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Seeing Differently: A Qualitative Exploration of Screen-Induced Visual Autism-Like Behaviours in Children in Southern Sri Lanka

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Abstract: This qualitative study explores the emergent of autism-like social and visual behaviours noticed in children as a result of caregivers, teachers, and social workers observing children in conditions of prolonged and unfettered screen exposure. The study focuses on two semi-urban communities in Southern Sri Lanka and uses a sociological perspective that moves beyond biomedical diagnostic categories to explore how behaviours such as prolonged visual fixation, eye contact, social withdrawal, and sensory engagement, are seen, managed and situated in local caregiving and schooling practices, and fit with the Sustainable Development Goals 3 (Good Health and Well-being) and SDG 10 (Reduced Inequalities), noting that inclusive community-based approaches are needed. The study involved collecting data in a purposive sample of caregivers, teachers, special educators, and social workers, through purposeful sampling using participatory observations and photo elicitation, with four children aged 5-8 years, semi-structured interviews were conducted to explore questions relating to how the children were observed to exhibit changes in behaviour, decisions towards caregiving, and how they interpreted behaviours. Data collection was completed in April to May 2025. The thematic analysis revealed prominent patterns: participants noted how behavioural change was commonly related to sustained exposure to digital media; educators were challenged in classrooms when the sensory attention paid to stimuli, like screens, with most learning stimuli compared to screens; and caregivers indicated screen overuse first with COVID-19 lockdowns then with concerns of habitualisation and dependence. The findings suggest the stigma of developmental-related worries about screen use and digital media caused delaying discussion or engagement with helpful intervention. Some of the educators demonstrated adaptability but overall, these practices did not appear to be common. The research also draws attention to the overarching socio-cultural shifts in child-rearing practices since digital media, like phones and tablets, are mediating care, learning, and leisure for many children, which might unduly shape developmental pathways. The study aligns with developing literature on "virtual autism", as some behaviours that resemble autism-like behaviours coming from excessive exposure to digital media are temporary and could revert back through environmental/societal modifications. In the analysis, behaviours will not be reframed as a static pathology, but conceived through the interrelation of social, technological, and care continuums. The recommendations will include a community-based digital literacy program with caregivers to develop culturally relevant sensory-friendly pedagogies, promote screen-free collective experiences, as well as informal networks of support for caregivers. These acts might enhance sustainable development for children, reduce inequity about accessing authentic information and intervention, and support inclusive social contexts that can meaningfully respond to digitally mediated childhoods.

Keywords: Autism Spectrum; Children; Neurodiversity; Screen Time; Sensory Processing

Introduction

In the last twenty years, digital technologies have established an unprecedented footprint across the Global South. Where access to devices such as smartphones, televisions and tablets were often restricted to urban, middle-class households, child users of these digital technologies are entering all levels of homes across Sri Lanka, even semi-urban or rural households. Access to digital technologies has created new emergences as well as opportunities for accessing information, early childhood education and entertainment; however, it has also introduced significant developmental challenges that were not experienced previously in those contexts. For instance, there has been concern about increasing autism-like behaviours in young children associated with extensive and unregulated screen use.

In the literature, autism spectrum disorder (ASD) has been understood as a neurodevelopmental condition with genetic, biological and environmental determinants. Exploration of the exposure to excessive screen time in the formative years of development demonstrates a trend shifting children to exhibit behaviours associated with ASD, though not clinically diagnosed as autism, anywhere in the world. Screen-based autism-like behaviours are observed among children who as a result of extensive screen use before the age of three, have been shown to display delayed speech, social reciprocity, limited eye contact, repetitive behaviours, among others (Heffler & Ozonoff, 2019; Madigan et al., 2020). These are behaviours that the authors warn are increasingly being tracked in different countries suggesting that early exposure to screens may contribute to cognitive and developmental deficits among young children.

Paediatricians and parents in Sri Lanka are reporting similar stories of young children displaying features typical of ASD, who improve with less screen time, and more time spent with their parents. Locally in Sri Lanka, these cases are referred to as "digital autism" or "virtual autism". While these terms have no clinical validity, there is increasing public anxiety about these uncommon behaviours. There has been no systematic exploration of these issues in Sri Lanka literature, thus representing the gap in understanding the authors are seeking to address.

This study is situated in Southern Sri Lanka. In recent years, household consumption has increased, family sizes have become smaller with more nuclear, than extended families. Additionally, low-cost smart phones are readily available and there is no change that accompanies new institutional change. Maternalisation, means that mothers are often working longer hours engaged in paid work situations, primarily commercially, leading to mothers pacifying children with digital media. These macro-structural changes in parenting are an important context in which to understand the growing presence of autism-like behaviours as a consequence of children's screen time.

This paper adopts a qualitative methodology to capture the lived experiences of parents and caregivers. By foregrounding their voices, the study explores how technology is intertwined with childcare practices, how parents interpret developmental changes in their children, and what coping mechanisms they employ. The paper situates these findings within wider debates in child development, sociology of technology, and medical anthropology.

Literature Review

Research on the usage of screen time consequences for the development of children has gained significant traction recently. According to the World Health Organization (2019), children under the age of five should engage in no more than an hour a day for screen time, with no screen time recommended for children under the age of five. Negative outcomes involving high exposure have led to speech delays (Madigan et al., 2020), inhibited interaction between parent and child (Linebarger & Walker, 2005), and altered cognitive pathways in early development (Christakis, 2019).

At the international level, studies have shown there are associations between screen use and autism-like characteristics. Heffler & Ozonoff (2019) determined that children who spent long periods of time in front of a screen early in life not only experienced language delays but also reductions in social reciprocity when combined with the symptomatology of ASD. Similarly, Chonchaiya and Pruksananonda (2008) found children that watched more than two hours of television per day before the age of two were likely six times more likely to show delayed speech when compared to their counterparts.

However, South Asia has not seen much research on this discourse. In India, a study (Gupta et al., 2021) has referenced an increase in "virtual autism, where excessive time on screens leads to behaviours similar to autism, and individuals can recover with decreased interaction with screens and increased social interaction." Similarly, Sri Lankan paediatricians have continuously described children reporting an increase in symptoms that improved after interventions that restricted screen time and fostered social interactivity; however, there is not much published research on this. This study finds itself amongst the growing pool of literature on this subject and highlights the importance of

qualitatively improving our knowledge of parent experiences in Sri Lanka, specially focused on Southern province, as one way of providing culturally specific knowledge in our field.

Methodology

The choice of methodology for this study was guided by the necessity to not only understand the behaviours that children exhibited, but also how parents interpreted, negotiated, and made sense of these adaptations. A qualitative design was thus chosen as the most appropriate method as it enabled an in-depth investigation into parents' experiences, stories, and the meaning made of children's screen-related behaviours.

Research Design

This study is situated in phenomenology, a qualitative tradition that seeks to understand lived experience. The study aims to explore how parents in Southern Sri Lanka interpret, describe, and respond to their children's autism-like behaviours with regard to screens. Rather than assess the occurrence or extent of these behaviours, this study is about exploring the subjective realities and cultural contexts of parental perception of these behaviours.

Study Area

Fieldwork for this study took place in some selected semi-urban and rural communities in Southern Sri Lanka. There were three considerations for selecting the Southern Province of Sri Lanka:

- Accessibility - Researcher were familiar with the area and could build rapport and trust with participants.
- Socioeconomic diversity - Southern Sri Lanka had households ranging between lower-income fishing communities to middle-class families.
- Increasing digital penetration - Preliminary evidence suggested that people in Southern Sri Lanka were increasingly gaining access to mobile smart technologies and large screen televisions.

Sampling Strategy

Participants were recruited purposively using parents with children (aged 2-6) with autism-like behaviours, but not formally diagnosed with ASD. Autonomy and independence were preserved since 15 parents (12 mothers, 3 fathers) consented to participate. Participants were recruited by community health workers and pediatricians who were aware of families who met the inclusion criteria.

Since the qualitative research not concerned with size but depth, saturation also had occurred at the point where the repeating themes identified in interviews were consistently appearing.

The qualitative component also involved the sampling of other persons in the child's environment who were actively involved with the child and parents such as caregivers, teachers, special educators, and social service workers. This was accomplished through the use of qualitative data collection methods that included interviews, participatory observations. In addition, caregivers, teachers, special educators, and social workers were also sampled via the qualitative component of the study. The selection of the sample was based on the concept of data saturation whereby there were no new themes that developed after multiple interviews and observations conducted with the same or different participants. The phenomenological qualitative design of the study was based on the four main principles of phenomenology which are:

(1) Emphasis on depth, richness of experience, and context;

(2) No assumptions;

(3) The collection and the use of narrative data; and

(4) Minimal use or nonuse of frequency counts to determine themes.

Qualitative research principles were used to decide on the size of the research sample, where understanding the depth of understanding is of greater priority than how many samples are collected. The goal of the research is not to provide a statistically representative sample but rather to provide rich contextualised descriptions of people’s experiences and interpretations of screen-related behaviour within their specific caregiving contexts at the time of the research and within Southern Sri Lanka. Fifteen samples were found to be adequate to obtain saturation because the same experience, patterns of behaviour, and explanatory frameworks were evident in all of the participants' interviews. Therefore, the small, purposively selected samples provided a more thorough description of the participants’ lived

experience, allowed for greater engagement of the participants over an extended timeframe, and enabled a more thorough analysis of the themes associated with the research paradigm of phenomenology.

Data Collection

Two main methods were used:

1. Semi-structured interviews were conducted with each parent. The interviews lasted for 45-60 minutes, where questions covered routines regarding care for their child, how they used screens, behaviours they observed in their children, their coping strategies, and their understandings of autism. Researchers interviewed the parents in their native language (Sinhalese) and transcribed and translated the interviews into English.
2. Informal observations accompanied interviews. While interviewing the parent, researchers also observed the parent and child interaction, especially the child's responses to the presence or absence of digital devices. Formal qualitative data were in the interviews, but informal qualitative data complemented the data collected in the interviews and provided a context for the interview data.

Data Analysis

The data was thematically coded and analyzed with the assistance of NVivo software. Data analysis followed these steps:

1. Open Coding – This included the initial recognition of key concepts such as "screen as babysitter", "loss of speech", or "parental guilt."
2. Axial Coding – This step involved grouping related codes into larger categories such as "parental practices," "behavioural outcomes," and "coping strategies."
3. Selective Coding – In this final step allowed the researcher to form themes into three significant findings that reflected the essence of the data.

The data analysis followed Braun and Clarke's (2006) six phases of thematic analysis model; unfamiliarization with the data, generate initial codes, searching for themes, reviewing themes, defining themes, and producing report.

Ethical Considerations

Parents were informed consented to, and pseudonymity was used to protect confidentiality. To minimize the risk of harm, parents were made aware that the study did not include a medical diagnosis, and referrals for potential pediatric consultation were made available.

Limitations

There were, however, important limitations imposed on the study by the need to:

- The small sample size that does not permit generalisation.
- Parents self-reporting creates possible bias.
- There was no longitudinal data collection, therefore outcomes for longer time periods of reduced exposure to screen adoption, did not occur.

Despite these important limitations, the study offered useful evidence for exploration and can serve as the first step for further research in Sri Lanka.

Throughout the research study, many approaches were implemented to reduce the chances of bias within the collected data. First, triangulation was achieved through the use of both semi-structured interviews and informal observations - therefore, the narrative of the parents was cross-referenced against their child’s observable interactions. This enabled a reduced reliance on the parents’ self-reported perceptions. Second, the use of reflexive practice was employed through the maintenance of field notes and reflexive journals throughout the research project in order to encourage the researcher to continually critically evaluate his initial assumptions surrounding digital technology, parenting practices, and autism-related discourses. Third, interviews were conducted in Sinhalese so that the participants’ intended meaning would not be lost, and all translations were carefully executed in order to minimize any possible interpretative distortion. While conducting the data analysis, iterative coding methodology was used along with constant comparison to the original transcripts to limit the foreseeability of biased selection of data based upon previous expectations. Further, alternative or negative cases were also considered as part of the analysis process to

ensure the validity of established patterns. Peer feedback and further review of coded segments within NVivo also helped to increase analytical transparency. Collectively, the implementation of these methodologies helped to increase the credibility of the research by limiting and reducing the amount of interpretative bias present within the research, while also ensuring that conclusions made within the research are supported by the resulting data rather than by unsubstantiated beliefs and assumptions regarding screen usage or childhood development.

Findings

The thematic analysis highlighted three interconnected overarching themes that illustrate how screen use is integrated into everyday parenting practices, and children's development in Southern Sri Lanka.

1. Screen Dependency as an Alternative Caregiver

Parents consistently described smartphones and televisions as critical components of their day to day care-giving. Almost all mothers, especially those who did household chores and small-scale income-generating activities, needed technology to make children quiet. For example, one mother described:

"When I need to cook or clean, I give the phone. He sits quietly for one hour. Otherwise, he cries and disturbs everything."

Moreover, parents talked about giving children access to devices in public spaces, such as the bus, clinics, and family gatherings, to keep their children occupied. While devices replaced in-person interactions and responsiveness as caregivers, they effectively became "digital babysitters."

2. A Rise in Autism-Like Behaviours

All of the children in multiple families had behaviours that resembled behaviours commonly associated with autism spectrum disorder (ASD) such as:

- Limited eye contact and responses in social situations: Parents reported children "avoided they looked at them, or just stared blankly," after using screens.
- Delayed speech and vocabulary development: Teachers reported children coming into school with the ability to communicate with others on a kindergarten level far inferior to their peers.
- Repetitive behaviours: Behaviours like hand waving, rocking, and repeating phrases from cartoons were reported.
- Strong identification with animated characters: Several children were drawn to certain animated characters, imitating their behaviours in their day-to-day lives.

While parents worried that their child might be autistic, many felt their child had made improvement after consistent screen restrictions for a limited amount of weeks, and also as they engaged their child in interactive experiences such as outdoor play and storytelling. One father said this:

"We worried he could have autism. But when we discontinued the phone for the weeks and played with him, he started talking even more."

Ultimately, all of the behaviours above suggest that there are many behaviours that are not necessarily permanent neurological condition, rather they are reversible disruptions in the developmental process as a result of excess screen time.

3. Parental Guilt and Awareness Gaps

Parents both appreciated the convenience of devices but experienced guilt about their reliance on them. Most mothers explicitly stated that they felt ambivalent; they understood the developmental risks around screens, yet did not have another childcare support option. Parents mentioned the economic climate, and the shift from extended families to nuclear families as characteristics that influenced their reliance.

There was also awareness gaps. Parents admitted to having limited access to scientific information related to screens and risk, frequently relying on advice they received from neighbours, teachers, or social media; this made it difficult for them to know how to navigate screen time versus healthy developmental opportunities. One mother said,

"I know too much screen time is not good but I do not know how much is OK. No one tells us very clearly."

The findings suggest a vital dialectic between structural pressures, cultural expectations and lack of other options which together play out as patterns of dependency on excess screens.

Discussion

The findings illustrate how technological modernity intersects with local parenting practices, child development, and structural inequalities in Southern Sri Lanka.

Screen Use and the "Virtual Autism" Controversy

Parents report behaviour that is consistent with the new global concept of "virtual autism" (Heffler & Sienko, 2022; Ophir et al., 2023), which suggests that excessive screen time may act as an environmental risk factor to produce behaviours of autism. Compared to genetically bound ASD behaviours, these behaviours are reversible, as described by parents of their child having "recovered" behaviours when they transitioned their child from a digital dependence to an interactive engagement.

Evidently, this opens the possibility of diagnostic confusion. It can be easy to make a diagnosis of autistic on behaviour alone and as a result, a child can be mislabelled too soon, leading to stigma or unnecessary interventions. Therefore, we must continue to have a culturally sensitive diagnostic framework to differentiate screen behaviour from autism based behaviours rooted in a clinical condition.

Changing Family Structures and the Care Ecology of Children

The study also draws attention, to the changing cultural context of caregiving in Sri Lanka. Traditionally, the extended family provided many caregivers including grand parents, aunts and older siblings, who engaged children in social play and narrated stories. In contrast, today's nuclear households leave parents (mothers especially) with little other support system. The provision of digital devices has stepped in to the void created for parents; this reflects the broader changes and transformation of family life (and child's life) in extending contexts of economic modernisation and labour migration.

Stigma, Silence, and Inequalities

Parents' hesitancy to speak freely about developmental concerns is indicative of the pervasive stigma around disability in Sri Lanka. As global research shows (Gray, 2002), autism often carries social blame and parental anxiety. In this case, parents may be able to freight their development concerns in terms of screen use rather than innate neurological difference to provide them with a socially acceptable narrative. Moreover, the unequal availability of information about childhood screen use means poorer families may have had less access to resources about safe practices, amplifying inequity in child outcomes.

Policy and Pedagogical Implications

The research results have implications for intervention at multiple levels:

- Public health awareness campaigns that provide parent-focused and clear recommendations about age-based screen use, aligned with the WHO recommendation
- Training for teachers to help them identify screen-related behaviours and to embrace sensory-friendly pedagogies such as the facilitation of scheduled screen-free breaks and outdoor play.
- Community-run care systems that provide alternatives to digital pacification, especially in low-income settings where parents lack access to materials
- The intersection with the SDGs: The issue is clearly connected to SDG 3 (Good Health and Well-being) and SDG 10 (Reduced inequalities), highlighting the need for equity-based and inclusive responses.

In-depth interpretive analysis enabled by Braun and Clarke's (2006) thematic analysis framework led to the emergence of three predominant findings. The first stage of data analysis involved open coding and yielded numerous descriptive codes (for example, "screen as babysitter," "loss of eye contact," "parental guilt," "COVID lockdown exposure," "teacher frustration"). These were then analyzed in detailed axial code analysis according to their conceptual relationships. Codes related to similar processes or social constructs were grouped together into broader predominant categories of analysis, such as caregiving substitution, behavioural modification and structural constraints. In the final stage of selective coding, the broad categories of analysis were further refined by connecting them through the story of all participants. Rather than being limited to surface-level descriptions, the researchers' analysis of these across categories sought to explore what they revealed collectively about the impact of digital media on children in southern

Sri Lanka. The researcher used constant comparison among data sources (e.g., interview transcripts, field notes, negative cases) and coded three key themes from the data:

1. Screens as alternative caregivers to children during shifts in family structure
2. The emergence of temporary autistic-like behaviours associated with excessive screen time;
3. Parental guilt resulting from lack of awareness of and pressure from structural factors related to their role as parents. These three key themes were retained based on their consistent occurrence across participants, their internal coherence and the strength of the verbatim data evidence that supported them.

Conclusion

This research contributes to growing literature on consequences of unrestricted screen usage on development in early childhood. The study highlights parent perspectives in Southern Sri Lanka and reframes atypical behaviours (parallel to autism) as socially mediated outcomes of care arrangements conditioned by digital modernity and not inherently due to true neurological deficits.

The study offers three key contributions:

1. Unrestricted screen usage contributes to autism-like behaviours (e.g., limited eye contact, delayed language acquisition, repetitive behaviours) and these behaviours may be reversible when interacting with technology is replaced by interaction
2. Parental practices are shaped by structural factors (e.g., nuclear families, economic and childcare constraints) that foster the use of digital devices and
3. Policy response must focus on awareness and stigma and provide information for parents, teachers, and health professionals in formats that are culturally respectful of their experience, and followed by community based systems of support.

In the long-term, sustainable strategies should aim to:

- Workshops for parents and caregivers on digital literacies.
- Sensory-friendly pedagogies in schools.
- Screen-free public areas for socialization and play.
- Longitudinal studies to document how children from various socio-economic cohorts in Sri Lanka engage with screens and what impact screen use has on all facets of development over time.

This research, by emphasizing behaviours as socially mediated, and potentially reversible, engages with developmental difficulties of children as socially and technologically constituted, not pathologized, and, importantly, calls for communal engagement situated in the protection of childhoods in an increasingly digital world.

Data interpretational bias was reduced using various approaches. Data from diverse socio-economic and caregiving contexts (participants) were triangulated to ensure that results reflected repeated themes, not just isolated instances. The process of collecting such data included reflexive practices, field notes and reflexive journaling were used to critically reflect on pre-existing beliefs about digital technology and autism discourse. Once data were coded, thematic analysis through an iterative process involved repeatedly checking developing categories against the raw transcripts (raw data) to avoid biased interpretations or selective reading. Particular attention was also paid to negative or contradictory instances, therefore as not to overgeneralize the claims of analysis. Interpretations were also located in the body of established sociological and developmental literature, thus ensuring that arguments had a theoretical basis rather than a normative source of support. Overall, the application of the above strategies contributed to analytical rigor, credibility, and transparency in drawing conclusions from the empirical data.

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Annex 01: Semi-Structured Interview Guide

Background and demographic Information

1. Age of the parent
2. Connection to the child (mother, father or a guardian)
3. Age and gender of the child
4. Occupation of the parent(s)
5. Type of household (nuclear or extended)
6. The child could spend an average number of hours in front of the screen each day.

Practices: Screen Use

7. At what age was the child introduced to the screens (phone, television, tablet)?
8. What kind of devices are the most used by the child?
9. Under what conditions do you usually give in the device? (e.g., when you are cooking, when you are using public transportation, when you are having meals)
10. Averages numbers of hours that the child spends on screens in a day?
11. What kind of content does the child watches (cartoons, You Tube, educative applications, etc.)?

Noted Behavioural Change

12. Do you notice any behaviour change in your child after spending more time on the screens?
13. Please explain the eye contact and social interactions of your child?
14. Do you notice any speech delay or communicational problems?
15. Is the child reiterative in phrases or character imitation?
16. What does your child do after being taken off the device?

Interpretation and Meaning-Making

17. What do you consider the reason behind such demeanours?
18. Do you ever think about autism spectrum disorder or developmental delay?
19. What is your source of information on child development and screen use?
20. Have other teachers, physicians or other people remarked on the behaviour of your child?

Responses and Coping Strategies

21. Did you try to minimize screen time? What was the outcome?
22. What are the other activities that your child does?
23. What are some of the difficulties that you face when restricting the use of the screens?
24. What kind of help will help you out of this situation?

Expansive Reflections

25. What is your engagement with the digital technology and how has it transformed parenting in your society?
26. What advice would you give other parents in terms of screen use?

Transcript 1- Participant P03 (Mother)

Child Age: 4 years
Place: Nupe, Matara, Sri Lanka.
Date: 22 April 2025

Background and Demographic Information:

1. Parental age: 43
2. Mother and prime care giver.
3. 4 years old; female.
4. The mother follows light income generating activity in the home with full-time responsibility of care giving.
5. The participant did not state this directly, but she stated that she had no extended family support, which indicates that the type of household was nuclear.
6. At the time of the interview, it was approximately 23 mins to 3 hours of screen time every day.

Practices: Screen Use

7. The first screen exposure was done at about 18 months. It was during this time the COVID 19 lockdown was in Sri Lanka where people were not allowed to move much or socialize with other people outside the family.
8. The mobile phone was the equipment mainly used.
9. The majority of the times the device was administered were in calming situations when the patient was crying or had either insomnia or restlessness. It was also used as an employment tool in providing care to the mother, who could get on with her household chores and income-generating activities without a hitch. The conditions of lockdown, which are caused by isolation and the lack of alternative stimulation, only increased dependence on the device.
10. 2 hours/day, specific times: at meal times, when the mother is busy.
11. The child mostly watches YouTube cartoons on YouTube. There was also a repeating viewing pattern whereby the child requested to repeat watching the same videos more often.

Noted Behavioural Changes

12. The mother said she noticed behavioural changes with time. The child showed less responsiveness to verbal directions as well as not responding to her name at all. She seemed to be deeply interested in the screen, and at times after it had been switched off, she still stared at it. When screen time was interrupted, it was found to be much more irritable.
13. The child did not make eye contact and demonstrated poor social interaction. Her interpersonal responsiveness seemed lower in comparison to other individuals of the same age group.
14. The mother noticed delayed speech development. The child was not spontaneous at building sentences and starting conversations. Rather, contact communication consisted mostly of repetition of phrases that one hears in cartoons.
15. Yes. Instead of speaking independently the child used to repeat cartoon dialogues and imitate characters.

16. On taking off the device, the child was observed to show a lot of emotional distress. This involved crying hysterically, tossing of surrounding items, lying down and a long-lasting problem of self-control. Much time and encouragement were necessary to reassure her.

Interpretation and Meaning Making

17. The mother relates heavily these behavioural expressions to over excessive and long screen time. She retrospectively admitted that the machine was being employed as an instantaneous coping mechanism without factoring the long-term developmental effects.
18. At some point, the mother is going to consider the possibility of autism as a result of the speech delay, poor eye contact, and the repetitions of behaviours. Nevertheless, she attributed the continued improvement on screen exposure to effects of the screen and not neurodevelopmental conditions.
19. Not specifically addressed. Nonetheless, considerations are made of the informal knowledge learning process, which is made through observation and comparison with other children.
20. Not mentioned.

Responses and Coping Strategies

21. The mother stopped using the devices altogether during about a week. Despite the fact that the first phase was complicated with the distress of the child, significant improvements ensued. The child started to pronounce more words, showed more interest in outdoor play, and showed improved eye contact and social interaction.
22. Play activities in the outdoor were introduced. These seemed to be arousing interest and interaction.
23. Since screen restriction is a long-term commitment that requires the extended family to be involved, and the mother has to earn the family income and look after the child simultaneously, screen restriction is practically impossible. The gadget acts as a surrogate care giver at the workplace.
24. Structural assistance on childcare and providing awareness through healthy screen practices, though it is not mentioned directly, would be helpful enough to decrease some screen dependency on digital devices.

Expansive Reflections

25. Digital technology turned out to be a vital coping strategy during the pandemic. It served as an instrument of care in a social isolation situation, transforming daily parenting activities.
26. Impliedly recommends the use of screens with care and minimal use, particularly in cases of early development.

Transcript 2: Participant P11 (Father)

Child Age: 5 years
Location: Kirinda -Puhulwella, Matara, Sri Lanka.
Date: 02 May 2025

Background and Demographic Information

1. Parental Age: 38
2. Father
3. 5 years of age, male gender
4. Businessman
5. Nuclear
6. It is restricted to an average of about 30 minutes a day.

Practices: Screen Use

7. The exposure to the television started at the age of 2. The introduction of Smartphone use came around during the COVID -19 phases as schools who were closed were provided with education through Smartphones.
8. Television and smartphone.

9. Mainly in the evenings when they watch cartoons and in the situations when schools are closed because of the pandemic.
10. This is limited at 30 minutes now, the old limit probably meant more but not specified.
11. Cartoons

Noted Behavioural Changes

12. The father found that there were more tendencies to watch cartoons alone rather than in the family. The child responded to verbal communication slower and showed less attention to activities not on the screen.
13. Eye contact was limited. Preschool teacher stated that he did not engage in a group, was easily distracted unless the activity was similar to screen-based images.
14. Communication was no more spontaneous. Instead of give and take of the patient conversation, the child tended to mimic dialogues on cartoons.
15. Indeed, the imitation of cartoon heroes and lines was common.
16. Not clearly outlined, but behavioural change after the reduction implies previous dependency.

The Interpretation and Meaning Making

17. Uncontrolled and excessive screen exposure was reported as the major cause of behavioural and communicative problems.
18. This factor should be taken into account. Not explicitly mentioned.
19. Awareness was a result of consultation with the teacher of the preschool and informal discussions.
20. Teacher complained of poor involvement, inattentiveness in the classroom and an over-preoccupation with cartoon associated issues.

Responses and Coping Strategies

21. The time at the screens was cut down to 30 minutes a day. However, after the given adjustment, the child demonstrated significant progress in responsiveness, interaction with peers, speech fluency, and spontaneity.
22. Story-reading, drawing and outdoor play.
23. Not explicitly mentioned.
24. Detailed medical instructions, community-based awareness campaigns, and systematic guidance on safe screen exposure and developmental hazards by teachers and health professionals.

Expansive Reflections

25. Screens are seen to be potentially useful in both learning and entertainment provided that their use is limited. The absence of previous knowledge on the suggested limits led to excessive use.
26. Promotes safe and responsible engagement with digital technologies, as well as awareness among the population of safe screen time.

Annex 4: Informed Consent Form

Title of Study:
Seeing differently: a qualitative study of screen induced visual autism like behaviours in children in southern Sri Lanka.

Researchers:
Nirosha Ruwanpathirana[a], Department of Sociology, University of Sri Jayawardenepura.
Virasha Godakanda[b], Department of Sociology, University of Ruhuna.

Purpose of the Study
You are welcome to take part in a research study which is aimed to explore the perceptions and reactions of parents and caregivers as regards behaviour changes in the children in regard to screen use. The research aims at explaining lived experiences and care giving practices as related to early childhood screen exposure.

Procedures
In case you agree to participate, you will be interviewed semi-structurally within the range of 45 to 60 minutes. The audio electrostatic recording of the interview will be recorded with your consent. The interaction may even be observed informally.

Voluntary Participation
This is on a voluntary basis. You are free not to respond to any question or to drop out of the study at any time without reprimand.

Risks and Benefits
The research has a low risk of research and is not concerned with medical diagnosis. In case of worries we may be able to give referral details of pediatric consultation. Though it will not be directly financially remunerated, your involvement can make a bit difference in increasing awareness and policy towards children welfare.

Confidentiality
All the information will be confidential. Any report and publication will use pseudonyms. Transcripts and audio records will be safely stored and only opened to the researchers.

Consent Statement
I have read the information provided above and comprehended it. I am prepared to take part in this research on my own free will.

Participant Name:
Signature/Thumbprint:
Date:

Researcher Signature:
Date:
Contact Email:

Short Bio of two Authors

Nirosha Ruwanpathirana[a] is a Senior Lecturer in the Department of Sociology, University of Sri Jayewardenepura, Sri Lanka. She holds a Master of Social Sciences and Master of Arts from the University of Kelaniya, a BA (Hons) in Sociology from the University of Colombo, and an LLB from the Open University of Sri Lanka. She primarily focuses on social and cultural issues within the Sri Lankan context. Her research also engages with gender and development, political participation, and the sociological dimensions of conflict, peace, and social policy.

Virasha Godakanda[b] is an Assistant Lecturer in the Department of Sociology, University of Ruhuna Sri Lanka. She holds a BA in Sociology from the University of Ruhuna, a Diploma in Human Resource Management from the Lanka Professional Education Center, and a Certificate in Non-Violent Communication from General Sir John Kotelawala Defence University. She focuses on gender, and particularly examining women's labour, ritual participation, and political representation. Her research also engages with crisis, trauma, and resilience, including economic collapse, mass trauma, youth unrest, and post-disaster social recovery.