**PERCEPTIONS OF SCHOOL ADMINISTRATORS ABOUT FACILITIES AVAILABLE IN SCHOOLS FOR CHILDREN WITH AUTISM IN PAKISTAN**

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***Abstract***

This study was designed to know the perception of school administrators about the available services for children with autism in private and government special schools of Pakistan. Nineteen (19) school administrators were interviewed from six major cities of Pakistan including Karachi, Peshawar, Islamabad, Rawalpindi, Quetta, and Lahore. Perception of school administrators was recorded with the help of self-made structured questionnaire. The results of the study reveal that different diagnostic and therapeutic services are available for children with autism in Pakistan. On the other side; professionally qualified trained teachers, accessible buildings, pick and drop facilities for children are their major problems.

***Keywords:*** Children with autism; Special education schools; School administrators;facilities and services; Pakistan.

***Introduction***

Autism is a complex developmental disorder that typically lasts throughout a person’s lifetime. It occurs in all racial, ethnic, and social groups and is four times more likely to strike boys than girls.3 Autism impairs a person’s ability to communicate, socialization, and relate to others. It is also associated with rigid routines and repetitive behaviors, such as obsessively arranging objects or following very specific routines and the symptoms can range very mild to quite severe.

The word autism was first used in the English language by Swiss psychiatrist Eugene Bleuler in 1912 member of the American Journal of Insanity. It comes from the Greek word for “self”. However, the classification of autism did not occur until the middle of the twentieth century, when in 1943 psychiatrist Dr. Leo Kanner of the Johns Hopkins Hospital reported students with autism as being a ”unique group of students whose behavioral abnormalities made them qualitatively different from other handicapped students”. At the same time, a German scientist, Dr. Hans Asperger in 1944, described a milder form of the disorder that is now known as Asperger syndrome.

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Autism included in the category of Pervasive Developmental Disorder (PDD) listed in the DSM IV (Diagnostic and Statistical Manual of Mental Disorders) as the five developmental disorders including Childhood Autism, Asperger Syndrome, Rett syndrome, Childhood Disintegrative Disorder, and Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS). All of these disorders are characterized by varying degrees of impairment in communication skills and social abilities, and also by repetitive behaviors.

In the past, the diagnosis of autism was virtually unheard of in educational settings. Children who may have had this disability were diagnosed a having mental retardation often with severe behavior problems. However, in the 1990s, the diagnosis of autism increased with alarming frequency. The increase of students with autism in school has created a greater need for education and understanding of how to reach these students so that learning can take place.

In Pakistan, recently in the last few years has been exposed to the awareness, research and documentation on Autism Spectrum Disorders, that has existed in the developed world for decades. Due to which many children have been misdiagnosed as PDD/NOS or have been kept locked away in homes due to misguided belief or due to social stigma. While students of special education at public sector universities like University of Karachi, the University of the Punjab and Allama Iqbal Open University have done studies concerning existing students with autism at special schools, these studies have been area or city specific, and not country-wide, hence their findings are not generalized. Due to these circumstances in south Asia as well as in Pakistan, India estimates their figures at 1 in 500 children on the spectrum, and so do we. According to 1998 census report, the population of Pakistan is estimated to be 172,800,048 hence the number of people on the spectrum is estimated to be a minimum 3, 45,600 although due to under-reporting, misdiagnosis and social stigma we can say this number is in reality much higher.

The biggest problem is lack of awareness for the parents in Pakistan and hence lack of early intervention; due to social stigma, non-availability of trained professionals, expensive/limited therapists and no single physical organization for all their needs, which is why even those parents who are aware of autism must go to many locations and spend a lot of money on incompetent professionals and in most cases are given

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wrong advice. When they find out about the diagnosis, most will blame vaccines and try to get chelation or contact quack-doctors such as herbal practitioners (hakeems/traditional healers) who may give steroids to them under guise of medicine.

There have been many achievements and breakthroughs, due to the hard work of parents, doctors, special educators and researchers in Pakistan, all have been recent efforts and have started a series of events which will get us where we want to be, maybe not in a year’s time, but soon enough.

Most of the updates regarding the awareness efforts and trainings can be seen on the Pakistan Autism Meetup Group’s online forum http://autism.meetup.com/77/messages where you can also interact with parents and professionals, and also on the www.autismpakistan.org website which updated every month. What the Pakistan Autism Meetup Group (an online web forum made up of Pakistani parents and professionals related to autism) does is give newly diagnosed parents the right advice, sharing their experiences and giving a social environment in their monthly free meetings like a support group where they can talk and meet others like them. Now this group established four Autism Resource Centers for parents, there is one in Karachi at the Ma Ayesha memorial Centre, one in RAMAQ Lahore, one in Step to Learn Special School in Islamabad and one at the Missionary hospital at Quetta. Through these free resource centers and free monthly meetings, parents of rural areas have also been able to get support.

Another online landmark is Q. F. Aleem’s (an Asperger) youtube channel http://www.youtube.com/qfazeem.1 There are a lot of videos available on this link including interviews, videos, lectures and autism workshops; all are in English or have English subtitles.

It is only in 2005 that the first autism awareness campaign was launched in the country by RAMAQ NGO founder Rukhsana Shah, and her efforts were limited and in a handful or areas as she was self funded and supported. However, in January, 2009 Dr. Maroof Qureshi and his wife have inaugurated Autism Centre in collaboration with Karachi City District Government and they have set up the first autism clinics at the

* An Introduction to Autism in Pakistan http://www.aactionautism.org/node/158

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Jinnah Post Graduate Medical Centre and the National Institute of Child Health in Karachi. These are pioneering efforts which finally show a step in the right direction. They have launched mother-child and special educator training programs and plan to set up a specialized school in the future after adequate faculty have been trained.

The autism movement in Pakistan has just started a few years ago, we have a long way to go and thousands of people to reach out to, it continues to be a non-profit voluntary parent-led campaign.

***Methodology***

This study was conducted to identify the facilities available for students with autism in special in Pakistan and to assess the level of satisfaction of school administrators about the facilities available for students with autism in Pakistani schools. The sample of the study comprised on 19 administrators of special schools from six major cities of Pakistan which are catering children with autism. These 19 administrators were selected through convenient sampling technique. Out of these 19 administrators 52.6% were female and 47.4% were male. Age range of the administrators was 30 to 67 years. 5.3% administrators were graduates, 78.9% administrators were having qualification up to Masters Level and 15.8% administrators were having other qualifications. Job experience of administrators was 3 to 27 years. 52.6% administrators were designated as vice principals or deputy directors and 47.4% were designated as principals or directors. 42.1% administrators were using federal government financial resources, 15.8% administrators were using provincial government financial resources, 26.3% administrators were using fee and service charges, 5.3% administrators were using donations and 10.6% administrators were using some other sources for financial assistance of their institutes.

Researchers developed a self-made questionnaire to collect the data. Seventeen different statements were asked to see the perceptions of the respondents. In eight statements respondents were given two options Yes and No. In nine statements, respondents were given multiple options.

***Findings***

After the data collection, responses were coded by using numeric coding scheme. Data were analyzed by using SPSS software.

**Table-1:** **Frequency distribution of the responses.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Sr.** | **Statement** | **Yes** | |  |  | **No** | | **Missing** | |  |
|  | **No.** | **Freq** |  | **%** | **Freq** |  | **%** | **Freq** | **%** |  |
|  |  |  |  |  |
|  | 1. | Availability of teacher’s training program | 11 |  | 57.9 | 7 |  | 36.8 | 1 | 5.3 |  |
|  | 2. | Availability of foreign training program | 2 |  | 10.5 | 16 |  | 84.2 | 1 | 5.3 |  |
|  | 3. | Availability of trained teachers | 10 |  | 52.6 | 8 |  | 42.1 | 1 | 5.3 |  |
|  | 4. | Availability of allied health professionals | 9 |  | 47.7 | 9 |  | 47.7 | 1 | 5.3 |  |
|  | 5. | Architectural suitability of the building | 7 |  | 36.8 | 11 |  | 57.9 | 1 | 5.3 |  |
|  | 6. | Availability of need based furniture | 13 |  | 68.4 | 5 |  | 26.3 | 1 | 5.3 |  |
|  | 7. | Availability of weather control system | 14 |  | 73.7 | 4 |  | 21.1 | 1 | 5.3 |  |
|  | 8 | Availability of assessment facilities | 16 |  | 84.2 | 1 |  | 5.3 | 2 | 10.6 |  |

The model responses indicate that perceptions of administrators about the availability of facilities for students with autism in Pakistani schools are as under:

The model responses indicate that perceptions of administrators about the availability of facilities for students with autism in Pakistani schools are as 57.9% administrators believe that teachers’ training programs are available in the schools, 84.2% administrators believe that no foreign training programs are available for special education teachers, whereas 52.6% administrators told that trained staff is available for children with autism in schools. 47.7% administrators told that allied health professionals are available at schools for children with autism, 57.9% administrators believe that buildings of schools are not architecturally suitable for children with autism, 68.4% administrators told that need based furniture is available in special schools.73.7% administrators told that weather control system is available in schools and 84.2% administrators told that assessment facilities are available at schools.

**Table-2:** **Building ownership**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Responses** | **Rented** | | **Personal** | | **Government** | | **Missing** | |
| **Freq** | **%** | **Freq** | **%** | **Freq** | **%** | **Freq** | **%** |
|  |
|  | 7 | 36.5 | 6 | 31.6 | 5 | 26.3 | 1 | 5.3 |

Above table shows that according to the administrators 36.5% buildings were rented, 26.3% buildings were Government, 31.6% buildings were personal and 5.3% respondent did not respond on this statement.

**Table-3: Adaptations in Lighting Facilities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Responses** | **To stop perpendicular lightening** | | **Tube lights or bulbs were screen covered** | |
| **Freq** | **%** | **Freq** | **%** |
|  |
|  | 7 | 36.8 | 12 | 63.2 |

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Above table shows that 36.8% respondents responded that they have made some special arrangements to stop perpendicular lightening and 63.2% responded that they have covered tube lights and bulbs.

**Table-4:** **Sourced and Quality of Audio-Visual Aids**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **PECS** | | **Sensory** | | **TEACCH** | | **Occupation** | | **Speech** | |  |  |
|  | **Therapy** | | **Therapy** | | **Missing** | |
| **Responses** | **Material** | | **Equipment** | | **al Therapy** | |
| **Equipment** | | **Equipment** | |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **Freq** | **%** | **Freq** | **%** | **Freq** | **%** | **Freq** | **%** | **Freq** | **%** | **Freq** | **%** |
|  | 2 | 10.5 | 1 | 5.3 | 2 | 10.6 | 1 | 5.3 | 1 | 5.3 | 12 | 63.2 |

Above table 4 shows that 10.5% were using Picture Exchange Communication System (PECS) material, 5.3% were using Sensory therapy equipment, 10.6% were using TEACCH equipment, 5.3% were using occupational therapy equipment and 5.3% were using speech therapy material for the teaching of children with autism were as 63.2% respondents were not using any Audio visual aids.

**Table-5:** **Responsibility of Bearing the Cost of Transportation**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Responses** | **Free of Cost** | | **With Cost** | |  | **Missing** | |
| **Freq** | **%** | **Freq** | **%** | **Freq** |  | **%** |
|  |  |
|  | 7 | 36.8 | 9 | 47.4 | 3 |  | 15.8 |

Above table 5 shows that 36.8% respondents responded that they were providing free of cost transport facility to children with autism, 47.4% respondents responded that they were charging cost for transport facility and 15.8% respondents did not respond on this statement.

**Table-6: Availability of Technical Facilities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Responses** | **TV, VCR and Multimedia** | | **Computer, Audio Player and CD Player** | |
| **Freq** | **%** | **Freq** | **%** |
|  |
|  | 3 | 15.7 | 16 | 84.2 |

Above table shows that 15.7% respondents were using TV, VCR and multimedia and 84.2% were using computers, CD players, and audio players for the teaching of children with autism.

**Table-7: Availability of Specialized Services**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Identification and Educational** | | | **Technical, Vocational and Therapeutic** | | |
| **Responses** |  | **Services** | |  | **Services** | |
|  | **Freq** |  | **%** | **Freq** |  | **%** |
|  | 12 |  | 63.2 | 7 |  | 36.8 |

Above table shows that 63.2% identification and educational services were provided by the schools, 36.8% technical, vocational and therapeutic services were provided by the schools.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  | **Table-8: Availability of Standardized Educational Program** | | | | | | | | | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Responses** |  |  |  |  |  |  |  |  |  |  | **Adaptive** | | **Any** | |  |  |  |
|  | **ATEC** | | **Portage** | | **CARS** | | **DSM-IV** | | **PER-R** | | **Behavio** | | **No** | | |
|  |  |
|  |  | **other** | |
|  |  |  |  |  |  |  |  |  |  |  |  | **ur Scale** | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **Freq** | **%** | **Freq** | **%** | **Freq** | **%** | **Freq** | **%** | **Freq** | **%** | **Freq** | **%** | **Freq** | **%** | **Freq** | **%** |  |
|  |  | 1 | 5.3 | 2 | 10.5 | 2 | 10.5 | 1 | 5.3 | 1 | 5.3 | 1 | 5.3 | 1 | 5.3 | 10 | 52.6 | |

Above table shows that 5.3% responded were using ATEC, 10.5% were using Portage guide, 10.5% were using CARS, 5.3% were using DSM-IV, 1.5% were using PEP-R, adaptive behavior scale, any other tool for the assessment of children with autism and 52.6% respondents did not respond on this statement.

**Table-9:** **PTA Supporting Areas**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Building, Transport,** | | | **Equipment and** | | |  | **Missing** | |
| **Responses** | **Teachers** | |  | **Furniture** | |  |  |
|  |  |  |  |  |
|  | **Freq** |  | **%** | **Freq** |  | **%** | **Freq** |  | **%** |
|  | 4 |  | 21.1 | 1 |  | 5.3 | 14 |  | 73.7 |

Above Table shows that according to administrators 21.1% PTA financing them for building transports and teachers, 5.3% PTA financing them for equipment and furniture and 73.7% did not respond on this statement.

**Table-10: Major Problems of the Institute**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Building, Transport,** | | **Equipment and** | | |  | **Missing** | |
| **Responses** | **Teachers and Funds** | | **Furniture** | |  |  |
|  |  |  |  |
|  | **Freq** | **%** | **Freq** |  | **%** | **Freq** |  | **%** |
|  | 4 | 21.1 | 1 |  | 5.3 | 14 |  | 73.7 |

Table 10 shows that 21.1% responded that building, transports, teachers and funds are their major problems, 5.3% responded that equipment and furniture are their major problems and 73.7% did not respond on this statement.

***Implications***

As results indicate that there is lack of professionally trained staff for the assessment of children therefore, all special schools should have professionally trained staff for the assessment of children with autism. Specific assessment tools should be available for the identification and assessment of children with autism in schools. Government should take special steps to promote research activities in this field as it is now most frequent disability of the world. Seminars, conferences and workshops should be organized on massive level to create awareness about autism and its treatment among parents, teachers, and in the general community. Government should allocate special funds for foreign training of teachers

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in the field of autism. Only professionally trained teachers and therapists in the relevant field should be inducted in special schools for the education and training of children with autism. Least restrictive environment should be provided to children with autism therefore, all necessary adaptations should be made in the schools according to special education needs of children with autism. High functioning children with autism should be included in regular schools. Government should take measures for the capacity building of schools and staffs for the inclusion of children with autism in regular schools. Overall budget of special education should be increased so that maximum services could be provided to children with autism.

***References***

Action for autism National center for autism, services for autism in India, Retrieved from http://www.autism-india.org/afa\_autisminindia.html 31-03-2012.

Baron-Cohen, S. (2004). Autism: research into causes and intervention.

*Paediatric Rehabilitation*, 7(2):73-8.

Brenda, S. Jo,W. (2002). Teaching does make a difference; autism.

Australia : South West; Texas State University.

Bogdashina, O. (2003). Sensory perceptual issues in autism and asperger syndrome: Different sensory experiences-Different perceptual worlds*.* London: Jessica Kingsley.

Census Report Pakistan (1998), Accessed from http://www.census.gov.

pk/Disabled.htm on 24-05-2011.

Din, M. M (2008), Country report, Islamic republic of Pakistan, Pakistan disabled people organization, Accessed from http://www.estanara. com.pk/CountryReportPakistanbyMobin.pdf on 24-05-2011

Development of special education in Pakistan, accessed from http://www.telenor.com.pk/images/pdf/disabledguide.pdf

Gray, C. (1995). Teaching children with autism to “read” social situations In Quill, K. A. Teaching children with autism strategies to enhance communication and socialization*.* London: Delmar Publishers.

Gresham. E M., & MacMillan. D. L. (1998). Early intervention project: can its claims be substantiated and its effects replicated? *Journal of* *Autism and Developmental Disorders,* 28(1), 5-13.

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Guralnick, M.J. (1997). (Ed.) The Effectiveness of Early Intervention*.* Baltimore, MD: Brookes Irlen, H. (1995). Viewing the world through rose tinted glasses. *Communication,* 29, 8-9.

H.L. Krisyen, M.J.Micheal., H. Juuane, L., and Lvey,L. Michelle. Autism treatment survey: Services received by children with autism spectrum disorders in public school classrooms. Journal of autism and developmental disorders ©Springer Science+Business Media ,LLC 2007 10.1007/s 10803-007-0470-5.

http://siteresources.worldbank.org/PAKISTANEXTN/Resources/pdf-Files-in-Events/Pak-Disabled-Policy.pdf on 31-05-2011

Introduction of autism, retrieved from ddc.ohio.gov/Pub/ASDGuide.htm - 271k.

Jordan, R., Jones, G. & Murray, D. (1998). Educational interventions for children with autism: A literature review of recent and current research. Norwich: HMSO. (DfEE Research Report 77).

K. Aqila, (2003). A historical and evaluative study of special education in Pakistan, University of Karachi, Pakistan. Retrieved from http://eprints.hec.gov.pk/719/1/505.html.htm on 20-05-2011.

Lord, C. & Schopler, E. (1994). TEACCH services for preschool children. In L. Harris & J. S. Handleman (eds.). Preschool education programs for children with autism. Austin: PRO-ED.

Lovaas, O. I. (1981). Teaching developmentally disabled children. The ‘me’ book*.* Baltimore: University Park Press.

Lovaas, O. I. (1987). Behavioral treatment and normal education and intellectual functioning in young autistic children. *Journal of* *Consulting and Clinical Psychology,* 55, 3-9.

National policy for persons with disabilities. (2002), Accessed from Punjab Government Portal Guide, (2011), Institutes of special education in Punjab Province, Retrieved from http://pportal.punjab. gov.pk/portal/portal/media-type/html/group/788/page/default.psml/j s\_pane/P-10a0eafb62b-10038?nav=left on 31-05-2011.

National Research Council (2001). Educating children with autism. Committee on educational interventions for children with autism, Division of behavioral and social sciences and education. Washington, DC: National Academy Press.

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| *Perceptions of School Administrators* | 23 |
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Nind, M. and Hewett, D. (1994). Access to Communication: Developing the Basics of Communication with People with Severe Learning Difficulties through Intensive Interaction*.* London: David Fulton.

Prizant, B. M., Wetherby, A. M., & Rydell, P. J. (2000). Communication intervention issues for young children with autism spectrum disorders. In A. M. Wetherby & B. M.

Rutter, M., & Bartak, L. (1973). Special educational treatment of autistic children: a Comparative study, II Follow-up findings and Implications for services. *Journal of Child Psychology and Psychiatry,* 14, 241-270.

Schopler, E., Reichler, R.J., DeVellis, R. F., *&* Daly, K. (1980). Toward objective classification of childhood autism: Childhood autism rating scale (CARS). *Journal of Autism and Developmental* *Disabilities, I,* 91-103.

Siegel, B. (2003). Helping children with autism learn*.* Oxford University Press, Inc.

Simpson.R.L., de Boer-Ott, S. R., Griswold, D. E., Myles, B. S., Byrd, S. E., Ganz,J. B., et al. (2005). Autism spectrum disorders: Interventions and treatments for children and youth. Thousand Oaks, CA: Corwin Press.

Skinner, B F, (1957). Verbal behaviour. New York: Appleton-Century-Crofts.

Smith, (1999). Outcome of early intervention for children with autism.

*Clinical Psychology: Science and Practice,* 6, 33-49.

Stone, F. (2004). Autism- the eight colour of the rainbow learn to speak autistic. London. Jessica Kingsley Publishers.

Volkmar, F., Chawarski, K. and Klin, A. (2005). Autism in infancy and early childhood. *Annual Review of Psychology.* 56:315-36.

Vygotsky, L. S. (1978). Mind in Society: The Development of Higher

Mental Processes. Cambridge. MA: Harvard University Press.

Whitely, P. & Shattock, P. (2002). Biochemical aspects in autism spectrum disorders: updating the opioid-excess theory and presenting new opportunities for biomedical intervention. *Expert* *Opinion on Therapeutic Targets,* 6(2), 175-183.

Yeargin- Allsopp, M., C., Karapurkar, T., Doernberg, N., Boyle, C., & Murphy, C. (2003).Prevalence of autism in a US metropolitan area. Journal of American Medical Association, 289, 49-55. PubMed Cross Ref