

# *Perceptions towards disabilities among primary-school teachers in the Lao's People Democratic Republic: Insights into a cultural view of ASD*

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**Abstract**—According to the social model of disability, perceptions towards disabilities are socially and culturally constructed. In a preliminary study, we explored the perceptions towards disabilities among 92 primary-school teachers in Lao People Democratic Republic (Lao PDR) in order to gain insights into the cultural view of Autism Spectrum Disorder (ASD) in Lao PDR. The data were collected via a paper-and-pen survey. The survey consisted of three vignettes that illustrate the characteristics of three children with different developmental disabilities. Each vignette was followed by open-ended questions about the teachers' perceptions towards these three developmental disabilities. The findings revealed cultural-specific elements in the teachers' understanding of ASD. Many teachers perceived ASD characteristics as variants of typical behaviors in young children, which they rationalized as the results of upbringing issues. Altogether, the findings offer a unique perspective to look at the formation of ASD-related stigma in Lao PDR.

**Keywords**—Autism Spectrum Disorder; disability perception; cultural view; teachers; Lao PDR

## I. INTRODUCTION

According to the social model of disability, perceptions towards disabilities are socially and culturally constructed [1], [2]. The realm of this model emphasises that perceptions towards disabilities vary significantly from one cultural community to another [3]. The common beliefs in the community inform people's reactions towards the disability [4, 5]. For example, past researchers found that parents from different cultural groups have slightly different belief systems about the etiology of ASD [6]. In a systematic review of studies based on American cultures, Anglo American parents tended to believe that bio-physical elements such as immunization cause ASD, while African American parents generally believed that diet, food processing and

contamination cause ASD [6]. On the other hand, Asian American parents tended to believe that ASD is a punishment resulting from religious, ethical or cultural violation, while the Latin American mothers believed that ASD can be a blessing or gift from God [6]. From the social model's perspective, the social construction of ASD in different cultures could possibly impact how well a community is willing to accept a child with ASD as he/she is [7].

## II. LITERATURE REVIEW

Lao's People Democratic Republic is a landlocked country in South East Asia, with a population of about 5.6 million [8]. In Lao PDR, there is yet an official term for ASD [9]. As a result, individuals with ASD are generally classified under the term 'intellectual disability' (ID) in the Decree on Persons with Disabilities [10]. Although ASD and ID are two distinct types of disabilities, there is currently a lack of resources to diagnose and distinguish ASD from other intellectual disabilities in Lao PDR [9, 11]. In the recent years, a few agencies in Lao PDR began to offer services to children with ASD and intellectual disabilities in Lao PDR. In 2012, the Association for Autism (AfA) was established in Vientiane, the capital city of Lao PDR and it now offers services to 72 families who reside in and around Vientiane [9]. Due to the scarcity of supporting agencies and resources, only affluent families could afford the associated costs of obtaining a diagnosis and support for their children with disabilities in Lao PDR. These families usually travel to the neighbouring countries such as Thailand and Vietnam to gain access to the required services [11]. Consequently, many children with ASD are not identified through formal and proper diagnosis in Lao PDR [9]. It is believed that the lack of identification has resulted in low awareness levels of ASD, and vice versa. Therefore, it is unclear how local people in Lao PDR perceive and embrace ASD. The investigation of the cultural view of

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ASD is important as it provides the direction for planning ASD-related knowledge transfer activities in Lao PDR.

In this paper, we sought to identify the construct of disability that the Laotian community has towards children with ASD. As a preliminary investigation, we only targeted the primary-school teachers in Luang Prabang, the second largest city in Lao PDR. The main reason for focusing on the primary-school teachers was because of the higher possibility of them encountering children with ASD and other developmental disabilities at the primary level. Therefore, their perceptions would be most insightful compared to the layman in the local community. In this investigation, we also consider that disability is not one general concept [12]. There are bases to believe that perceptions of disabilities are disability-specific, in addition to being culturally-specific [13]. In other words, people in a community might hold different views towards people with different types of disabilities, by considering their perceived constraints associated with each disability. Therefore, in the attempt to unveil the Laotian teachers' perceptions towards ASD, comparative analyses were conducted with another two other disabilities, namely Developmental Delay (DD) and Attention Deficit Hyperactive Disorder (ADHD), that are also neurodevelopmental by nature, but with distinct symptoms and characteristics. Given this methodological design, we aimed to obtain cultural-specific and disability-specific evidence which constructed the perceptions of ASD amongst the Laotian teachers that participated in this study.

### III. METHOD

The data was collected via a quantitative survey method in Luang Prabang, Lao PDR. A paper-and-pen survey method was chosen, after considering that the Laotian teachers may find it challenging to express their opinions openly in conversations since expressing negative emotions is regarded a taboo in the Lao culture [9]. The participants were 92 local primary school teachers, recruited via the Luang Prabang Education District Department. The teachers gathered in an auditorium of a local university, and completed the survey individually. Before the start of the survey, the teachers were briefed about the purpose and requirements of the survey. They were reminded that the survey was not an assessment, and therefore they were encouraged to provide genuine responses. The group survey was conducted for about 60 minutes. Ninety teachers completed the survey by the end of the session.

#### A. Instrument

The original questionnaire used in the survey consisted of five parts with a total of 112 questions about several aspects of knowledge and attitude towards ASD and other related developmental disabilities. The questionnaire was first developed in English and then translated into the Lao language by an English language lecturer in a local university in Luang Prabang, Lao PDR. The translated version was further reviewed by two other English language lecturers. All three translators were native speakers of the Lao language. Discrepancies in translation of terms discussed and resolved. The final questionnaire presents all items bilingually in Lao

and English to ensure readability by both the participants and the researchers. For the purpose of this paper, i.e., a focus on the perceptions of disabilities, only data from two parts of the questionnaires were extracted for analysis: demographic information (14 items) and perceptions of disabilities (18 items). The self-developed 'demographic information' section included questions about age, gender, teaching experience, and prior training in ASD. The 'perceptions of disabilities' section contained open-ended questions adapted from the interview questions used in Heys et al.'s study [14] in a Nepal-based study.

In the 'perceptions of disabilities' section, three vignettes were presented to illustrate the characteristics of three children who were assigned with common local names: Khamdy (a child with ASD,) (1) Vanxay (a child with developmental delay, DD), and Bounchanh (a child with ADHD). Each vignette consisted of a drawing and a short write-up about each child [14] (refer to Table 1).

TABLE I. SUMMARY OF DISABILITY CHARACTERISTICS PRESENTED IN THE VIGNETTES  
(Adopted with permission from Heys et al., 2017 [14])

Khamdy (ASD)	<ul style="list-style-type: none"> <li>- 5 years old boy.</li> <li>- Doesn't like to play with other children.</li> <li>- Tends to say the same thing all the time when he talks.</li> <li>- Doesn't follow instruction.</li> <li>- Plays by himself</li> <li>- Fascinated by wheels.</li> <li>- Insists on eating from the same plate.</li> </ul>
Vanxay (Developmental Delay, DD)	<ul style="list-style-type: none"> <li>- 6 years old boy.</li> <li>- Very slow in talking and walking when he was younger.</li> <li>- Not toilet-trained yet.</li> <li>- Needs a lot of help with getting dressed and feeding.</li> <li>- Can only say a few words.</li> <li>- Doesn't understand instructions very well.</li> <li>- Cannot play with classmates; can only play with younger children like his 2-year-old sister.</li> <li>- Enjoy cuddles, singing, and playing with his 2-year-old sister.</li> </ul>
Bounchanh (ADHD)	<ul style="list-style-type: none"> <li>- 7 years old boy.</li> <li>- Does not focus in class.</li> <li>- Gets distracted very easily.</li> <li>- Runs around in the classroom.</li> <li>- Likes to play games with classmates; but often interrupts and fights with others.</li> <li>- Can speak well and understand well.</li> <li>- Learnt to walk and talk earlier than other children.</li> </ul>

Six open-ended questions were put forward after each vignette and a wide open column was provided after each question for the teachers to freely write their responses. For example, the questions in Vignette 1 are as follows: Q1: Is Khamdy like other children of the same age? Q2: What do community people say about children like Khamdy? Q3: What problems will Khamdy have in schools? Q4: What might cause this? Q5: What can the teachers do to help Khamdy? Q6: What can the family do to help Khamdy? The analysis of results reported in this paper focus on two main hypothetical

constructs that composed a cultural view of ASD as gathered from the Laotian teachers' responses, namely (1) the construct of disability cause, and (2) the construct of disability characteristics.

IV. RESULTS

A. Demographic information

In total, 90 completed questionnaires were collected. The profiles of the teachers were analysed to understand their demographic distribution. The majority of the teachers were female (84.4%), were between 30 and 49 years old (70.0%), and possessed an education level up to the certificate and diploma (93.3%). The majority of them were also senior teachers with over 5 years of teaching experience (88.9%). In schools, 86.5% of them were teaching multiple subjects. This is in line with the teaching resource arrangement in the primary schools in Lao PDR where the class teachers are assigned to teach all the core subjects to the students in their classes.

B. Construct of disability cause

The teachers were asked about the possible causes for the behaviours shown by the children in the vignettes. Thematic analysis was applied to the survey conducted on the data collected to identify possible constructs. The results revealed that for Khamdy (ASD), a total of 19 possible causes were mentioned (refer Fig. 1). Amongst these, the top themes that emerged were 'lack of family care' (15.7%), 'child's behaviour' (15.7%), and 'don't know' (13.0%). The themes were rather similar to those identified for Bounchanh (ADHD) – 'lack of family care' (31.7%), 'spoilt by parents' (22.1%), 'child's behaviour' (16.3%), and 'don't know' (10.6%). On the other hand, biological themes were identified for the disability causes of Vanxay's (DD) – 'hereditary' (18.5%), 'pregnancy-related' (14.6%), 'genetic' (12.1%), 'contraceptive-related' (8.3%), 'lack of nutrient' (8.3%), and 'don't know' (8.3%). These findings pointed to the presence of socially-constructed causes of disability identified for children with pervasive developmental disorders such as ASD and ADHD; while a strong presence of biologically-constructed causes identified for the child with DD.

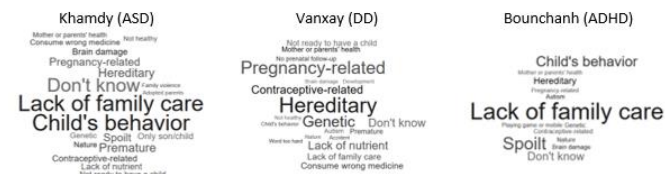


Fig.1. Identification of disability causes

C. Construct of disability characteristics.

Next, the community's perceptions of disability characteristics were examined. For this, as many as 18.9% of the Laotian teachers reported 'don't know' when asked to describe their perception of Khamdy (ASD), having had

known his characteristics as described in the vignette (refer Fig. 2). This was followed by 12.3% of them who reported 'don't know' for ADHD and 11.1% for developmental delay. This set of findings possibly reflected the teachers' knowledge level for each disability. As shown, there are more teachers who did not know how to draw a conclusion based on the ASD symptoms described in Khamdy's vignette as compared to the symptoms described in the other two vignettes. For Vanxay (DD), the most frequent occurring terms used to describe him were disabled (12.0%), slow awareness (10.2%), foolish (8.3%), mad (3.7%) and brain disorder (2.7%). On the other hand, the most frequent occurring terms used to describe Bounchanh (ADHD) were behavioral terms such as naughty (36.0%), hot temper (7.9%), moody (6.1%) and selfish (6.1%). Similarly, moody (16.0%) and selfish (7.5%) were used to describe Khamdy (ASD). In addition, the findings also revealed misconceptions among the teachers. For example, many teachers had mislabeled Vanxay (the child with developmental delay) as having ASD (refer Fig. 2). One possibility is that the signs of developmental delay were most obvious in the description of Vanxay's vignette, and possibly that caused the teachers to wrongly associated him as having ASD. On the other hand, the finding can also be resulting from the consequence of classifying ASD under the term 'intellectual disability' in the Decree on Persons with Disabilities in Lao PDR [10].



Fig. 2. Perceptions of disability characteristics

V. DISCUSSION AND CONCLUSION

In this paper, we attempted to conceptualize a cultural view of ASD in the Lao's People Democratic Republic (Lao PDR) through the analysis of perceptions towards disabilities reported by a sample of primary-school teachers. The study involved 92 primary-school teachers in Luang Prabang, Lao PDR. The teachers were asked to provide their perceptions towards three disabilities, namely Developmental Delay (DD), Attention Deficit Hyperactive Disorder (ADHD), and Autism Spectrum Disorder (ASD). Among these three disabilities, more teachers reported 'don't know' when they were asked to report their perceptions on ASD in comparison to the other two disabilities. This finding is noteworthy as it points to the possibility that as a group, the teachers had the least understanding about ASD in comparison to the other two disabilities. The teachers' responses towards the characteristics of ASD supported this notion as many of them could not use specific terms to describe the behaviors portrayed in the ASD vignette. Furthermore, at the point when the research was conducted, there was no terminology in the Lao language to refer to ASD. Therefore, it can be concluded

that in general, the Laotian teachers had rather minimal understanding about ASD.

The fact that many teachers had mislabeled Vanxay, the child with Developmental Delay (DD) as having Autism Spectrum Disorder (ASD) endorsed the above finding that many teachers lack knowledge about ASD. In addition, this misconception also disclosed the negative consequence of the relevant authority to classify ASD under the term 'intellectual disability' in the Decree on Persons with Disabilities in Lao PDR [10]. In view of the variants of intellectual abilities in the continuum of ASD, this classification of ASD is potentially misleading. Altogether, the findings unveiled a cultural view of ASD in which a child with ASD is predominantly seen as someone who is moody and selfish because of the lack of family care. The cultural view of ASD as generated by the current study provided the direction for planning ASD knowledge transfer activities in Lao PDR, which are socially and ecologically suitable and valid.

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