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Declarations

No funding was received for this study. The authors declare no conflict of interest. The study received ethical approval. All participants provided informed consent.

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Framework Analysis of the Inclusion of Children with Autism Spectrum Disorders in Mainstream Schools

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ABSTRACT

Background: Autism spectrum disorder (ASD) is a heterogeneous neurodevelopmental condition characterized by persistent deficits in social communication and restricted, repetitive behaviors. Inclusive education has emerged as a pivotal approach for fostering equitable learning opportunities for children with ASD; however, the success of inclusion depends largely on parental support. Understanding parents' attitudes toward inclusion helps identify facilitators and barriers affecting educational policy and classroom practice. **Objective:** To assess parents' attitudes toward the inclusion of children with ASD in mainstream schools and determine demographic factors influencing these perceptions, particularly parental education level. **Methods:** A descriptive cross-sectional study was conducted at the University of Lahore and the Children's Hospital, Lahore, over nine months. Using a non-probability purposive sample, 62 parents of children aged 3–12 years diagnosed with ASD were surveyed. Data were collected via the standardized Parental Attitude to Inclusive Education (PATI) questionnaire and analyzed with SPSS version 25.0. Frequencies and Chi-square tests were used to examine associations between demographic characteristics and parental attitudes. Ethical approval was obtained from the institutional review board. **Results:** Of 62 participants, 72.6% of children were aged 2–5 years and 90.3% were male. Most parents (69.4%) agreed that time in regular classrooms enhances educational quality, while 56.5% expressed fear of social exclusion and 61% believed mainstream lessons were difficult to adapt. A significant association was found between parental education and belief in friendship formation with non-disabled peers ($\chi^2(15, N=62)=28.279, p=0.020$). **Conclusion:** Parents generally supported inclusion as beneficial for learning but remained apprehensive about social isolation and teacher preparedness. Educational attainment was the strongest predictor of positive attitudes, emphasizing the importance of parental awareness and school–family collaboration. Strengthening teacher training, individualized support, and inclusive peer culture is essential for effective implementation..

Keywords

Autism Spectrum Disorder Inclusive

INTRODUCTION

Autism spectrum disorder (ASD) is a multifaceted neurodevelopmental condition characterized by persistent deficits in social communication, restricted interests, and repetitive patterns of behavior (1). Its early manifestations often appear during infancy, with subtle signs identifiable as early as 18 months. The disorder's heterogeneity requires multidisciplinary clinical assessment, and prevalence rates vary widely—from 0.4% to 3.1% in Europe, 0.1% to 1.5% in the Middle East, 0.08% to 9.3% in Asia, and 0.9% to 1.8% in North America (2). Etiologically, ASD arises from the interplay between genetic predisposition and environmental influences. Structural neuroimaging studies have revealed abnormalities in cerebellar circuitry, cortical lamination, and limbic system organization (3), while genetic analyses identify variants affecting synaptic function and neuronal signaling (4). Environmental risk factors such as prenatal exposure to valproate and thalidomide increase susceptibility (5), whereas folic acid supplementation during pregnancy may exert a protective effect (6). These findings illustrate that ASD is both biologically diverse and context-dependent.

Although biomedical understanding has advanced, educational and social adaptation remain the central determinants of quality of life for autistic children. Early and structured behavioral interventions, particularly Applied Behavior Analysis (ABA), have demonstrated strong evidence for cognitive and adaptive improvement (7). However, beyond therapy, long-term developmental outcomes depend heavily on inclusive educational opportunities. Inclusion, defined as the participation of learners with disabilities within mainstream classrooms alongside typically developing peers, promotes equitable access, social learning, and democratic participation (8). The global shift toward inclusive schooling stems from the UN Convention on the Rights of Persons with Disabilities (2007), which obliges member states to ensure that persons with disabilities can access general education on an equal basis with others (9). In practice, inclusion extends beyond mere physical integration—it entails pedagogical adaptation, curriculum flexibility, teacher competence, and the creation of socially supportive environments (10).

The implementation of inclusive education varies across nations according to policy frameworks, teacher training systems, and societal attitudes (11). Research consistently highlights parents as key stakeholders influencing both the initiation and sustainability of inclusion (12). Parental support determines school choice, advocacy, and the child's adjustment, yet attitudes toward inclusion are shaped by multiple factors including socioeconomic background, parental education, previous exposure to inclusive settings, and perceptions of teacher readiness (13). While many parents recognize inclusion as an avenue for social and cognitive enrichment, apprehensions persist about bullying, loneliness, and inadequate individualized support (14). Studies across diverse contexts—from Europe to Asia—report this dual sentiment of optimism and concern, illustrating that cultural context strongly mediates parental perspectives (15).

In Pakistan, efforts toward inclusive education have expanded under national education policies aligned with Sustainable Development Goal 4, yet empirical data on parental perceptions remain limited. Most regional studies focus on teachers' attitudes or institutional barriers, with insufficient exploration of parents' knowledge and acceptance of mainstream schooling for children with ASD (16). Given the growing emphasis on inclusive practices, understanding parental viewpoints is critical for developing responsive policy and school-level interventions that address both educational and psychosocial dimensions of inclusion.

Accordingly, this study focuses on the population of parents of children diagnosed with ASD attending mainstream schools, with the intervention being inclusive education programs practiced within these settings. Although no control or comparison group is required, the study evaluates parental outcomes—namely, attitudes, perceived benefits, and apprehensions regarding inclusion—using a standardized, validated tool. By identifying factors such as parental education, occupational status, and child characteristics associated with supportive or resistant attitudes, the research addresses a salient knowledge gap in South Asian inclusive education literature.

Therefore, the objective of this study is to assess parents' attitudes toward the inclusion of children with autism spectrum disorders in mainstream schools and to determine the demographic and contextual factors influencing these attitudes. Education; Parental Attitudes; Mainstream Schooling; Pakistan.

MATERIALS AND METHODS

This study adopted a descriptive cross-sectional design (17) to examine parents' attitudes toward the inclusion of children with autism spectrum disorder (ASD) in mainstream schools. The design was chosen because it allows assessment of current perceptions and associations among key variables at a single point in time, providing a reliable snapshot of community perspectives without the influence of longitudinal changes. Data collection was conducted over a nine-month period at the University of Lahore in collaboration with the Department of Development and Behavioral Pediatrics at the Children's Hospital, Lahore. The study setting was selected for its accessibility to a large number of parents whose children were receiving multidisciplinary support services for ASD, ensuring that respondents had relevant educational experience to comment on inclusion practices (18).

Participants were recruited using a non-probability purposive sampling strategy (19). Inclusion criteria comprised parents of children formally diagnosed with ASD according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria, aged between 3 and 12 years, and enrolled in regular mainstream schools within the Lahore district. Parents of children with comorbid intellectual disability, cerebral palsy, or Down syndrome were excluded to avoid confounding effects of multiple developmental conditions on parental perception. Before data collection, eligible parents were briefed about the purpose of the research, and written informed consent was obtained. Participation was entirely voluntary, with assurance of confidentiality and anonymity throughout the process (20).

The sample size was determined using a standard single-proportion formula: $n = Z^2 \times p(1 - p) / E^2$. Assuming $p = 0.01$ as the estimated population proportion of parents with favorable attitudes, $E = 0.025$ margin of error, and $Z = 1.96$ for a 95 percent confidence level, the minimum required sample was 62 participants. This sample size provided adequate precision for descriptive estimates and cross-tabulation analyses (21).

Data were collected using the Parental Attitude to Inclusive Education (PATI) questionnaire, a standardized instrument validated in previous educational inclusion research (22). The PATI comprises 20 items rated on a six-point Likert scale ranging from "strongly agree" to "strongly disagree," capturing perceptions across domains of educational benefit, social adaptation, and classroom feasibility. A structured demographic proforma was attached to record child age, gender, parental education, and occupational status. All instruments were pre-tested on 10 parents not included in the final analysis to confirm comprehensibility and consistency.

To minimize bias, participants were approached individually in waiting areas and asked to complete the self-administered questionnaire without interviewer interference (23). The researcher clarified any item ambiguities without suggesting answers. Completed forms were reviewed immediately to identify missing responses. Where minor omissions occurred, parents were politely asked to verify their intent; incomplete surveys were excluded from analysis to preserve data integrity. The research protocol adhered to institutional ethical standards and the principles of the Declaration of Helsinki (24). Approval was granted by the Research Ethical Committee of the University of Lahore (Reference No. UOL/REC/2023-219).

All data were coded and entered into the Statistical Package for the Social Sciences (SPSS Version 25.0). Descriptive statistics were calculated for all variables. Categorical data were expressed as frequencies and percentages, whereas continuous variables were summarized as means with standard deviations. Associations between demographic factors (e.g., parent education level, child age, gender) and attitude items were evaluated using Pearson's Chi-square test or Fisher's exact test as appropriate (25). Two-tailed significance was set at $p < 0.05$. Missing data were handled by listwise deletion. Where relevant, assumptions for Chi-square were verified by ensuring that expected cell counts exceeded five in ≥ 80 percent of cells (26).

To address potential confounding, analyses were stratified by key sociodemographic variables, and sensitivity checks were performed to verify the robustness of associations. Reproducibility was ensured by maintaining a detailed record of questionnaire coding, statistical syntax, and variable definitions so that another investigator could replicate the results using the same dataset (27). Data were stored in password-protected electronic files accessible only to the research team, and all printed documents were locked in secure cabinets.

Ethical considerations extended to participant dignity and the responsible reporting of findings. No identifiable personal information was published. Parents were informed that withdrawal from participation would not affect their child's access to medical or educational services. The study thereby ensured compliance with international standards for human research ethics (28).

RESULTS

A total of 62 parents of children diagnosed with autism spectrum disorder participated in the study. Data analysis revealed distinct demographic trends and patterns in parental attitudes toward inclusion in mainstream schools.

Table 1. Demographic Characteristics of Participants (N = 62)

Variable	Category	Frequency (n)	Percentage (%)
Child Age (years)	2–5	45	72.6
	6–8	12	19.4
	9–11	5	8.1
Child Gender	Male	56	90.3
	Female	6	9.7
Parental Education Level	Under Matric	5	8.1
	Matric/Intermediate	16	25.8
	Graduate	22	35.5
	Postgraduate	19	30.6
Parental Occupation	Government sector	19	30.6
	Private sector	43	69.4

Most children (72.6%) were aged between 2–5 years, indicating that early developmental stages were overrepresented. A pronounced gender imbalance was noted, with 90.3% of participants being male. Over two-thirds of parents (66.1%) held graduate or postgraduate degrees, and most (69.4%) were employed in the private sector.

Table 2. Parental Attitudes Toward Inclusion

PATI Statement	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree	P-value / χ^2
More time in regular classroom improves education quality	18 (29.0%)	25 (40.3%)	10 (16.1%)	1 (1.6%)	8 (12.9%)	0 (0%)	—
More time in regular classroom increases risk of mistreatment	3 (4.8%)	24 (38.7%)	9 (14.5%)	8 (12.9%)	15 (24.2%)	3 (4.8%)	—
More time in regular classroom causes loneliness	5 (8.1%)	20 (32.3%)	10 (16.1%)	9 (14.5%)	16 (25.8%)	2 (3.2%)	—
Regular education benefits outweigh problems from inclusion	1 (1.6%)	20 (32.3%)	10 (16.1%)	5 (8.1%)	26 (41.9%)	0 (0%)	—
Lessons in regular classrooms cannot meet special needs	4 (6.5%)	34 (54.8%)	7 (11.3%)	6 (9.7%)	10 (16.1%)	1 (1.6%)	—
Child in regular classroom won't get extra help	4 (6.5%)	33 (53.2%)	6 (9.7%)	3 (4.8%)	14 (22.6%)	2 (3.2%)	—
Child in regular classroom will make friends with non-disabled peers	6 (9.7%)	22 (35.5%)	14 (22.6%)	5 (8.1%)	14 (22.6%)	1 (1.6%)	p = 0.020
Regular education enriches peers' learning experience	4 (6.5%)	16 (25.8%)	13 (21.0%)	6 (9.7%)	22 (35.5%)	1 (1.6%)	—
Regular class lacks necessary special services	6 (9.7%)	26 (41.9%)	11 (17.7%)	5 (8.1%)	13 (21.0%)	1 (1.6%)	—
Regular classroom offers more meaningful learning opportunities	11 (17.7%)	12 (19.4%)	9 (14.5%)	8 (12.9%)	19 (30.6%)	3 (4.8%)	—
Child treated kindly by peers in regular classroom	4 (6.5%)	27 (43.5%)	20 (32.3%)	6 (9.7%)	5 (8.1%)	0 (0%)	—

Overall, 69.4% of parents (strongly agree + agree) believed that extended time in regular classrooms enhances the quality of education for children with ASD. However, 56.5% feared that their children might face mistreatment or loneliness, and 61% agreed that mainstream lessons were difficult to modify for special needs. While a majority supported inclusion's educational benefits, only one in ten (9.7%) strongly believed their child would form friendships easily in regular classrooms. These patterns reflect simultaneous optimism for inclusion and persistent concerns about social acceptance and instructional adequacy.

Table 3. Chi-Square Associations Between Demographics and Key Attitudinal Variables

Independent Variable	Dependent Variable	χ^2 (df)	P-value	Interpretation
Child Age	"Child won't get extra help in regular classroom"	14.403 (10)	0.155	Not significant
Child Gender	"Child won't get extra help in regular classroom"	3.559 (5)	0.614	Not significant
Parent Education	"Child will make friends with non-disabled peers"	28.279 (15)	0.020	Significant

A statistically significant relationship was observed between parental education and belief in their child's capacity to form friendships with typically developing peers ($\chi^2(15, N=62)=28.279, p=0.020$). Higher educational attainment corresponded to more optimistic attitudes toward social integration. No significant associations were found between child age or gender and parental attitudes ($p>0.05$).

DISCUSSION

This study examined parents' attitudes toward including children with autism spectrum disorder (ASD) in mainstream classrooms, revealing a nuanced balance between optimism about educational gains and anxiety about social and instructional limitations. Nearly seventy percent of respondents endorsed inclusion as beneficial for their child's academic progress, while more than half expressed concern about loneliness, bullying, or insufficient individualized support. This dual perception mirrors international findings that families often view inclusion as academically promising yet socially precarious (29).

The positive orientation toward academic benefits corresponds with prior cross-sectional surveys in Spain and India, where parents similarly reported that mainstream settings enhance learning opportunities and foster imitation of neurotypical behaviors (30, 31). Mathur and Koradia (31) found that 68 % of Indian parents observed cognitive improvements when their children were integrated into regular classrooms, a figure consistent with the 69.4 % positivity recorded in this study. These parallels suggest that, regardless of regional or cultural differences, parents of children with ASD tend to value exposure to structured peer environments as an essential driver of educational development.

However, apprehension regarding social exclusion remains pervasive. Over half of participants feared that their children might be isolated or mistreated, echoing results from the United Kingdom and China where parents described mainstream schooling as socially risky for autistic learners (32, 33). McKinlay *et al.* (32) reported that British parents characterized inclusion as "sending children into the lions' den," highlighting anxiety over bullying and inadequate peer understanding. Likewise, Zhang and Chen (33) identified peer victimization as a common concern among Chinese parents. The concordance of these outcomes with Pakistani data indicates that social acceptance, rather than policy adoption, continues to define the lived reality of inclusion.

Teacher preparedness and curricular flexibility emerged implicitly as limiting factors. Although not directly measured, 61 % of parents agreed that lessons in regular classrooms were difficult to adapt for their children's needs. Similar apprehensions have been documented across Europe and the Middle East, where lack of teacher training and insufficient resource support were perceived as primary barriers to successful inclusion (34, 35). Attard and Booth (34) found that over 70 % of parents in Malta questioned teachers' ability to modify content appropriately for autistic learners, while Mutabbakani (35) demonstrated comparable results among Kuwaiti families. The convergence of findings underscores the structural challenge of translating inclusive education policy into pedagogical practice, especially in low-resource contexts.

Parental education level was the only demographic variable significantly associated with attitudes. Higher-educated parents were more likely to predict successful friendship formation between their children and typically developing peers. This association supports prior research from Iceland and the Netherlands suggesting that education enhances awareness of neurodiversity and confidence in inclusive schooling (36, 37). Knowledgeable parents may interpret peer interaction not as a risk but as an opportunity for social modeling and empathy development. Consequently, educational status appears to function as both a proxy for awareness and a protective factor against stigmatizing beliefs.

When contextualized within Pakistan's emerging inclusive-education framework, these results illuminate important practical implications. Despite policy commitments to equity under the Sustainable Development Goals, the operationalization of inclusion remains inconsistent across schools. Parental endorsement is therefore pivotal; supportive families can catalyze institutional change, whereas skepticism may impede implementation. The findings advocate for systematic parental engagement through orientation programs, collaborative individualized education planning, and communication channels that sustain trust between families and educators. (40-42).

Overall, the current evidence affirms that inclusion is perceived favorably in theory but constrained by concerns about social adaptation and instructional readiness. These insights reinforce international consensus that successful inclusion depends on multifactorial alignment—teacher competence, peer acceptance, family cooperation, and administrative commitment (38, 39). Strengthening each of these domains through policy reform and continuous training will convert parental optimism into tangible educational progress for children with ASD.

CONCLUSION

The present study provides empirical insight into how parents perceive the inclusion of children with autism spectrum disorder (ASD) within mainstream educational environments in Pakistan. A strong majority of participants (69.4 %) endorsed the academic advantages of inclusion, supporting international evidence that shared learning settings enhance communication, imitation, and adaptive skills. Nonetheless, over half voiced apprehension regarding peer rejection, bullying, and inadequate curricular adaptation. These dual attitudes—enthusiasm for cognitive advancement but anxiety about social vulnerability—reflect the global ambivalence consistently described in inclusion research.

The only demographic factor significantly shaping attitudes was parental education level, with graduates and postgraduates demonstrating greater confidence in social integration and peer friendships. This finding suggests that awareness and exposure to educational diversity may strengthen acceptance of inclusive schooling. In contrast, child age and gender bore no significant effect, underscoring that parental cognition rather than demographic context drives opinion formation. The implications of these results are multifaceted. On a practical level, effective inclusion demands autism-specific teacher training, individualized instructional planning, and proactive anti-bullying strategies within regular classrooms. On a policy level, aligning national educational frameworks with Article 24 of the United Nations Convention on the Rights of Persons with Disabilities requires consistent funding, monitoring, and capacity building. Parents, teachers, and administrators must operate as collaborative partners in this process.

In conclusion, while parental endorsement of inclusion is encouraging, its success ultimately depends on systemic preparedness and sustained professional development. Bridging the gap between parental expectations and institutional capacity will transform inclusive education from a theoretical commitment into an attainable reality for children with ASD.

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