiene kits for particular tasks. On the outdoor of each box, putting a image illustrating the venture along with pix or a list of the devices withinside the box. For example, a hygiene package deal for menstrual hygiene will include a clean panty, sanitary pads, clean towel, cleansing cleaning soap or

sanitizer.As girls enter puberty, they may need to wash and wash their non-public additives extra frequently. This can be difficult for humans with sensory issues spherical the feel of water. In that case we might ask their mothers to permit her wash her organs with a soft sponge. If the feel of the shower water upsets her, try having her use a plastic cup to rinse. Other Sensory issues are probably considered; every so often resistance to washing and changing pads is an aversion to robust scents. Try unscented or mildly scented products. Medicated or pre-moistened wipes for such times is probably used to make their pores and pores and skin care extra comfortable. Menstruation gives a modern-day and great hygiene task for max adolescent girls. Sensory sensitivities frequently add to the task for those on the autism spectrum. All the adolescent girls is probably taught about menstruation in advance than their first length. (Menstruation usually starts offevolved offevolved a year or after a female develops breast buds.) Discussion is probably finished to help relieve anxiety. Mothers are probably asked to help them understand that having a length is normal. They'll analyze that the blood doesn't recommend she's hurt. Explaining that she may be capable of see some of the blood in her underwear or withinside the rest room bowl. They is probably verified what it'll look like with a few drops of food coloring on pair of underwear or withinside the rest room bowl.19 Visuals for expression of pain the use of pain scale is probably used Introduce the 28-day cycle calendar as soon as menstruation has commenced to construct in consciousness and predictability of while menstruation will happen. People with ASD like predictability and no surprises. It may also take some cycles in an effort to end up regular; however the calendar will offer an area to start. Colour days 1 – five in crimson to symbolize the menstrual bleeding. If the woman is privy to ovulation (my daughter is), you can additionally need to mark in ovulation on Day 14 due to the fact there may be a extrade in discharge at that time.Don't neglect about to speak approximately social protocol. It's nice to speak approximately menstruation, however there may be a time and place. Teach the ones barriers early. It is some thing you don't announce every month to everyone! Establish what suitable social etiquette is. If the kid will want help with pads at college, make certain group of workers is informed. Will a specific aide be assigned to assist the kid at college? Talk with college approximately guide so one can be needed. The method to menstrual control in women with ASD needs to be similar to its miles for different women. Advice can also additionally want to be tailor-made in keeping with the severity of the incapacity.

IX. Conclusion

Although various studies have been conducted on menstrual care training, none have considered a holistic approach to occupational therapy. As we know, menstruation is a difficult stage for all girls. And for girls with ASD, it becomes more difficult for mothers / caregivers to deal with menstrual problems, especially changes in absorptiveness at this stage. This study focused on a multi-model occupational therapy intervention in the form of training menstrual care for autistic girls. Therefore, it can be concluded that occupational therapy intervention is a comprehensive approach to help autistic girls and their caregivers in the future. Menarche and menstruation are recognized as negative primarily for girls with autism, but women's health problems in the field of autism are still being investigated. An important step in mitigating potential post-menarche problems is to raise awareness of menstrual problems in adolescent girls and their families, and gradually introduce hygiene education processes, especially those related to.Generally, when the MENSTRUAL cycle starts, girls have to face a lot of problems, but a normal girl will do all this, but when an ASD that comes to girls, there are more problems. Like mood swing, irritation, aggression sensory issues, intolrateble pain, hormonal changes.During my study, 80% of ASD parents were convinced of how to handle their child in that face and how to end his problem. I applied this protocol to this way every day; every activity will be done once daily. Monthly assessment in terms of progress will be done. For a single absent (per day), the number of hours will be compensated within a week. To accomplish this purpose a co-therapist will be

taken from student's family (could be mother or siblings) Visual aids will be created which will include images of important hygiene products such as soap, deodorant and pads along with a visual picture schedule of each step in their use. In addition, this book can help to select the items she will need for a particular task.For remembering what to wash; we'll be hanging a laminated action schedule in the shower. It would show which step comes after which.A visual schedule will help themthrough the steps needed to change pads. Slip a pocket-size version of this schedule in her "pad purse." Keeping another in a folder in the bathroom. The schedule will include reminders to check and change pads at set intervals during the day. For school, we might need to develop a plan with their teachers that provide them an easy way to request these breaks. What are the guides i have to involve parents inside my intervention plan and explain how they can care for their parents if their ASD child has periods and explain to them that it is a normal one in which we have used a lot of visual cards in which each step by step personal hygiene and to a pads step and emotions control how to react in this condition.

X. References

Katherine G. Hobbs, AA ,The Benefits of Visual Supports for Children with Autism,(2021)

Amita Singh ,Arpita Singh ,et.al, Menstrual Pattern and Prevalence of Menstrual Disorders among Women and Adolescent Girls Residing in the Rural Area of Central (2018)

Rajanbir Kaur, Kanwaljit Kaur et.al,Menstrual Hygiene, Management, and Waste Disposal: Practices and Challenges Faced by Girls/Women of Developing Countries,(2018)

Farah Tarrannum,Najam Khalique Et.Al, A Community Based Study On The Age Of Menarche Among Adolescent Girls In Aligarh(2018)

Shabnam Omidvar, Fatemeh Nasiri Amiri et.al,A study on menstruation of Indian adolescent girls in an urban area of South India,J Family Med Prim Care.(2018)Jul-Aug; 7(4): 698–702.

L. Tondo, M. Pinna, et.al , Age at menarche predicts age at onset of major affective and anxiety disorders(2017) European Psychiatry, Volume 39, 2017, pp. 80-85

Sebahat Altundag and Nazanet al Teaching menstrual care skills to intellectually disabled female students,journal of Clinical Nursing (2016)

Jane tracy,Sonia grover et.al ,Menstrual issues for women with intellectual disability(2016)

Sarah E. Veazey, Amber L. Valentino et.al , Teaching Feminine Hygiene Skills to Young females with Autism Spectrum Disorder and Intellectual Disability(2016).

Vinod Ramdasji Wasnik,et.al, A study of the menstrual pattern and problems among rural school going adolescent girls of Amravati district of Maharashtra, India(2015)

Ashok Pandey,Challenges Experienced by Adolescent Girls while Menstruation in Kathmandu, Valley: A Qualitative Study.(2014)

Muthusamy Sivakami,Anna Maria van Eijk, et.al, Effect of menstruation on girls and their schooling, and facilitators of menstrual hygiene management in schools: surveys in government schools in three states in India(2015).

.Davida Hartman,Sexuality and relationship education for children and adolescents with autism spectrum disorders, (2014).

Azadeh Memarian et.al, Therapeutic and Ethical Dilemma of Puberty and Menstruation Problems inan Intellectually Disabled (Autistic) Female: a Case Report and Review of the Literature(2014).

Victoria Knight,Emily Sartini et.al, Evaluating Visual Activity Schedules as Evidence-Based Practice for Individuals with Autism Spectrum Disorders(2014).

Nashville,Stormi Pulver White,"How can we help our teenage daughter improve her hygiene and understand the Teen with Autism Needs Help with Hygiene & Appropriate Behavior(2013)

Venderbilt kennedy center venderbilt consortium lend,Healthy Bodies(2013).Hye Ran Park Menstrual Support for Females with Developmental Disabilities: Survey and Interview of Parents or Caretakers,(2013).

Lesley S. Klett Generalized Effects of Social Stories with Task Analysis for Teaching Menstrual Care to Three Young Girls with Autism(2012).

Lan –ping,lin-ying,et al,Caregiver awareness of reproductive health issues for women with intellectual disabilities(2011),11: 59

Michael Arthur-Kelly, Jeff Sigafoos, et.al.Issues in the use of visual supports to promote communication in individuals with autism spectrum disorder(2009).

Jackie Rodgers,The nature and extent of help given to women with intellectual disabilities to manage menstruation. ,(2005).journal of intellectual and developmental disability,volume ,issue 1
Eleanor Atkinson, Michael J Bennett (chairman), et.al Consensus statement: Menstrual and contraceptive management in women with an intellectual disability (2003).

Shana Nichols, Ph.D., A Girl's-Eye View: Detecting and Understanding Autism spectrum disorders in females (2009), the IAN quarterly e-newsletter.

*Teen with Autism Needs Help with Hygiene & Appropriate Behavior (**2013**)*

Case-Smith J. Self-care strategies for children with developmental disabilities. In: Christiansen C, editor.

Ways of living: self-care strategies for special needs. 2nd ed. Bethesda: American Occupational Therapy Association; 2000. p. 83–122.

Herge EA. Beyond the basics to participation: occu-pational therapy for adults with developmental dis-abilities. OT Pract. 2003;8:CE1–8.

Jaffe L, Humphry R, Case-Smith J. Working with families. In: Case-Smith J, O'Brien J, editors. Occupational therapy for children. 6th ed. Maryland Heights: Mosby; 2010. p. 108–40.

Adams RC, Tapia C, The Council on Children with Disabilities. Early intervention, IDEA Part C services and the medical home: collaboration for best prac-tices. Pediatrics. 2013;132:e1073–88.

Christiansen CH, Matsuka KM. Ways of living: inter-vention strategies to enable participation. 4th ed.

Bethesda: American Occupational Therapy Association; 2011.

Practice Advisory on Occupational Therapy in Early Intervention. AOTA practice advisory on the primary provider approach in early intervention. Bethesda:

American Occupational Therapy Association, 2014. Elias ER, Murphy NA, The Council for Children with Disabilities. Home care of children and youth with complex healthcare needs and technology dependen-cies. Pediatrics. 2012;129:966–1005.