

WORLD AUTISM AWARENESS DAY

Specialist management of children with autism can make all the difference



At the entrance of the Institute of Paediatric Neurodisorder and Autism (IPNA) on Level 7, Block F of Bangabandhu Sheikh Mujib Medical University (BSMMU), every week, you will find a group of parents waiting for their children attending the IPNA school, their emotions balanced in between relief and concern—what do you think the children will learn today? Will the teachers be able to understand how they communicate? What if they need us?

You will also hear a constant current of conversation regarding the management of their children: How do you help them retain the information they learn? What do you do to calm them when they have tantrums? Do you think lack of sleep plays a part in the frequency of seizures?

All parents worry about their children, but when you are the parent of a child with autism, the concerns you are faced with are wholly unique. Autism or autism spectrum disorder (ASD) refers to a broad range of conditions characterised by challenges with social skills, repetitive behaviours, speech and non-verbal communication. The definition in itself shows that no two children with autism will be completely alike. Every child is at a different point in the spectrum—they communicate their needs differently, react to social situations differently, and may or may not have associated impairments (such as epilepsy, ADHD, etc.). And

every single child's needs must be understood and met differently, according to which point on the spectrum they are on.

Given the complexity of this condition, one can get a fair idea of how difficult it can be to provide the special care that these children need. To start with, early detection and intervention can play an important role in effective management of

physicians with specialist knowledge on neurodisorders are necessary.

Once you have diagnosed a child with autism, you will need a multidisciplinary team working together to manage their needs, which can include psychotherapy for behavioural problems, physiotherapy to improve movement and function, and occupational therapy, which focuses more on motor skills, hand-

This individualised educational plan (IEP) for children with autism is absolutely necessary, and it is for this reason that we decided to open a school at IPNA—so that alongside other interventions like therapy, we can also create a "model school" that will provide educators with the tools necessary to adopt specialised education for children with autism.

For example, at the IPNA school, we use the Applied Behaviour Analysis (ABA) method, which is a reward-based system of behavioural therapy that uses positive reinforcement for the children's improvement, as well as the Treatment and Education of Autistic and Related Communication-Handicapped Children (TEACCH) method and the Picture Exchange Communication System (PECS).

Another reason for this rather unusual move of setting up a school within a medical university is so that postgraduate students, especially those specialising in paediatric neurology and development, can come here and learn the variable presentations of autism, which can aid them in diagnosis when they practice all over the country. There is no one test that can be done to detect autism, so the best way to understand autism is to experience it practically.

Since 2010, there has been a massive increase in awareness on autism in Bangladesh. The Bangladesh government deserves to be congratulated for leading this awareness movement under the stewardship of Prime Minister Sheikh Hasina and her daughter, renowned psychologist and autism activist Saima Wazed Hossain—and for creating the Strategic and Convergent Action Plan on Autism and Neurodevelopmental Disorders, which very clearly and systematically

sets out a strategy to deal with the complex, multi-factorial challenge of disseminating the modern protocol of autism within communities at every level. While a lot has been achieved because of this spotlight on autism that we should collectively be proud of, many of these achievements are limited to the major cities. There is still a certain lack of scientific knowledge on autism, especially in terms of management. So, for example, while we have parents coming to us at IPNA from various districts with children who have been correctly diagnosed with autism, there are many misconceptions surrounding its management—the most painful being that a simple medicine will "cure" the child of the condition.

To deal with this gap, there is no alternative to proper training and research, and the application of these learnings in practical scenarios. So far, only 15 of the government medical colleges in Bangladesh have child development centres of their own. This needs to be expanded to every government medical college in the country. Beyond the specialisation of physicians, we must train the persons who are regularly involved in dealing with autism and other neurodevelopmental disorders. With this in mind, IPNA has recently introduced a six-month Certificate Course on Neurodevelopmental Disorders for psychologists, teachers, doctors and parents from different districts to provide specialised knowledge and support to those managing children with autism and reduce mishandling and maltreatment.

Although more research is being done on autism in Bangladesh, in the long run, we need to delve into these findings further. For example, in the

survey conducted by IPNA on autism among 16-30 months old children in 30 districts, we found that urban prevalence of autism was almost double the rural prevalence (25 per 10,000 compared to 14 per 10,000). Is this because of environment-related factors? Could exposure to hazardous air pollutants during pregnancy have a potential association? Going forward, we should conduct more research into the significance of relationships and associations found in surveys such as this.

Finally, we must remember that in the management of children with autism, their parents are the most important actors and the primary caregivers. During this pandemic, with educational institutions being closed and access to healthcare services becoming limited, parents of special children have struggled, especially those from marginalised backgrounds. At the beginning, I mentioned the conversations between parents while waiting for their children in front of the IPNA school. These informal discussions are a huge source of comfort to them—a rare "safe space" in a society where they still face a great deal of stigma and ostracism. We must ensure that we are able to provide more of these safe spaces, not just to the children with autism but also to their parents.

On this World Autism Awareness Day, let us remember that the end goal has to be an equal and inclusive society where children with autism can take their rightful place within our communities and reach their full potential.

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'Early detection and intervention can play an important role in effective management of autism.'

PHOTO: STAR WEEKEND

autism. A common misconception is that autism is a form of intellectual disability or a mental illness, but it is no such thing—it is a developmental condition that affects how you view the world and how you interact with other people, and if managed from an early age, children with autism can go on to live normal lives (depending on the severity of their condition and/or their position on the spectrum). But for this early detection and intervention,

eye coordination, etc. to help the child perform their daily tasks more easily and independently.

However, the most crucial member of this team is the special educator, who must be specifically trained to educate children with autism using a number of methods including communication techniques, group/individual activities, sensory integration, physical exercise and music/art therapy that is tailored to the needs of each individual child.

BRAC's steadfast endeavour to break the gender divide



BRAC'S journey is almost as long as Bangladesh's. It celebrated the 49 years of its founding on March 21, 2021. As a development worker and women's rights activist, I would like to reflect on BRAC's journey and its contribution to the national development and gender equality on the occasion of Bangladesh's 50th anniversary. Looking back, the symbiotic relationship between BRAC and Bangladesh is clear: the successes of BRAC and Bangladesh have been interdependent, and addressing the future challenges will also require more strategic partnership and synergy. BRAC has, through its work, contributed to some major changes towards equality.

BRAC's founding in Sulla, Sunamganj and the ways in which its initiatives and programmes helped it evolve from its humble beginnings into the biggest NGO in the world—working across multiple countries and multiple sectors, giving birth to many social enterprises and even a university—are part of history. I would like to highlight a few examples that show BRAC's innovativeness and ability to scale up, which enabled it to deliver solutions

to large numbers of the people. One of the aspects that stands out is that BRAC was able to try out an approach and quickly take it to scale.

For example, the nationwide campaign to make homemade oral rehydration solution for the treatment of diarrhoea was able to provide a simple and affordable solution that contributed to the saving of lives of young and old through the "ek chinti lobon, ek mutha gur, aar ek sher pani" concoction. This was something any mother, or other members of a family, could do for their children and save their lives.

A non-formal primary education school model was developed under which a locally educated person was employed as a teacher, children who were school dropouts were brought in, a ratio was set of having more girls than boys, and the children were taught until they were ready to enter a government school at the 6th grade level. Not only did BRAC implement this model on its own but it was also able to train numerous local NGOs to run such schools for which BRAC would provide the materials, training and resources. This helped establish the importance of girls' education and bring dropouts back to school. Thanks to the expansion of government primary school coverage, BRAC was able to step back from this essential role of ensuring girls' education at the primary level. BRAC's focus is now on pre-primary and early childhood development interventions.



In Bangladesh, women community health workers played a pioneering role in bringing rural women to outside formal employment.

SOURCE: BRAC FACEBOOK PAGE

BRAC staff have been role models for rural boys and girls as well as their families. The sight of BRAC women staff riding on their bicycles or on 50 CC motorbikes on the rural roads contributed to a rethinking of the role of women and their mobility. They became the symbols of what young women could aspire to be—to have careers, mobility and an independent status in the family.

While BRAC has an impressive number of staffers, it also has a sizeable cadre of volunteers. These include community health workers, all of whom are women. BRAC health

workers draw considerable support from the wide range of development programmes that BRAC is involved in. It employs two categories of community health workers: Shasthya Shebikas, who are volunteers (but also supported as health entrepreneurs), and Shasthya Kormis, who are paid a minimal salary and are supported by SAs whose work they have to supervise. Not only did they take primary health care door to door, thereby transforming the lives of the people they provided services to, they also transformed their own lives and the family and social

relations that they were part of. In Bangladesh, family planning and health programmes were the first major employers of rural women in terms of outside paid work. Women community health workers became the pioneers in bringing rural women to outside formal employment in a social/economic context that would not only discourage women's participation in outside paid work but also actively restrict their mobility in the public sphere.

Another very innovative programme that addressed gender inequalities was the Adolescent Development Programme, through which "kishori clubs" were set up all over the country. Although the aim was to support adolescent girls by providing them reproductive health education, confidence building and helping to keep them in school instead of getting married early, the programme also brought in a small number of adolescent boys so that they would not feel excluded, and also so that boys and girls could relate to each other in a natural environment and develop healthy social relationships. This also contributed to challenging the discriminatory social norms and practices while working with the adolescents. This programme has since been taken up by the government.

Yet another innovative programme was the Gender Quality Action Learning (GQAL) programme. In 1995, the GQAL programme was

launched to improve staff relations, the quality of BRAC programmes, and also the quality of the life of VO members—the village-level organisation formed by female BRAC programme participants. At the same time, gender training was introduced for all BRAC staff with the aim of establishing a just environment within the organisation by making them aware of what constitutes a gender-equitable environment. Various external evaluations of GQAL found that it contributed to a significant degree in bringing about a positive change in villagers' perceptions with respect to gender relations of power, control and status.

Not only has BRAC learned and evolved during its long journey, other development programmes and organisations—both governmental and non-governmental—have also learned from and with BRAC. BRAC and its founder Sir Fazle Hasan Abed always thought that Bangladesh has not made enough progress in gender equality, and there are second-generation challenges that need to be tackled. He wanted BRAC to do more, and be more creative and cleverer in accelerating and consolidating progress in tackling gender inequalities. As Bangladesh celebrates its 50 years and BRAC proceeds to do the same in one year, this is the challenge that calls for a rejuvenated pledge and plan of action.

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QUOTABLE Quote

TERESA OF ÁVILA
(1515-1582)
Spanish saint

To have courage for whatever comes in life—everything lies in that.

CROSSWORD BY THOMAS JOSEPH

ACROSS

- 1 Brewing need
- 7 Fizzy drink
- 11 Geriatrics topic
- 12 Colors
- 13 "The Hobbit" setting
- 15 Cars' scars
- 16 Audacious
- 18 Get news of
- 21 Labyrinth
- 22 Technical talk
- 24 Swelled head
- 25 Mover's truck
- 26 Reuben base
- 27 Sawbuck
- 29 Out of play
- 30 Wolfish look
- 31 Detect, in a way
- 32 Slow mover

DOWN

- 1 Jerry's partner
- 2 Yale rooter
- 3 Say further
- 4 Table tennis need
- 5 Eyeballed
- 6 Freshman, usually
- 7 Beer after a shot
- 8 "—Town"
- 9 Rented out
- 10 Pipe waste
- 14 Patriot Allen
- 16 Doughy ring
- 17 UV stopper
- 19 Concur
- 20 Fit for a king
- 21 Got together
- 22 Mayo buy
- 23 Homer's neighbor
- 25 Captain Nemo's creator
- 28 Get snug
- 29 River parts
- 31 Boxing weapons
- 33 Diva's song
- 34 Limit
- 35 Shearling's mom
- 36 Negating word
- 37 Pub pint
- 38 Tonic's partner
- 39 Have dinner

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SUNDAY'S ANSWERS

T	E	A	R	S	A	D	A	P	T
A	L	L	O	T	S	U	S	H	I
B	L	A	M	E	T	O	T	E	M
S	C	A	R	G	O	W	E		
S	C	A	N	N	E	R	S		
W	A	L	T	T	I	E	S	U	P
A	V	A	I	L	A	M	U	S	E
P	E	N	C	I	L	A	R	E	A
R	A	W	S	P	A	N	N	E	R
I	T	A	L	I	R	I	G	O	R
G	O	T	I	N	S	C	A	L	E
A	Z	T	E	C	E	S	S	E	X

BEETLE BAILEY BY MORT WALKER

BEETLE! HOW CAN YOU SHOW UP FOR ROLL CALL LIKE THAT? GIVE ME SOME CREDIT

FOR WHAT? AT LEAST I WAS ON TIME

BABY BLUES BY KIRKMAN & SCOTT

WHAT ARE YOU LISTENING TO, MOM? IT'S AN OLD TONY BENNETT ALBUM. WHAT'S HE SINGING ABOUT? LEAVING HIS HEART IN SAN FRANCISCO. MOM'S INTO SOME PRETTY PARK STUFF