

Review Article

Perceptions, Practices and Challenges in Schools for Autistic Children: A Qualitative Exploration of Teachers and School Authorities' Views in Bangladesh

Hawlater MDH¹, Preity S², Abdullah ASM³,
Akhter S⁴ and Biswas A^{3*}

¹Department of Public Health, North South University, Bangladesh

²Department of Sociology, University of Dhaka, Bangladesh

³Reproductive and Child Health Department, Centre for Injury Prevention and Research, Bangladesh (CIPRB), Bangladesh

⁴Institute of Pediatric Neuro Development and Autism, Bangabandhu Sheikh Mujib Medical University, Bangladesh

*Corresponding author: Biswas A, Reproductive and Child Health Department, Centre for Injury Prevention and Research, Dhaka, Bangladesh

Received: September 01, 2017; Accepted: January 03, 2018; Published: January 10, 2018

Abstract

Introduction: Globally around 1% people are suffering from autism disorder. Autism becomes a health crisis around the world. In Bangladesh, autism has already been identified as burden of diseases and it has been assumed that the magnitude is high and majority cases, is undetermined. Proper knowledge and education including schooling lead to significantly improve of overall situations. The study explored the perceptions, practices and challenges in the schools for autistic children among the teachers and authorities in urban city in Bangladesh.

Methods: A qualitative study was conducted at the selected five schools for autism in urban Dhaka city. Face to face interviews were performed using in-depth interview of teachers and in-depth Key Informant Interview (KII) of school authorities, reviewing schools reports and documents, and classroom observations. Thematic analysis was performed for different thematic areas.

Results: Teachers in the school dealing with autistic children don't have any advance education on autism, all of them have learnt on autism after entered in the teaching profession. Teachers also mentioned on limited space at the schools which caused difficulties to manage large number of children within a small compartment.

Conclusion: Teachers need comprehensive and advance training and education to deal with those special children for better quality life in Bangladesh. Schools environments also a key factor for better compliance for the children staying in the schools.

Keywords: Autism; Children; Schools; Teachers; Bangladesh

Introduction

Autism is the word originated from the Greek word autos meaning self [1]. Autism is the symptom of the obstacle to the development of brain streaming which can be understood within three months of birth [2]. It is a neurodevelopment disorder with impaired social interaction, communication and restricted repetitive behavior [3]. Autism can be explained as a life-long neurodevelopment condition interfering with the person's ability to communicate and relate to others [4,5]. Autism incorporates both language and communication difficulties with language delay and problematic communication ability [6]. Autism is more common than diseases like mental retardation, schizophrenia, Down's syndrome and diabetes all over the world [7]. It becomes a global health crisis and not its intolerance based on nationally and socially [8] (Figure 1).

About 1% of the global population affected by the autism disorder [9]. The prevalence of autism depending on diagnostic criteria, age of children screened, and geographical location [10]. Globally the prevalence of autism spectrum disorders was estimated 62/10000 [4]. According to CDC 14.7 kids in 1000 were identified with ASD which is about 1 in 68 found from 11 areas in the United States [11]. Autism is more prevalent amongst boys than girls was found to be true in the study as data showed 70% boys had autism as compared to 30% girls

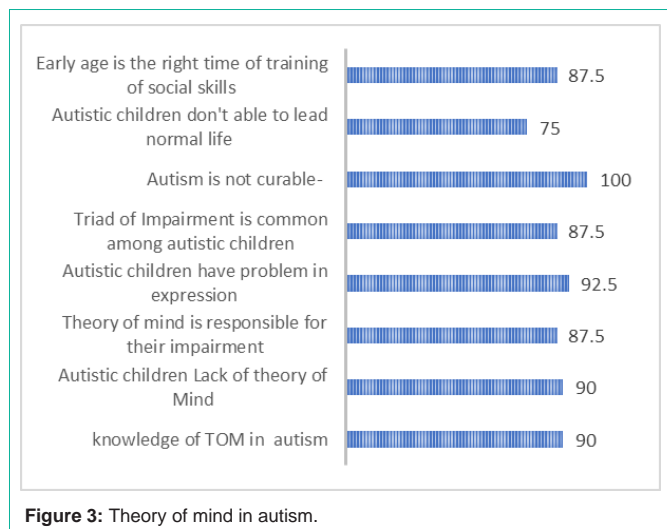
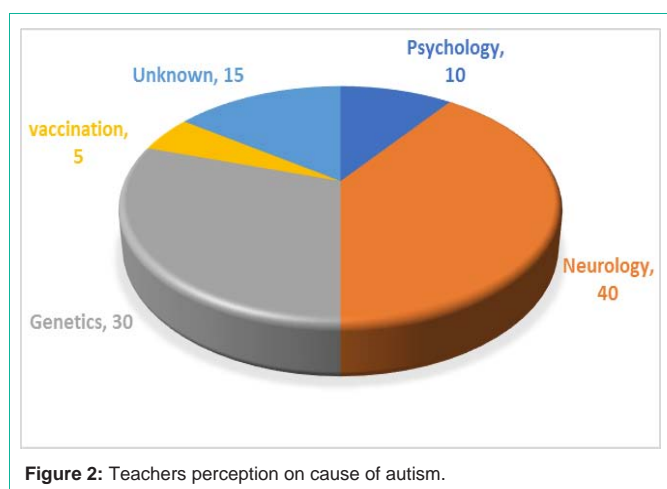
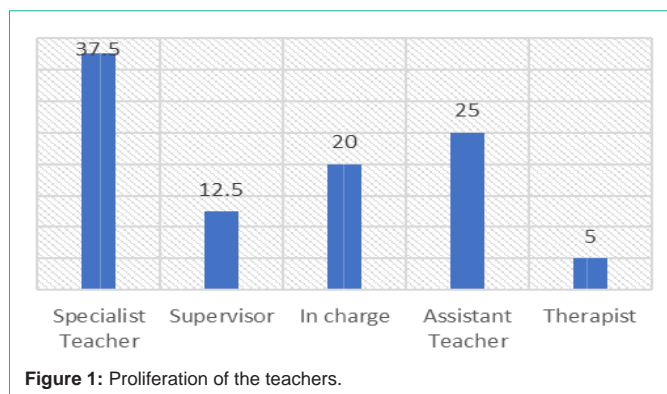
[12].

In Bangladesh, nearly one million individuals (Figure 2) may have autism with the prevalence of 0.85% [13]. In Bangladesh it is assumed that about 3,00,000 children are affected with a one case in every 94 boys and one in every 150 girls [14]. There is hardly anyone who didn't heard about autism but people's knowledge about it is really very much superficial [1] (Figure 3). The autistic children have severe problems in interacting with other people because lack of theory of mind is an important reason for their impairment social interaction [15].

Autism has lots of misconceptions among the society. Sometimes children and adults with autism are termed mad or mentally retarded. Awareness about autism is still negligible in contrast to other diseases [16]. There are many schools and organizations working for autistic children but till not any public special school in Bangladesh [17]. Moreover, the facilities in the schools for autistic school including infrastructures and space, knowledge and skill of the teachers and views of the authorities need to improve for the betterment of autistic children [18].

Objectives

This study explored the perception of autism among the teachers



and authorities of the schools for autistic children in urban city of Bangladesh. Moreover, the study looked at the teaching method and interaction of the teachers with autistic children. The study also explored the challenges of the educational facilities available in special schools for autistic children.

Methods

This study was exploratory in nature to identify the overall situation of the educational and care giving facilities available for

autistic children in Dhaka. The qualitative methods used different data collection techniques including documents reviews, observations, in-depth interviews and key informant interviews. In-depth interviews were conducted with the school teachers to know their views, whereas, key informant interviews were conducted with the school authorities on the same issues.

Study area

Five schools included two renowned oldest schools and three newly started schools for children with autism in Dhaka city were enrolled for the study. Those were Kidzee International School, SWID Bangladesh, Autism Welfare Foundation, SEID Bangladesh and Beautiful Mind.

Based on age range, primary level of class consisting of children from 2-6 years, secondary level consists of children from 7-11 years and lastly 15-20 years old with separate section of boys and girls. The reason of selecting three classrooms of three age range was to be able to get information the method and strategy applied to teach them social interaction and how much the methods are appropriate and individualistic for the autistic children.

Study participants

All the 40 teachers of both genders of these selected schools were participated in the study. The founder of the schools and advisory board members are school authorities. Two participants from each of the five sample school (mostly female with above 35 years of age) are selected as school authorities. All of them were choose as per the capacity of providing information and willingness to participate in the research process. Purposive sampling was performed in choosing the school, conducting interview of the interested teachers. All accessible documents were reviewed. Few classrooms from the schools were observed.

Data collection

The research followed an inductive process in developing research question and theory. All the data was collected by the researcher. The technique of the data collection was in-depth interviews, key informant interview, observation and document's review. The data was collected using Semi-structured interview of teachers and in-depth Key Informant Interview (KII) of school authority, reviewing schools reports and documents, and classroom observations. This is the qualitative part (Table 1).

Data analysis

All the interviews of the respondents were recorded with audio voice recorders with due permission for proper documentation. The documents were reviewed following the guideline. The observation findings were recorded properly. From the audio-recordings and hand notes of the interviewer's, there search officers prepared IDIs transcripts in native Bengali language. Later, translations of the transcripts were done. The principal researcher from randomly selected transcripts reviewed quality of transcripts. Peer debriefing was also performed to maintain their liability of the data. A preliminary set of open codes, categories, and subcategories were formed from the first interview. Themes were identified after read and re-read of the data [19,20] and finally analysis was performed thematically.

Table 1: List of Participants in the qualitative study.

Qualitative instruments	Age range	Participants	Areas of Discussion
IDI (n=40)	25- 40 years	Supervisors In-charge Assistant Teachers Therapists Specialist teachers (Music teachers and Sports teacher)	Teachers' characteristics, Teachers' perceptions on causes of autism Teachers' perceptions on theory of mind Methods applied by the teachers to the autistic children
KII (n=10)	35 - 50 years	Founder of the schools Advisory board members	School Activities Programs & Meetings Services of the schools Education and Training Motivation for the school's establishment Admission criterion and concessions Government and International help Challenges exist in the schools Selection of teachers Motivation strategies for teachers and parents Future of the autistic children studying in the sample schools Expectation from the government

Table 2: Method applied by the teachers.

Method for emotional development		Method for Informational development		Method for pretend play development		Interaction patter towards autistic children	
Category	%	Category	%	Category	%	Category	%
Care, love and affection	25	PECS (picture exchange communication system)	15	Developmental play	30	Good Attitude	37.5
personal interaction method	25	social behavior skill	22.5	Offering opportunities	30	Helping attitude	25
Sensory Integration & Flash card	30	Fine motor skill	25	Assembly and Group play	25	Special care	17.5
Touch therapy	15	Language skill	15	Environmental skill	15	supportive	12.5
Guidance through re-enforcement	5	Gross motor skill	22.5			good communication	7.5

Results

Teachers' characteristics

Among 40 participants most age group belongs to 20-29 year. The second highest age group belongs to 40-49 years. The third highest belongs to 30-39 age group. In the other category, it is seen that two third of total people are female and the rest are male. The Marital status of the people showed that, most people are married and almost one third of people are not married. The maximum of the teachers is Muslim and the 20 percent of them are Hindu. The maximum teachers are completed the graduation, 25% people completed masters and few teachers taken higher education. 90 percent of teachers have specialized training on autism whereas the 10 percent people of the do not have any specialized training. The specialist teachers are taken class mainly; the assistant teachers help them and the total procedure is coordinated by in-charge of the class. Most of the teachers had the previous experience of working with the children. 77.5 percent of them participated in training organized by school authority. 35% have special training on intellectual disability and 20% taken training of parents counseling. 45% of them had taken training in two times and 7.5% teachers taken training for more than three times.

Perceptions on causes of autism

Two third of the teachers said autism is high among boys and the rest are thought the amount is same in boys and girls. According to the teacher autistic child has higher IQ. One third of the teacher said they have special interest area and 15% said they have high rote memory skill. Most of the teachers considered that the cause of autism is neurology. The 30% people think it happens genetically and 10% said it's psychological. 15% people teachers said the cause is still unknown, some also said it's caused for the vaccination.

Perceptions on theory of mind on autism

Most of the teachers opined that they have knowledge about it. 90% of them considered the autistic children are lack in theory of mind in their own. The triad of impairment in social interaction and communication is high among the autistic children. All teachers argued that it's not possible to cure autism, 75% of them considered that the autistic children can't be able to lead a normal life. 25% teachers considered that autistic children can lead normal life with help. 87% thought that early age is important to know about the autism. Most of the teachers think that systematic implication is necessary and some opined parents' training is necessary for the implication and typology of the theory of mind in autism (Table 2).

Methods applied by the teachers to the autistic children (practices)

Almost all the teacher said they use different methods. They divide their system as emotional development, pretend play and informational stage including method for emotional development, informational development, and pretend play development, interaction patter towards autistic children.

Perceptions and practices of school authorities

School activities programs: School authority prepared a schedule for the student as per the demand of the child. The daily routine and activities help children to develop a routinized life and maintenance of time. The everyday activities are designed through teaching method for skill development.

Services of the school

The school's teachers have parenting programs, practical training for specialists and teachers, vocational trainings, therapy, publications

of articles on autism and awareness programs other than teaching for autistic children. Though the teachers mentioned therapy as a service, how efficient it is a question mark as there is only one occupational therapist for each school and there is no physical and speech therapist involved.

Meetings

Meetings are an important part of any school as the parents can know in detail about their child and teachers can also get feedback from the parents. The school authorities can know about the progress as well as the problems of the children and the teachers. The teachers are able to share their thoughts with the authorities. All school had parent's teachers meeting three times in a year. Two schools do not have any fixed time for internal staff meetings; it's done on requirements whereas others have the same two times in a year. Celebrations and extracurricular activities all the major functions are celebrated by both the schools.

Education and training

Both the school authorities did not have any specialized formal training on autism. The school authority from School A had a bachelor's degree in science whereas the founder of school B completed her M.B.B.S. They both got trained on autism when their child got detected with autism, abroad and the specialized schools trained them. Later they self-trained themselves through books and by attending seminar.

Motivation for the school's establishment

It is common that all schools established by the parents of autistic children for the sake of their children then the area of attempting was turn to a humanitarian work. They moved out and made their own school due to disputes with the remaining founder members. That's the reason both the school have a similar kind of set-up and teaching methodology.

Admission criterion and concessions

Children are normally admitted in both the schools in January based on availability of seats. They have under privileged children studying with full scholarship in their schools. From this it's clear that there are many more autistic children in Bangladesh who are not getting care as the schools have limited capacity and waiting list is long.

Government and international help

All the schools get negligible help from the government and whatever they get is a struggle as a lot of work goes behind getting that petit amount. SWID Bangladesh gets logistic and Training support from Government. The others get help mainly from the parents and private organizations in Bangladesh.

Challenges

All the school authorities felt that their main challenge is funding related issues. Due to lack of funding, they cannot hire therapists as they are very expensive. They are unable to move to a spacious setup though they understand the need to do so. They fail to get trained teachers as they cannot pay high salaries.

One of the respondent argued "the main challenge is to face that local representative; we have to them for our existence." Another

respondent argued that 'we don't have sufficient space for the training of the children".

Selection of teachers

All the school authorities mentioned that the selection procedure is not very strict, though they give preference to teachers with experience. Mainly they are explained about the disorder and nature of work with a probation period of six months. Evaluation of the teachers is done in both the schools based on their attendance record and performance.

Motivation strategies for teachers and parents

Both the schools follow certain attendance criterion based on which teachers' attendance, certain awards are given. Parents are motivated through parenting programs and cordial relationships. Though School A finds difficult to involve parents as less co-operative. Both the schools have home visiting programs, but how effective is that is a question as parents' knowledge was found very limited.

Future of the autistic children studying in the sample schools

The school authorities feel that the children have a future as they receive vocational training and can earn a living for themselves. The school authorities have future plans of making a home for these children. Some autistic children who are high function can move to a regular school.

Expectations

Support in funding is the biggest expectation which came out. Making provisions for teachers training, awareness programs as well as creating a statistic for autistic children and future rehabilitations are some of the other expectation. The school authorities want to see their school as an organization where all the care from diagnosis to awareness programs can be given under one roof which definitely needs funding and appropriate training.

Observational findings of Classroom

Physical characteristics of the classrooms: Both the school's classrooms were small to medium sized, not very well-lighted and well-ventilated. All the classrooms were moderately clean with two shifted classes. Some classrooms were found over decorated & some were not at all decorated. Classrooms were found to be noisy in the schools due to proximity to the road and separation of classrooms with partition. Teachers always close the door to reduce distraction, which creates suffocation. As autistic children, can't see a big picture and needs clarity for understanding, overly decorated smaller rooms can be distracting and discomforting as some of the children with autism are overly sensitive to colors. Again, bare walls can be a hindrance in their learning as autistic children are very visual and needs stimulation.

Strengths of the classrooms

There were three teachers and six to nine children in early years and older group classrooms of the schools. There were no parents & occupational therapist present in any of the classrooms in the schools. Now the big question is what will happen to all these children's needs and are the teachers able to do so in place of the specialists. But none of the teachers had any qualification or training in speech therapy, physiotherapy and occupational therapy.

Safety Issues

Autistic children can be aggressive at times and they can hurt themselves as well as their peers. All the classrooms were not carpeted which can avoid such behavioral accidents. The staircase was steep and narrow. In both the schools some classrooms had toilets inside the classrooms, whereas some had it outside and was used by two or more classrooms. The toilets of two schools were not very clean and water was spilled all over making it slippery and accident prone. The school's toilets had label but were not appropriate for both sex groups of children as pictures were showing only one sex group which can be confusing. Toilets were also not child sized and age appropriate. Labels were confusing, though labels showed use of soap and tissue to wash hands and wipe hands after toilet use, there was no tissue and no soap as well in the toilets. The chairs, tables and doors were relatively safer but no fire-drills and earth quake drills. There was no first-aid box and nurse station in any of the classrooms.

Teacher's organization and materials

Classrooms didn't show any preparedness of teachers to understand children needs and give immediate solutions right then. This can only happen when the teachers are organized and have enough materials to support the same. Materials were scarce and there was no separate area for reading or separate play area. Teachers were not able to attend the needs of the moment and modify the methodology and the lesson plan according to the needs. No material is kept for the children to choose independently. For instance, there is a system of rewarding children after completion of work, so one of the teachers gave a car to one of the child to play and went to attend other children. Now the child kept rubbing the car on the table and had no eye contact. Now the question is what kind of reward is that and what learning is happening out of that. Over all the classrooms are not pleasant and well organized.

Teacher's attitude and temperament

Children with autism have different kinds of needs and it takes a lot to understand them which is only possible when they have a good temperament and positive attitude. This was fortunately evident among all the teachers. They smiled and greeted the children and their parents. They mostly were attentive and helpful. They were found, informing the parents about their child and listening to them patiently.

Teacher's preparedness and interaction with the children

Interaction of the teachers with the children were noticed in most instances, but as the ratio between teachers and student was 1:2, and 1:3 and some children needed more attention and some children were withdrawn, teachers couldn't give uniform attention to all and some children were seen bored and even in the older classes sexual behavior and tantrum was noticed, teachers lacked techniques to tackle them, and all the classroom sounded troubled. Teachers were not found taking notes about the children or observing them. No tools were used to access their progress in the classroom. But otherwise the teachers were found in control of the class and looked happy but were not seen always able to tackle aggressive situations.

Physical facilities of the schools

All the schools had limited physical facilities interims of space, and apparatus. Playground was not there and children in both

the setup plays indoor in a small area, which is also used for other purposes, Music apparatus is restricted to a harmonium and no small apparatus like maracas, bells or triangles were found. Audio-visual aid, nurse station and first aid box were not found in any of the classrooms. There was computer lab, therapy room, vocational training room, gymnasium and therapy room in both the schools but all had limited space.

Quality of services in the centers

The quality of the services in the Centre was not found appropriate. Most of the parents had no appropriate knowledge on autism to take care of their children and still were found demoralized. This shows that the parenting and awareness programs are not up to its standards. No home visit or evaluation is done to check the progress of these children. Materials for vocational training are scarce and due to lack of enough staff, children are not used to their fullest potential.

Findings from Documents Reviews

The schools did not have records of internal school meetings, parenting programs, awareness programs, government funds and help, drop out of teachers and students, teacher's trainings, teachers' assessment, safety drills etc. whereas the schools had child' profile with very limited information, IEP and attendance records of the students as well as parents. Around 70% of the children were found to be having moderate to good attendance in both the schools. The attendance of presence of teachers is 85%. This might be a challenge as both the schools have a scarcity of teachers. The schools have a waiting list of children of more than 150 students at present. Schools are not capable to accommodate them due to space and resource constraints.

One day spend observing one autistic child's activities in school. He was standing in the front of the sound of the drum was irritating his much more. Teacher did not pay attention to the problem he was facing instead forced him to follow the exercise routine. The teacher was trying to restrict him from covering his ears and was holding his hands. Teacher moved his hands up and down and side to side with the beat of the drums. The child was trying to restrict his teacher and free his hands from her. In the grouping class the child started playing with a toy car and was continuously moving the car on his work station. He was not sharing the toy with anybody and making no eye contact. Teacher called his name and asked him to share his toy with another child. Teacher politely but with a little force took the car and gave it to the other child.

Discussion

The study findings revealed that there is poor care and educational facilities in these schools that teachers lack professional training to deal with these children and finally, lack of appropriate initiatives from the government.

By interviewing the teachers and school authorities the study found that, there is a substantial lack of awareness on autism among primary stake holders. A study in 2013 at Bangladesh, using community health workers, has found prevalence of ASD; the study indicates a prevalence of 0.15% (3% in Dhaka city and 0.07% in rural area) within a population of 7200 from eight sites [21]. The knowledge of autism prevalence is recognized as a public health importance in developing countries [22].

Most of the teachers as well did not know anything about autism other than the fact that it is a disability, before joining the school. Teachers and school authorities of the sample schools shared that due to lack of awareness and understanding, the children face no acceptance in normal schools, and due to discomfort of the teachers, these children are send back to special schools despite many having normal abilities. In the centre for Child Development and Autism at Bangabandhu Sheikh Mujib Medical University only 12 children attended with autism in the year 2001, which increased to 105 children in 2009 suggesting probable prevalence, awareness amongst parents and probably increased capability of the pediatricians to diagnose the problem [23].

Autism diagnosis process remains a significant challenge for all involved was found in a study [24]. Another study on parental believe on Autism from religious perspective and they believed undermined rather than promoted their children's development [25].

All the participants mentioned about the serious lack of infrastructure for autistic children in Bangladesh. Trained teachers are hence a challenge to find. Considering most cases of autism are found in boys, it is surprising that there are very few male teachers found. This makes it challenging for female teachers in handling boys as well as adult children as they cannot role model male counterparts. There is no center for a combined checkup for autism and its related issues. Due to lack of training in teachers, age appropriate individualistic teaching aids and therapy, children are not able to reach their fullest potentials which also supported by a study finding [26].

The schools are no doubt helping a lot of parents who have no place to go with their children. But the schools are not able to provide quality services neither to the parents nor to the children. The schools are crowded as more children are admitted than its capacity, compared to the fewer teachers which is similar in another report [27].

Most of the teachers did not have organized training on autism prior to joining the schools. Almost all of the teachers had only hands on training in their respective schools. On interviewing the teachers, it was found that their knowledge on the teaching methodology was limited and similar which can be challenging in handling children with autism where the needs are not similar. It was found that the teachers were not able to modify the methodology as per individual child's requirements, which was also confirmed during classroom observations. The similar result was found in another study [26].

It was evident that teachers had limited knowledge on autism, despite having gone through training programs in schools. This is indicative of poor monitoring systems and the effectiveness of training. Documentation was scarce and not enough to do any kind of data analysis of the performance of the school, teachers and the children's progress which also supported by another study finding [26].

The school authorities and the teachers had expectations from the government in terms on facilities, provisions, awareness, funding, rehabilitation and vocational training for the autistic children. They also felt that the government was also lacking in ensuring that their own policy of having free access to normal schools for all children also applies in the case of the autistic children. Another study finding

also supported this study finding [28].

Conclusion

Autistic children have their individual personality and different in nature than normal children. They can't interact like others do in the society. Autistic schools' authorities and teachers can play important roles in using language and interact with people among the autistic children like other normal kids and aware the parents about autism. Necessary steps need to take to initiate and improve the communication skills mind skills for social interaction of autistic children. It will also raise awareness among the greater community to facilitate every possibility to create an environment which will render support and encourage to the autistic children for their better health and better quality of life in Bangladesh.

References

- Giordano AM, McElree B, Carrasco M. On the automaticity and flexibility of covert attention: a speed-accuracy trade-off analysis. *J Vis.* 2009; 9: 31–110.
- Centers for Disease Control and Prevention. Community Report from the Autism and Developmental Disabilities Monitoring Network: Prevalence of Autism Spectrum Disorders (ASDs) among Multiple Areas of the United States in 2008. *Centers Dis. Control Prev.* 2012.
- Landa RJ. Diagnosis of autism spectrum disorders in the first 3 years of life. *Nat Clin Pract Neurol.* 2008; 4: 138–147.
- Elsabbagh M, Diven G. Global Prevalence of Autism and Other Pervasive Developmental Disorders. *Autism Research.* 2012; 5: 160–179.
- Moon BK. Solving the Autism Public health Puzzle Regional and International Collaboration, as a Panelist. *United Nations Head Quarters.* 2011.
- Auyeung B, Cohen SB, Wheelwright S, Allison C. The Autism Spectrum Quotient: Children's Version (AQ-Child). *J Autism Dev Disord.* 2008; 38: 1230–1240.
- Carbone VJ, Lewis L, Kerwin EJS, Dixon J, Loudon R, Quinn S. A comparison of two approaches for teaching VB functions: Total communication vs. vocal-alone. *J Speech Lang Pathol.* 2006; 1: 181–192.
- Kopetz PB, Endowed ED. Autism Worldwide: Prevalence, Perceptions, Acceptance, Action. *Journal of Social Sciences.* 2012; 8: 196-201.
- Elsabbagh M, Bailey A. Global Perspectives on Autism. *Autism Research.* 2012.
- Williams JG, Higgins JPT, Brayne CEG. Systematic review of prevalence studies of autism spectrum disorders. *Arch Dis Child.* 2006; 91: 8-15.
- Centers for Disease Control and Prevention. CDC estimates 1 in 68 children has been identified with autism spectrum disorder. *CDC.* 2014.
- Cowley G. Girls, Boys and Autism. *Newsweek.* 2003.
- Haque KR. Addressing Autism and Disability: Making Progress in Bangladesh. 2015.
- Autistic children's welfare foundation, Bangladesh. Frequency of Autism.
- Johansson MM, Rastam M, Billstedt E, Danielsson S. Autism spectrum disorders and underlying brain pathology in CHARGE association. *Dev Med Child Neurol.* 2006; 48: 40–50.
- Flusberg HT. Evaluating the Theory of Mind Hypothesis of Autism. *Curr Dir Psychol Sci.* 2007; 16: 311-315.
- Ahmed SU. Situation analysis of autistic children. *Indep.* 2016.
- Govt. To Establish Specialized School And Hospital For Autistic Children. 2016.
- Irving S. Interviewing as Qualitative Research - A Guide for Researchers in Education and the Social Sciences. *Columbia University. USA.* 2006.
- Boyatzis RE. Transforming qualitative information: Thematic analysis and

- code development. Sage. 1998.
21. Centre for Research and Information. Global Autism Movement and Bangladesh. CRI. 2013.
 22. Autism Speak. Dhaka Declaration on Autism Spectrum Disorders and Developmental Disabilities 25 July 2011. Global Autism Public Health. 2011.
 23. Autism Spectrum Disorders. National Institute of Mental Health. 2013.
 24. Stampoltzis A, Michailidi I. Parental Perceptions of the Diagnostic Process of Autism Spectrum Disorders in a Greek Sample. *Austin J Autism Relat Disabil.* 2016; 2.
 25. Jegatheesan B, Miller PJ, Fowler SA. Autism from a Religious Perspective: A Study of Parental Beliefs in South Asian Muslim Immigrant Families. *Focus Autism Other Dev Disabl.* 2010; 25: 98–109.
 26. Geraldina E. Teachers' Knowledge and Perceived Challenges of Teaching Children with Autism in Tanzanian Regular Primary Schools. *Int J Acad Res Reflect.* 2015; 3: 36–47.
 27. Addressing the Needs of Individuals with Autism Spectrum Disorders in Maryland. *Maryl Comm AUTISM.* 2012.
 28. UNICEF. Situation Analysis on Children with Disabilities in Bangladesh. 2014.