

Structural Ignorance and the Social Construction of Autism in Pakistan: A Qualitative Analysis of Stigma, Culture, and Institutional Exclusion

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ABSTRACT:

ASD is becoming a worldwide social, educational and public health problem. In other developing societies such as Pakistan however, the knowledge of autism is limited and exists within the cultural beliefs, stigma and institutional barriers. This study provides an analysis of how autism is socially constructed in Pakistan and how structural forms of ignorance create misunderstandings, exclusion and marginalization of autistic individuals and their families.

The study adopted a qualitative research design involving semi-structured interviews with 20 informants (parents of autistic children, teachers, health professionals, psychologists, social workers and university teachers). Data were analyzed in order to explore the commonalities and themes across the findings related to public perceptions of autism, stigma, cultural beliefs, institutional aspects and access to support services, using themed analysis.

The results showed that there was a lack of awareness about autism in the communities. Often, however, autistic behavior was attributed to poor parenting, emotional imbalance, intellectual inadequacy, or some kind of supernatural force. Participants also shared experiences of stigma, social

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exclusion, parental blame, limited educational inclusion, inadequate health care, weak representation in the media, and significant socioeconomic inequalities in regard to awareness and access to support. The study also determined that there is a reproduction of misunderstanding within wider systems, including education, health care, media and social inequality.

The findings of the study suggest that autism in Pakistan needs to be seen not as a medical condition but as a sociocultural problem that is linked to stigma, institutional exclusion and structural inequality. The study suggests that for social inclusion and acceptance of autistic people, the public needs to be made more aware of autism, educational policies should be inclusive, health care services need to be improved, professionals should be trained in autism, culturally sensitive interventions to be encouraged and greater representation in the media.

Keywords: Autism Spectrum Disorder (ASD), autism, stigma, structural ignorance, neurodiversity, social exclusion, disability studies, Pakistan.

1. Introduction

1.1. Global Understanding of Autism

In the world, one of the main issues that focus on health, education and social studies research is Autism Spectrum Disorder (ASD) (American Psychiatric Association, 2013). Autism in the past was primarily a medical diagnosis with an emphasis on deficits, abnormalities, and behavioral issues. However, many things have changed over the years regarding autism. Nowadays, many researchers and professionals consider autism to be a disorder, but also a variation of human development, or a form of neurodiversity (Kapp et al., 2013).

This change has changed the way autism is discussed in the educational and professional environments (Singer, 2017). Instead of “normalizing” autistic people, the emphasis is on inclusion, acceptance, support and equal participation in society. There is also a shift in societal, institutional and cultural influences on autistic people's experiences, and a greater focus on this in research. Because of this, autism is not only recognized as a medical condition, but also a social problem that is shaped by cultural beliefs and social attitudes.

With the growing awareness of autism in the world, there is still a lack of understanding in many parts. Autism in developing countries like Pakistan

is not well understood and is still attached to the stigma. Individuals are not provided with accurate information, health care services, special education facilities in many communities. Therefore, it has a greater influence on the understanding of autism than scientific knowledge, as cultural beliefs and social opinions are more prevalent.

1.2. Sociocultural context of Autism in Pakistan

In Pakistan, perceptions of autism are heavily influenced by the social and cultural context. Social behavior, obedience, family reputation and conforming to accepted norms are very important in Pakistani society. Children should act in an appropriate way and meet cultural expectations.

This involves the frequent repetition of movements, delayed speech, emotional outbursts, not making eye contact, or social withdrawal, which are all behaviors that are poorly understood and commonly mistaken as symptoms of autism. Many people do not consider these behaviors to be a phase, but a failure to provide good parenting, discipline or respect.

The misconceptions can lead to stigma to the autistic person and the family. Often, parents, particularly mothers, are blamed for their child's condition or behavior. The family can be criticized by members of the family, neighbors, teachers and community members. Parents are afraid of

judgment, embarrassment or negative comments which are associated with going to public events or gatherings.

Spiritual/supernatural beliefs are also linked to autism in other communities. There are those who think that autism might be due to black magic, possession, evil eye or divine punishment. Usually, these beliefs are linked to cultural and religious explanations for an unknown situation. Such explanations might be comforting to some families, but they can also cause families to wait to be diagnosed and to deter them from getting help.

1.3. Institutional and Structural Challenges

In addition to social attitudes, institutional issues also impact on the lives of autistic persons and their families in Pakistan. Access to autism related services, such as diagnosis, therapy, special education and trained professionals is lacking in many communities. There are likely to be more facilities and resources in an urban city, while more likely, there are inadequate healthcare and education resources in rural areas.

Major problems exist in the education of autistic children as well. Teachers are not ready to work with students who are neurodivergent and there is a lack of strong inclusive education policies and its poor implementation. This can result in miscommunication, isolation, punishment and rejection of autistic children from classroom activities.

Similar challenges are found in health care systems. Limited availability of experts, insufficient awareness and inadequate early diagnosis and intervention facilities. Many families face barriers in receiving therapy and treatment services, especially in low income communities.

Media and public discourse also contribute to the development of awareness of autism. There is not a lot of discussion about autism in Pakistan on tv shows, education awareness programs, or policy making. When presented in media, autism is inaccurately and/or simply represented. This is because of the lack of adequate representation and the resulting misunderstandings and social invisibility.

These issues demonstrate that ignorance about autism is not a personal issue. It is also connected to wider social and institutional environments which limit awareness, inclusion and access to support.

1.4. The lack of structural knowledge and theoretical orientation of the 1990s

This study uses the notion of structural ignorance to explain why there are misunderstandings in society that persist regarding autism. Structural ignorance is ignorance that is perpetuated by social systems, institutions, cultural beliefs and unequal access to knowledge. That is, ignorance is not just a lack of information on the individual level. Educational systems, health care institutions, media representation and social power structures also play a role.

The study is theoretically oriented on the social constructivist approach which suggests that meanings and understandings are developed when human beings interact with each other and their culture (Berger & Luckmann, 1966). From this point of view, autism is not just a biological phenomenon, but also a social and cultural phenomenon.

The study also adopts a stigma theory approach to understanding how autistic people might be labelled, discriminated against and excluded as being different to socially acceptable norms (Goffman, 1963). Moreover, concepts of discourse and power help to better understand how roles of institutions and media can be seen in the recognition, discussion and neglect of society.

1.5. Research Problem and Significance

While over the years there has been a growing awareness about autism globally, little has been studied on the social understanding of autism in the Pakistani context. Previous research has largely tended to concentrate on medical, clinical or psychological issues of autism, and less attention has been paid to social stigma, cultural beliefs, institutional barriers, and public misunderstanding.

In an attempt to fill this gap, this study tries to examine the interpretation and experience of autism in the society of Pakistan. Ignorance is not

only the absence of awareness but is also explored as a product of social structures and institutions, cultural beliefs and unequal access to knowledge.

The study is valuable for a number of reasons. First, it helps in research of autism in non-Western societies including Pakistan. Second, it contributes to an understanding of the social production and maintenance of stigma and misunderstanding. Third, it emphasizes the link between culture, institutions, inequality and social exclusion and how these influence the experiences of autistic people and their families.

Most importantly, the study suggests that a public awareness campaign is not enough to improve autism awareness. There is also a need for better education systems, improved health care, inclusive policies, trained professionals, and increased social acceptance of neurodiversity for meaningful changes to occur.

1.6. Statement of the Problem

Awareness of Autism Spectrum Disorder (ASD) has increased all over the world, but in Pakistan knowledge about autism is restricted. The stigmatization of autistic persons and their families is often linked to poor behavior or bad parenting, making it easy to mistake their autistic behaviors.

This is perpetuated by poor health systems, lack of trained personnel, low educational capacity, inadequate media portrayal and ineffective awareness campaigns. Most studies conducted in Pakistan have concentrated on the medical dimensions of autism, without much consideration to the social/cultural dimensions of stigma and exclusion. This study aims to look at the social construction of autism and the structural ignorance in Pakistan.

1.7. Research Objectives

The main objectives of this study are:

- To explore the social construction and understanding of autism in Pakistan.
- To gain insight into the cultural, religious and social beliefs that shape public attitudes towards autism.

- To discover the various types of stigma, labelling and exclusion that autistic people and their families experience.
- To explore the role of institutions like healthcare, education and the media in creating misunderstandings around autism.
- To gain insight into the ways in which stigma and marginalization are reproduced in social attitudes and public discourse.
- To recognize that ignorance about autism is a social and structural problem, not just a lack of awareness on the part of the individual.
- To be a part of discussions on inclusion, neurodiversity, disability rights and social justice in Pakistan.

1.8. Review of Literature

There has been a lot of change in the understanding of Autism Spectrum Disorder (ASD) over the years. Previous studies primarily used medical and pathological approaches to autism that emphasized the lack of communication, behavior and learning. In many cases, autism was primarily thought of as a condition that could be treated and corrected. However, in recent years many researchers have begun to consider autism from a wider social and neurodiversity lens that focuses on acceptance, inclusion and recognition of neurological differences.

Neurodiversity has become a much talked-about concept in contemporary autism research. This view of autism is not that of a disease or abnormality but a natural variation in human development. It emphasizes respect for autistic people, the promotion of their rights and the inclusion in society. Disability scholars also contend that disability is not merely a biological condition, but it is also a social, cultural, and institutional issue (Oliver, 1990).

In Western countries, the research into the stigma, discrimination, social exclusion, education and health care issues of autism has been extensive. Research indicates that autistic people may be bullied, isolated, and struggle in school and the

workplace. Families of autistic people can also be emotionally stressed, financially burdened and socially judged.

Awareness of autism tends to be less in South Asian and developing countries. Studies conducted in Pakistan, India, Bangladesh and Iran indicate that cultural values, social stigma and inadequate institutional support have a significant impact on the understanding of autism (Imran et al., 2011; Minhas et al., 2015). Developmental conditions are linked to shame, family dishonor or supernatural causes in many communities. These beliefs can cause a delay in diagnosis and prevent families from seeking professional help.

Studies conducted in Pakistan have primarily addressed issues of awareness, health services, education problems, and parents' experience with autism. Low awareness levels have been reported in teachers, healthcare professionals and the general population in several studies (Rahbar et al., 2011). There is also a lack of qualified professionals, institutional support and access to specialized services, particularly in remote areas, which has been documented.

In Pakistani autism research, the issue of social stigma comes up frequently. Families are frequently criticized, blamed and socially isolated due to their child's condition. It is common for mothers to be blamed for their children's actions, especially in terms of cultural beliefs and expectations about parenting and childcare. Some families do not attend parties or events, as they believe they will be embarrassed or that others will react adversely.

In some communities, religious and supernatural causes of autism have also been reported in studies. Sometimes autism is correlated with black magic, evil eye, possession or divine punishment. These beliefs frequently manifest in areas where there is less access to scientific information and mental health awareness. Some families may find these explanations acceptable, but others may not, prolonging diagnosis and treatment.

The role of institutional factors in influencing experiences related to autism has been increasingly pointed out by researchers. In many developing

countries, there are no inclusive education policies, qualified teachers or resources to support autistic learners in school. There is also a lack of specialists in healthcare systems, and limited facilities for diagnosis and early intervention. Also, media coverage is light and inadequate, adding to the lack of public awareness.

Although there is considerable research in the field of autism in developing societies, there are still significant gaps. Most of the literature available in Pakistan is medical or awareness raising in nature, with little emphasis on the social and structural factors that generate misunderstanding and stigma. There is limited research that has examined the impact of culture, institutions, media and unequal access to information on public perceptions of autism.

Another significant gap is that many studies consider ignorance as a lack of information, not a social and structural problem. Little attention is being paid to the issue of how healthcare systems, education systems, media messaging and social inequalities reinforce misconceptions about autism.

This study seeks to fill these voids by studying autism from a sociological and interpretive lens. It highlights the impact of culture, stigma, institutions and social inequality on the public perception of autism in Pakistan. The study aims to contribute a better understanding of the nature of misunderstanding and exclusion in society, rather than seeing it as merely a personal issue.

The literature is overall not only medical in nature, but also demonstrates that autism cannot be explained only medically. Cultural beliefs and social attitudes, institutional systems, and social inequalities also shape public understanding of autism. The results indicated the importance of further socially and culturally sensitive studies on autism in Pakistan.

2. Methodology

2.1. Research Design

The qualitative research design was employed to gain an understanding of the social perception of autism in the Pakistani context. A qualitative approach was deemed most appropriate as it is a

study of experiences, perceptions, beliefs and social attitudes of people rather than numerical data or statistical relationships. The aim of the study was to gain insight into the process of the formation and perception of stigma and misunderstanding surrounding autism in ordinary social life.

This study was conducted using an interpretive approach, with the belief that individuals interpret and give meaning to social realities through culture, interaction, language and personal experience. This enabled the researcher to examine the social and institutional perspectives on autism in Pakistan.

2.2. Participants and Sample

Participants were selected using purposive sampling to ensure that those sampled had first-hand experience or a professional interest in autism. The method selected was chosen because it enabled the researcher to gather detailed information from individuals who had knowledge and understanding of issues relating to autism.

20 participants were involved in the study. The participants included:

- Parents of children with autism
- Special education teachers
- Psychologists and therapists
- Healthcare professionals
- Social workers
- University staff who have a good understanding of disability and inclusion issues

The following criteria were used to select participants:

- First-hand experience with autism in an educational, social, medical or family context
- Willingness to participate voluntarily
- Capacity to provide in-depth experiences and perspectives about autism, stigma and institutional support

An attempt was made to have participants from a variety of professional and social backgrounds so that a variety of perspectives could be gained.

2.3. Research Instruments

Semi-structured interviews were used primarily to gather data. An interview guide containing open-ended questions was prepared to facilitate the participants to express their experiences and opinions freely without losing the focus of the study.

The interview questions were asked on the following topics:

- Public attitudes towards autism
- Experiences of stigma and exclusion
- Cultural and religious beliefs about autism
- Learning and health issues
- Institutional support systems
- Media representation and public awareness.
- How families and communities react to autistic people

Semi-structured interviews were selected in order to provide the participants with an opportunity to elaborate on their thinking and for the researcher to have flexibility in asking questions that might be necessary.

Field notes were also kept throughout the research process to document observations and reflections on participants' responses and interactions, in addition to interviews.

2.4. Procedure

This research was conducted in a few stages. The first step was to conduct a literature review on autism, stigma, disability studies, and sociocultural interpretations of developmental conditions, which helped to build the theoretical underpinning of the study.

The researcher conducted a literature search and then came up with a semi-structured interview guide that was developed from the goals of the research. The participants were then recruited via professional contacts, educational institutions, and referrals. The participants were briefed about the purpose of the study and their consent was obtained before conducting interviews.

Interviews were held in person or by online means as per participants' availability and convenience. The interviews were about 40 to 60 minutes in length. There was a safe and anonymous opportunity for all participants to discuss their ideas freely.

Interviews were audio-recorded with consent of interviewees, to obtain accurate data. These lectures were then transcribed for analysis. Names were anonymized, and pseudonyms used as needed throughout the research process, to ensure confidentiality and anonymity.

2.5. Data Analysis

Thematic analysis was used to analyze the collected data. This was chosen as it uncovered and categorized common themes and patterns within the qualitative data.

The researcher read the interview transcripts multiple times to familiarize him/herself with the data. Important statements, recurring ideas, and significant patterns pertaining to autism, stigma, institutional barriers, and cultural beliefs were then coded.

Coding was then followed by grouping similar concepts under larger themes. These themes were discussed and elaborated on as per the purpose of the study and theoretical framework. Special focus was given to themes such as stigma, social exclusion, cultural interpretations of autism and institutional challenges and structural ignorance.

Throughout the analysis process, the researcher was reflective and aware of own assumptions to be fair and accurate in the analysis. The final themes were then discussed in the context of wider themes of disability, stigma, social construction and inequality.

2.6. Trustworthiness and Research Credibility

Several strategies were followed during the study to provide credibility and trustworthiness of the study. The researcher was reflective throughout the data collection and analysis, to minimize personal bias and ensure analytical consistency. Responses were read multiple times to check themes

accurately captured participants' experiences and perspectives.

Thematic consistency was also followed, whereby common themes were drawn from several participant responses. A diversity of professional and social backgrounds were represented to provide a wide-range of perspectives on autism, stigma and institutional support. Further, detailed descriptions of the contexts and experiences of those participating were kept to enhance the authenticity and richness of the findings.

Confidentiality and anonymity were respected in the study and participants were encouraged to share in an open and honest manner the sensitive social experiences associated with autism.

3. Results

Cultural beliefs, social attitudes, institutional constraints and lack of awareness are all contributing factors to the understanding of Autism Spectrum Disorder (ASD) in the public domain in Pakistan, as revealed by the findings of this study. The participants had various experiences with stigma, misunderstanding, social exclusion and challenges accessing support and services. There were a number of recurring themes throughout the analysis.

The important results found from interviews are presented in the following sections.

3.1. A Lack of Understanding by the Public about Autism

The study's most convincing finding was the lack of understanding of autism that was found in the community. Many participants reported that relatives, teachers, neighbors and community members did not understand the autistic behaviors. Delayed speech, repetitive actions, emotional outbursts, non-eye contact, social withdrawal were common behaviors that were interpreted as poor upbringing, stubbornness, bad behavior, or intellectual weaknesses rather than developmental differences.

Parents reported that many individuals did not have a sufficient understanding about what autism is and that many people thought that the children

with autism were just undisciplined or emotionally ill. Other participants commented that autism was often viewed as a short-term behavioral problem instead of a lifelong developmental condition.

Many of the participants shared that autistic behaviors were simply attributed to "stubbornness," "poor upbringing," "emotional instability," or "bad manners."

One parent stated:

"My child was considered to be being disobedient, and they would tell me that I should discipline him more."

Another participant explained: Most people don't have a full understanding of what autism is and they believe the child is mentally unstable or poorly raised.

Lack of public awareness of autism was also pointed out by teachers and health professionals. Some participants reported that diagnostic delay occurs because of misunderstanding and lack of support when it is needed.

Teachers and healthcare professionals also reported that public awareness of autism was low, and frequently caused later diagnosis and fewer opportunities for early help and intervention.

3.2. Stigma and Social Exclusion

Stigma and social exclusion were major concerns throughout the study. Participants described experiences of judgment, criticism, ridicule and social distancing of autistic people and families in communities.

Parents reported avoiding weddings, family events, schools and public places due to negative comments or embarrassment. Some participants commented on the differences in school treatment of children with autism, and that they were sometimes not included in class activities or were discouraged from going to mainstream schools.

Social stigma was most important to mothers. There was a recurring theme that mothers were blamed for the condition and/or behavior of their child and were accused of poor parenting and/or lack of discipline. A lot of moms felt emotionally

stressed, isolated and pressured by family and society.

Experiences of stigma and exclusion were repeatedly discussed by participants. Families reported that they were fearful of being judged and embarrassed by socializing.

One mother shared:

"Stopped taking my son to family functions because people were always pointing at him and saying they blame me."

Another participant stated:

"Some of our family members told us to keep the child away from the guests as he was considered shameful."

Exclusion in the educational context was also mentioned by the participants. Some parents described that schools would not allow autistic children to interact with other children in the classroom because of misunderstandings of their behaviors.

3.3. Religious and Supernatural Interpretations

The other significant finding was the presence of religious and supernatural beliefs about autism. The participants noted the connection of autism to black magic, evil eye, possession, divine punishment, and spiritual tests in some communities.

These beliefs were more likely to be reported in areas with less awareness of developmental conditions. A number of parents reported that they had been encouraged to consult spiritual healers and/or people of religious faith instead of medical or psychological practitioners.

A number said that at times spiritual/supernatural explanations were linked to autism. One participant explained: "They said that black magic was performed on the child."

Another respondent stated: "Before visiting a doctor, many families are first advised to go to spiritual healers."

Healthcare providers reported that these beliefs sometimes hindered diagnosis and diminished the confidence in professional intervention.

It was noted that sometimes the belief in supernatural causes led to a delay in diagnosis and treatment. Participants highlighted the importance of understanding cultural and religious perspectives regarding autism as they were key to the way autism was understood in many communities.

3.4. Institutional Challenges

Institutional issues with respect to autistic persons and their families were repeatedly mentioned. The most prevalent problems were the shortage of autism-specific services and professionals.

Teachers stated that many schools had no inclusive educational policies and teachers who could support the education of autistic students. This in turn led to the misinterpretation, neglect, punishment, and rejection of autistic children in classroom settings.

Healthcare practitioners also noted the lack of specialists, inadequate diagnostic services and inadequate early intervention support systems. Many families facing therapy, diagnosis and specialized education were also struggling with financial issues.

Institutional challenges in the fields of health and education were repeatedly mentioned. A special education teacher said: Most teachers are not trained to deal with autistic students, and thus children are not understood in classrooms.

A health care provider said: Outside the big cities the diagnostic facilities and therapy services are very limited."

Parents also spoke of the costs of therapy, transportation and special education services. Participants also reported that the majority of services for autism focused on urban areas with few services available in rural areas for healthcare, therapy, and education.

3.5. Media Representation and Public Awareness

The participants stated that autism was hardly discussed in Pakistani media and discussions. There were many people who felt that there was insufficient information provided in television

shows, awareness campaigns and educational institutions regarding autism.

When autism was mentioned, participants frequently criticized the representation as being too simplified, too inaccurate or too medicalized. Some of the participants indicated that media representation was an issue which leads to misunderstanding and low awareness among the public.

Participants also noted the lack of autism-related talk in the educational curriculum and public policy discussion. Many respondents said this lack of visibility meant that stigma and misinformation persisted.

3.6. Socioeconomic Differences in Awareness and Access.

The results also revealed significant socioeconomic differences in awareness and access to services. Families in urban settings and higher income families reported more access to diagnosis, therapy, education and information on autism.

Rural and low-income families, however, reported higher challenges in obtaining access to health care facilities, trained health care workers, and specialized educational services. High therapy, transportation and treatment costs were cited as frequent challenges.

Participants also reported that there is generally less awareness of autism in economically disadvantaged communities, leading to more misunderstanding and social stigma.

In general, the results indicate that there are several social, cultural, economic, and institutional dimensions related to the misunderstanding of autism in Pakistan. The impact of stigma, lack of awareness, inadequate institutional support, and inequitable access to services on the lives of autistic persons and their families was repeatedly mentioned.

4. Discussion

The results of this study reveal that the lack of awareness is not the only factor that influences the understanding of Autism Spectrum Disorder (ASD) in Pakistan, rather there are other factors

like social attitudes, institutional weakness, and unequal access to knowledge (Berger & Luckmann, 1966). The study investigated the experience of stigma, exclusion and structural ignorance among autistic people and their families.

A common mistake made was the lack of understanding of autistic behaviors. Participants noted that the behaviors that typically occur with autism can sometimes be interpreted as being stubborn, poorly parented, or emotionally unstable. The same results have been observed in other collectivist societies in which conformity and socially acceptable behavior are highly valued (Minhas et al., 2015; Kapp et al., 2013).

High stigma and social exclusion was also found in the study. Families shared instances of criticism, ridicule and discrimination in school, community and family environments. The results here corroborate previous studies which found that families of children with autism often suffer from emotional stress and social pressure in societies that lack knowledge and understanding of developmental disabilities (Rahbar et al., 2011).

Another significant theme was mother-blaming. Many participants reported that mothers were blamed for their child's state of health, or their behavior, a common expectation in Pakistani society. This blame tended to create emotional stress, guilt and social isolation (Goffman, 1963).

There were also religious and supernatural explanations. Some participants mentioned autism being linked to black magic, evil eye or divine punishment. In societies with developmental conditions that are understood within a spiritual and cultural context, such as South Asian contexts, similar beliefs have been found (Imran et al., 2011; Minhas et al., 2015). These beliefs can cause a delay in diagnosis and limit the use of professional health care services.

Institutional barriers were repeatedly highlighted by participants. There was limited health provision, lack of trained staff and poor inclusive education provision for autistic people. Previous research also has shown that healthcare and education systems in developing countries may not have

enough resources to support neurodivergent people (Oliver, 1990).

The lack of inclusive educational policies and teacher training were also noted. There was a need for inclusive education, because many autistic students were misunderstood, excluded or ignored in classrooms, and also there was need to train professionals in inclusive education (American Psychiatric Association, 2013).

One of the other significant findings was the absence of authentic media representation and public discussion of autism. Participants felt that low awareness and misconceptions were still present in the public due to the poor media coverage. This aligns with the arguments that media and public discourse can have a significant impact on social attitudes towards disability and neurodiversity (Singer, 2017).

One of the main findings of this study is the emphasis on structural ignorance. The results indicate that the misunderstandings of autism are perpetuated in institutions, including health care, education, media, culture, and social inequalities in general (Berger & Luckmann, 1966).

There was also clear evidence of socioeconomic disparities in awareness and access to services from the study. There were higher levels of access to diagnosis, therapy and educational supports in urban and financially stable families compared to their rural and low income counterparts. The results of these findings suggest that there is a cultural, institutional and structural exclusion of autism in Pakistan. (Oliver, 1990)

4.1. Theoretical Implications

This study adds to the body of knowledge in that it demonstrates that autism can not be explained solely medically. The findings validate the social constructivist notions of the social meaning of things as a product of culture, language, and interaction. Autism is sometimes seen within the context of social norms, religious beliefs and cultural expectations in Pakistan.

The results also validate the stigma theory by demonstrating the labeling, exclusion, and discrimination of autistic people and their families

in their daily lives. The study, in addition, continues the conversation on structural ignorance, revealing the role that institutions and social systems play in perpetuating misconceptions about autism.

4.2. Practical and Policy Implications

This study has some implications for the education, health and media sectors and public policy in Pakistan. The need for institutional support for autistic persons and their families is high. Schools should create inclusive learning settings and train teachers to effectively support students who are neurodivergent.

Enhancement of healthcare systems is also required, particularly in the fields of the early diagnosis, therapy services, and professional training. Autism related services need to be expanded in rural and low-income communities to ensure support is not just available in large urban centers.

Educators, healthcare professionals, media and community leaders should be included in the public awareness campaigns, and the campaigns should be culturally sensitive. Media portrayal of autism should also be improved to get a better understanding of autistic people in a positive and accurate way.

The policy makers should pay attention to enhancing disability rights, inclusive education policies, access to healthcare, and social support services for autistic persons and their families.

4.3. Limitations of the Study

There are a number of limitations of this study. Firstly, the research has taken qualitative sample which is small in size and hence the results cannot be generalized to the entire population of Pakistan. The aim of the study, however, was to gain deeper insights into experience and perceptions than the statistics could provide.

Secondly, the study primarily recruited those with educational and professional backgrounds related to autism. The firsthand accounts of autistic people were more limited, which may have limited the insight into personal experience.

Third, due to autism being a sensitive subject in many communities, some participants may have been reluctant to discuss their own beliefs and experiences.

The study also examined primarily social and cultural dimensions of autism, and less the medical or clinical dimensions. Future studies might integrate sociological, psychological, educational and healthcare perspectives, for a holistic understanding.

Further research is also needed with more and varied samples from different geographical areas, social classes and language groups. Comparative studies of urban/rural communities may also provide additional insights into the impact of inequality on awareness, stigma, and service access.

In general, the study indicates that lack of understanding of autism is tightly entangled with the social, cultural and institutional environments in Pakistan. It is important to raise awareness and to make long-term changes in the education system, health care, public attitudes and institutional support to address these issues.

5. Conclusion

The goal of this study was to understand the social and cultural context of Pakistan and their effect of different forms of stigma, misunderstanding and structural ignorance on the autistic individuals and their families. The findings suggest that the lack of awareness is not the only issue that impacts public perceptions of autism, but also cultural beliefs, social attitudes, institutional weaknesses and information and service inequities.

The study revealed that autistic behaviors are frequently misinterpreted as bad behavior, poor parenting, emotional or supernatural problems, instead of developmental differences. The stigma, criticism, exclusion and social isolation was a common theme many participants reported in the school, community and family context. Mothers were especially affected by blame and social pressure, in that they were expected to be responsible for parenting and caring for others.

The findings also showed that institutional barriers still pose a great problem for autistic persons and

their families. The lack of healthcare services, trained healthcare professionals, inclusive support for education, public awareness and media representation were key challenges identified by the participants. Furthermore, significant differences were observed between the urban and rural populations, in terms of awareness and access to support services.

The focus of this study is one of the major contributions, namely, structural ignorance. The results indicate that the lack of knowledge on autism is not just due to the lack of knowledge of the individuals. Instead, it connects to other wider systems, such as education, health services, media, culture and social inequality that continue to propagate stigma and exclusion.

The study also emphasizes the need for more inclusive and culturally sensitive approaches towards autism in Pakistan. Awareness is insufficient, and we must also improve. Long-term change will need to be achieved through improved educational policies, better healthcare systems, professional training, a more positive media portrayal of neurodiversity and social acceptance.

From the results of this study, a few recommendations can be made. The approach to education in schools must be more inclusive, and,

teachers must be given training in autism and neurodiversity. Enhance access to diagnosis, therapy and early intervention services, particularly in rural and low income communities. Media outlets and public education campaigns also need to be more involved in disseminating accurate information about autism and in combating stigma.

Larger, more diverse participant groups are necessary in the future to gain a better understanding of lived experiences and personal perspectives. Comparative studies between urban and rural can also help to explain the impact of social inequality on awareness and access to support services. Furthermore, studies that involve more than one discipline and combine the social sciences (sociology, psychology, education, health and disability studies) would provide a comprehensive understanding of autism in the Pakistani context.

The study, in general, points to the importance of thinking of autism as a social problem and the need to tackle the issue of inclusion, equality and human dignity. It is necessary to create a coalition of families, schools, health care systems, policy makers, media and society as a whole to combat the stigma and enhance the life of an autistic person.

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