

**UNDERSTANDING THE PERCEPTION OF PARENTS AND PROFESSIONALS
ABOUT PLAY-BASED EARLY INTERVENTION FOR CHILDREN WITH AUTISM
AGED 3-5 IN DHAKA, BANGLADESH**

By

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A thesis submitted to BRAC Institute of Educational Development in partial fulfillment of the
requirements for the degree of
Master of Science in Early Childhood Development

BRAC Institute of Educational Development

BRAC University

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Declaration

It is hereby declared that

1. The thesis submitted is my/our own original work while completing the degree at BRAC University.
2. The thesis does not contain material previously published or written by a third party, except where this is appropriately cited through full and accurate referencing.
3. The thesis does not contain material that has been accepted, or submitted, for any other degree or diploma at a university or other institution.
4. I/We have acknowledged all main sources of help.

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Approval

The thesis titled “Understanding the Perception of Parents and Professionals about Play-based Early Intervention for Children with autism age 3-5 in Dhaka, Bangladesh.”

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Ethics Statement

Title of Thesis Topic: Understanding the Perception of Parents and Professionals about Play-based Early Intervention for Children with autism age 3-5 in Dhaka, Bangladesh Student name: Masuma Afreen

1. Source of population: Parents (fathers or mothers) with children with autism aged between 3 and 5 years, and professionals who work with children with autism from Dhaka, Bangladesh.

2. Does the study involve (yes, or no)

- a) Physical risk to the subjects **No**
- b) Social risk **No**
- c) Psychological risk to subjects **No**
- d) Discomfort to subjects **No**
- e) Invasion of privacy **No**

3. Will subjects be informed about (yes or no)

- a) Nature and purpose of the study **Yes**
- b) Procedures to be followed **Yes**
- c) Physical risk **Yes**
- d) Sensitive questions **Yes**
- e) Benefits to be derived **Yes**
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- b) from parents or professionals **Yes**
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5. Check documents being submitted herewith to the Committee:

- a) Proposal **Yes**
- b) Consent Form **Yes**
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Abstract

This research explores the perceptions of parents and professionals in Bangladesh regarding Play-Based Early Interventions (PBEIs) for early childhood autism. Utilizing in-depth interviews with professionals and a focus group discussion with parents, the study reveals a consensus on the effectiveness of Play-Based Early Interventions in enhancing communication, behavior regulation, and social interaction among autistic children through fun-based learning. However, a pervasive lack of awareness poses a significant barrier to widespread adoption, with studies indicating limited knowledge among parents, teachers, and professionals (speech, occupational, and physiotherapists). The study identifies challenges, including cost concerns, lack of awareness, and inadequate professional training, particularly in the context of Bangladesh, and underscores the need for targeted educational initiatives, advocacy for PBEI inclusion in relevant curricula, and efforts to bridge the knowledge gap among parents and professionals. Economic barriers and the dynamic nature of play also emerge as challenges, requiring the exploration of alternative funding models and the development of cost-effective strategies. Despite these challenges, the study emphasizes the transformative potential of PBEIs in aiding the development of children with autism. The research concludes by endorsing a comprehensive, multi-faceted approach to tackle challenges, unlock the full potential of PBEIs, and pave the way for progress for children with autism in Bangladesh

Keywords: Autism Spectrum Disorder (ASD), Children with Autism, Child-centered Play Therapy (CCPT), Fun-based Learning, Parental and Professional Perceptions, Play-based Early Intervention (PBEI), Neurodiversity

Dedication

This thesis is dedicated to my beloved son, Farhan, and all the exceptional children with autism whom I have been fortunate enough to work with. Farhan, at 15 years old, stands as my constant inspiration and the most influential teacher in my life. This work is not just a reflection of my love for Farhan but also a tribute to the countless extraordinary children who have touched my heart.

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List of Acronyms

ADHD Attention deficit hyperactivity disorder

ADL Activities of Daily Living

ASD Autism Spectrum Disorder

CCPT Child-Centered Play Therapy

FGD Focus Group Discussion

IDI In-Depth Interview

PBEI Play-Based Early Intervention

Chapter 1: Introduction and Background

Introduction:

Play is a fundamental and universal activity in the lives of young children. It is a dynamic and spontaneous means for them to explore their world, learn, and develop (Ginsburg, 2007). During early childhood, the brain is highly receptive to learning, making it a critical period for skill development (Shonkoff & Phillips, 2000). Play is not merely a pastime; Play-based activities are inherently engaging, enabling children to learn and practice essential life skills joyfully and naturally. Play supports the development of key developmental domains: cognitive, physical, social, emotional, language and communication, and sensory and perceptual (Bodrova & Leong, 2005).

Play is not only beneficial for neurotypical children but also for children with neurodiversity. Neurotypical refers to those who do not have neurodevelopmental or neurological conditions that significantly deviate from the typical developmental milestones (Villagomez et al., 2019). Neurodiversity is a concept and social movement that recognizes and celebrates the wide range of neurological differences in the human population. Neurodiversity emphasizes that conditions like autism, ADHD, dyslexia, and others should not be pathologized but rather accepted and accommodated in society (Goldberg, 2023). Every child has the right to play and experience the joys of childhood. However, it's unfortunate that children with neurodiversity often face unique challenges that can impact their ability to engage in play in the same way as their neurotypical peers. These challenges may include sensory processing disorders, difficulties in understanding social situations, and, most notably, communication barriers (Pretorius, 2022).

For children with autism, early intervention is a crucial and effective approach aimed at addressing the developmental and behavioral challenges associated with autism spectrum disorder (ASD) in

children. The earlier the intervention begins, the better the outcomes tend to be. It is critically important for children with ASD and developmental delays for several reasons. Firstly, it takes advantage of the brain's neuroplasticity during the early years of life, allowing for more effective rewiring of neural pathways. Early intervention programs such as speech therapy, occupational therapy, and activities of daily living (ADL) training can help children with ASD and developmental delays develop crucial social, communication, and motor skills. These interventions improve their ability to engage in play and social interactions effectively. However, the conventional structure of therapy sessions and training can be less appealing to children, especially younger ones who just started their programs (Maksimović et al., 2023). These young children may not find traditional interventions enjoyable, and these sessions can sometimes be perceived as stressful or even aversive (Koegel et al., 2013). While these interventions are crucial for their development, they can sometimes overshadow the simple, carefree joys of childhood.

However, the concept of play-based early interventions offers a unique opportunity to make these experiences more enjoyable, less stressful, and more welcoming for children with neurodiversity, including those with ASD. Integrating play into therapeutic and educational activities can transform the experience. Play-based interventions establish an environment that is child-friendly, inclusive, and engaging, enabling children to actively engage in enjoyable, less stressful, and welcoming activities.

The success and acceptance of play-based early interventions for children with autism are intrinsically linked to the perceptions of key stakeholders, specifically parents, and professionals involved in the care and education of these children. Understanding the perceptions of both groups is crucial for tailoring interventions to each child's unique needs, fostering collaboration, and creating a supportive environment. This collaborative approach enhances parental engagement,

reduces stress and resistance during therapy, and promotes a holistic, culturally sensitive intervention in the evolving context of Bangladesh. The alignment of parental and professional perceptions is pivotal in shaping interventions that are not only evidence-based but also emotionally beneficial for children with autism and their families. By incorporating play-based methods aligned with parental preferences, interventions can become more engaging, relevant, and accessible, contributing to the overall success and well-being of children and families (Ali, 2019; Bennett et al., 2017; Kasari et al., 2014; McConachie et al., 2015; Rogers et al., 2012).

Statement of the Problem:

The research problem is characterized by a significant gap in the existing body of knowledge regarding parental and professional (speech therapists, occupational therapists, and special educators) perceptions of incorporating play into early interventions for children aged 3-5 with autism in Dhaka, Bangladesh. This gap hinders the development of effective and culturally relevant intervention practices tailored to the specific needs of children with autism in the Bangladeshi context. While a substantial body of research explores various aspects of autism and play-based early interventions worldwide, there is a noticeable lack of focus on Bangladesh. The importance of culturally sensitive approaches to autism interventions is increasingly recognized (Ali, 2019), and the unique cultural and social context of Bangladesh necessitates a more in-depth examination of how parents and professionals perceive play-based interventions in the local context.

Understanding both parental and professional (speech therapists, occupational therapists, and special educators) perceptions is crucial for several reasons. Parental involvement is a critical factor in the success of early interventions for children with autism, as extensive research underscores the pivotal role parents play in supporting their children's development (Rogers et al.,

2012). Additionally, studies have demonstrated that parents' perceptions of interventions significantly influence their willingness to participate and contribute to their children's progress (Kasari et al., 2014). Simultaneously, professionals' perspectives bring specialized knowledge and experience in working with children with autism, shaping the design and implementation of interventions. In the evolving landscape of autism awareness and intervention practices in Bangladesh, understanding parental and professional perceptions becomes even more vital. As Ali (2019) notes, autism services in Bangladesh have historically faced limitations, making it imperative to explore how parents and professionals view and experience play-based interventions. Addressing this research problem aims to contribute to the development of more effective, culturally sensitive, and inclusive early intervention strategies for children with autism aged 3-5 in Bangladesh.

Purpose of the Study:

The primary aim of this study is to comprehensively examine both parental and professional (speech therapists, occupational therapists, and special educators) perspectives regarding the integration of play-based interventions in early intervention programs for children aged 3-5 with autism in Bangladesh. This research is designed to achieve several key objectives:

Understanding Parental and Professional (speech therapists, occupational therapists, and special educators) Perceptions:

This study recognizes the importance of understanding how both parents and professionals in Bangladesh perceive play-based interventions in early childhood for children with autism. Research by Estes et al. (2019) emphasizes that both parental and professional perspectives play pivotal roles in determining the success of early interventions. Parents who view these interventions positively are more likely to actively engage in their child's development, and

professionals' perspectives shape the design and implementation of interventions. Understanding the extent to which both groups appreciate the importance and effectiveness of play-based interventions is essential. It will provide insights into the potential alignment between parental preferences and intervention strategies and guide the development of more engaging and effective programs.

Parental and professional involvement are cornerstones of effective early interventions for children with autism. Rogers et al. (2012) emphasize the critical role parents play in supporting their children's development, and professionals bring specialized knowledge and experience to interventions. If parents and professionals perceive early interventions as play-based and child-friendly, they are more likely to actively participate and contribute to the child's progress. By examining how both groups' perceptions influence their involvement, this study aims to highlight the importance of creating an environment where parents and professionals feel motivated and comfortable participating in the child's development. This knowledge can lead to intervention strategies that promote increased parental and professional engagement; factors known to have positive impacts on a child's development.

Identifying Factors Shaping Perceptions:

The factors that shape both parental and professional perceptions are multifaceted and may include cultural, social, and individual aspects. Ali (2019) notes that autism services in Bangladesh have faced limitations historically. Identifying the factors that influence both groups' perceptions is crucial for customizing intervention strategies. It will reveal what aspects need to be strengthened or modified to create more effective and culturally sensitive programs that resonate with both parents and professionals.

Highlighting Barriers and Facilitators:

Understanding the barriers and facilitators that impact the implementation of play-based interventions is vital for streamlining intervention practices. Barriers might include cultural or economic factors, while facilitators could encompass parental education or community support. Research by McConachie et al. (2015) highlights the importance of adapting interventions to the local context. Identifying these barriers and facilitators can guide the design of more effective and inclusive early interventions for children with autism in Bangladesh.

This study aims to address the research objectives in-depth, drawing on existing literature that highlights the significance of both parental and professional perceptions, involvement, and the need for cultural sensitivity in the context of autism interventions. By achieving these objectives, the study aspires to contribute to the development of improved intervention plans for young children with autism in Bangladesh, ultimately enhancing their overall well-being and development.

Significance and Justification of the Study:

The significance and justification of this study are multifaceted, holding implications for the improvement of early intervention practices for children with autism aged 3-5 in Bangladesh. Firstly, it addresses a considerable research gap in the evolving landscape of autism awareness and intervention practices in Bangladesh, providing insights into how parents and professionals perceive play-based interventions within this context (Ali, 2019). This study is poised to fill that gap, contributing to a deeper understanding of the Bangladeshi perspective.

Furthermore, the research has the potential to empower parents, recognizing their central role in the development of children with autism. Acknowledging the importance of parental perceptions,

particularly how they view interventions as engaging and play-based, can empower parents to take an active role in their children's development (Rogers et al., 2012).

Equally important is the inclusion of professionals' perspectives, as they bring specialized knowledge and experience to interventions. Professionals play a crucial role in designing and implementing interventions, and their insights are instrumental in shaping evidence-based and culturally sensitive approaches (Ali, 2019). By understanding both parental and professional perceptions, the study aims to foster collaboration and create intervention strategies that align with the perspectives of both groups.

Customization of intervention strategies is another critical aspect addressed by the study. By understanding how play-based interventions align with parental preferences and the professional perspective, the research guides tailoring interventions to suit the needs and expectations of Bangladeshi parents and professionals (Kasari et al., 2014). This customization is vital for enhancing the effectiveness of interventions.

Cultural sensitivity is also a key element, given Bangladesh's unique social and cultural context. The study's insights into the factors shaping parental and professional perceptions can guide the development of more culturally sensitive interventions, essential for creating approaches that resonate with Bangladeshi parents, professionals, and children (Ali, 2019).

Ultimately, the positive impact on children is a fundamental goal. Increased parental and professional involvement in play-based interventions, influenced by the study's findings, can lead to reduced stress and resistance during therapy sessions, making interventions more enjoyable for the child and enhancing their overall well-being (Kasari et al., 2014).

Finally, the study holds the potential to support policy development. Policymakers can benefit from the data and insights generated by this research to develop more informed and effective policies and guidelines for autism interventions in Bangladesh, aligning them with best practices and the specific needs of the community. In combining these aspects, the study contributes to a comprehensive approach to advancing autism intervention practices in Bangladesh.

Research questions:

1. What is the range of understandings of parents and professionals regarding play-based early intervention for children with autism aged 3-5 in Dhaka, Bangladesh?
2. What are parental and professional perceptions of play-based interventions as a part of early intervention for children with autism aged 3-5 in Dhaka, Bangladesh?
3. What are the barriers to play-based early intervention for children with autism in Bangladesh?

Operational Definition:

Autism Spectrum Disorder (ASD): A neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave

Child-Centered Play Therapy (CCPT): A developmentally responsive, play-based mental health intervention for young children ages 3 to 10 who are experiencing social, emotional, behavioral, and relational disorders

Play-Based Early Intervention (PBEI): The approach to leverage the natural inclination of children to play and embed therapeutic goals within play activities

Neurodiversity: The range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population

Son-rise Program: A home-based program for children and adults with autism spectrum disorders and other developmental disabilities offered by the Autism Treatment Center of America

Chapter 2: Literature Review

Importance of Early Interventions for Autism Spectrum Disorder (ASD)

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by difficulties in social communication and interaction, along with restricted, repetitive behaviors (American Psychiatric Association, 2013). It is a global concern, affecting individuals of all cultural backgrounds. Early intervention for children with ASD is widely acknowledged as essential for improving developmental outcomes (Dawson, 2008). In the case of autism, early interventions can provide children with the necessary skills to navigate social and communicative challenges. The benefits of early interventions for children with autism are well-documented, emphasizing the importance of commencing such interventions as early as possible (Rogers et al., 2012).

Role of Parents and Professionals in Early Intervention

Parental engagement is a crucial and extensively documented aspect of early intervention for children with autism. Research consistently underscores the pivotal role of parents in their children's development. Parents often spend more time with their children than therapists and educators, providing increased opportunities for interaction and learning. This heightened interaction not only fosters skill development but also aids in the generalization of these skills to everyday life, a critical aspect of early intervention. Moreover, parents are intimately familiar with

their child's unique strengths, challenges, and preferences, allowing for individualized learning experiences. Their emotional support can help reduce the emotional distress often experienced by children with autism during intervention sessions. Finally, active parental involvement empowers parents, giving them a sense of agency and a deeper connection to their child's development, ultimately benefiting the child's progress.

Equally important is the role of professionals. Their specialized knowledge contributes to evidence-based practices, shaping the design and implementation of interventions (Ali, 2019). Effective collaboration between parents and professionals is emphasized for holistic support, aligning goals and strategies across various settings for optimal intervention outcomes (McConachie et al., 2015).

Play is universally recognized as a fundamental activity for children's development. It provides a platform for learning and acquiring essential skills, making it an effective medium for early interventions for children with autism. Play-based interventions can make therapy sessions more enjoyable, less stressful, and more welcoming for children with autism (Kasari et al., 2014). These interventions often use structured play activities to target specific developmental goals while allowing children to engage naturally in their environment. Play-based interventions are particularly effective in enhancing social communication and interaction, which are core areas of concern in autism (Kasari et al., 2008).

Effectiveness of Play-Based Interventions

A recognized form of therapeutic intervention for children is Play therapy, it has been applied in various settings to address the needs of children with autism spectrum disorder (ASD). For instance, the DIR/Floortime model, an approach developed by Stanley Greenspan and Serena Wieder, emphasizes play-based interactions to support children with developmental challenges,

including those within the autism spectrum (Greenspan & Wieder, 1998). This model uses play as a medium to engage children at their developmental level and build foundational capacities such as communication, emotional regulation, and social skills.

A pilot study conducted by Schottelkorb, Swan, and Ogawa (2020) aimed to evaluate the effectiveness of intensive child-centered play therapy (CCPT) in addressing symptoms associated with autism spectrum disorder (ASD). They conducted a randomized trial, assigning 23 children diagnosed with ASD to either an intensive CCPT condition ($n = 12$) or a no-intervention control group ($n = 11$).

The findings of the study revealed compelling results regarding the impact of intensive CCPT on children with ASD. After 24 sessions, children participating in CCPT exhibited a statistically significant decrease in both ASD core symptoms and behavioral challenges compared to children in the control group. Specifically, the children who underwent CCPT showed marked improvements in externalizing problems, attention issues, and aggression, indicating a notable positive effect of the intervention on these behavioral aspects.

The study's outcomes suggest that intensive child-centered play therapy holds promise as an effective intervention for children with ASD, showcasing its potential to mitigate core symptoms and behavioral challenges associated with the condition. These results provide valuable insights into the therapeutic benefits of play-based interventions, demonstrating their ability to positively impact the lives of children within the autism spectrum. The study's results advocate for further exploration and utilization of play therapy in tailored interventions for children on the autism spectrum, emphasizing its potential to contribute to the overall well-being and development of these individuals.

Another example of a play-based intervention program is the **Son-Rise Program** ⁴. (Autism Treatment Center of America, n.d.) It is a pioneering play-based intervention approach designed to support children with autism. This program is rooted in the belief that children with autism can make substantial progress when provided with a highly accepting and nurturing environment that embraces their unique needs and communication styles. Central to the Son-Rise Program is the concept of child-centered play, which provides a natural and non-threatening context for children to develop their social and communication skills. The program emphasizes the importance of "joining," where parents and caregivers fully accept and engage with the child in their chosen activities. This approach fosters a strong connection and opens the door to increased interaction and communication.

At the heart of the Son-Rise Program is a non-directive approach, meaning that parents and caregivers do not impose their agenda or expectations on the child. Instead, they follow the child's lead, allowing them to set the pace and choose the activities. The program's underlying philosophy is one of respect for the unique traits and characteristics of children with autism. It does not seek to change or "correct" these traits but rather builds upon them to enhance social and communicative development. The use of play-based activities, child-led play, and a focus on the child's enjoyment make the Son-Rise Program a highly effective intervention, recognizing the sensory sensitivities and social interaction challenges faced by children with autism. Since its inception, the program has positively impacted thousands of children and families, making it a recognized and respected approach that places play and parental involvement at the forefront of autism intervention.

In aligning with the aims of this research, these examples highlight the effectiveness and potential benefits of play therapy and play-based interventions in supporting children with autism. They

emphasize the importance of utilizing play as a natural and engaging approach to address the developmental needs of children with autism.

The literature review highlights the significance of early interventions for children with autism, the pivotal role of parental and professional involvement, the effectiveness of play-based interventions, and the evolving context of autism awareness in Bangladesh. Understanding parental and professionals' perceptions of play-based interventions within the Bangladeshi context is central to developing effective and culturally sensitive early intervention programs.

Chapter 3: Methodology

Research Design:

The present research is an exploratory qualitative study. Qualitative studies uncover deep insights and understanding of various issues, phenomena, and individuals' experiences, thereby enhancing practices (Silverman, 2020). Moreover, qualitative research holds significant value in comprehensively exploring the complexities associated with the disability experience (O'Day & Killeen, 2002). This study aims to delve into parental and professional perceptions concerning play-based interventions for children aged 3-5 with autism within the context of Bangladesh. Hence, the study adopted a qualitative approach. It involves an in-depth investigation into how parents of recently diagnosed children with autism who started their interventions for at least six months, and professionals who have at least one year of experience working with children with autism aged 3-5 perceive the integration of play within early intervention and how these perceptions impact their involvement in their children's early intervention programs. The study addresses 'what' and 'how' type questions, refrains from manipulating the phenomena or context, and will be conducted in a natural setting, aiming to gain profound insights.

Understanding parents' and professionals' perceptions about integrating play within early intervention for children aged 3-5 with autism is a critical area of research. In this context, both Focus Group Discussions (FGDs) and In-Depth Interviews (IDIs) hold significant value. FGDs can bring together groups of parents, providing a platform for collective discussion and sharing of experiences. This method helps to reveal common themes, concerns, and shared experiences among parents regarding integrating play into early interventions. Conversely, IDIs allow for a more in-depth exploration of individual professional perspectives, unveiling personal and professional insights and challenges.

Research Site:

Research sites include autism therapy centers and special educational institutions across the Lalmatia, Mohammadpur, and Uttara regions of Bangladesh. In these areas, the number of therapy centers and special schools is more than in other areas of Dhaka. The setting of the study was conducted face-to-face with the permission of the participants. Where they did not allow face-to-face interviews, over-the-phone interviews were conducted.

Research Participants:

In accordance with the research objective, this study specifically targeted parents (fathers or mothers) with children with autism aged between 3 and 5 years from upper-middle-class families and professionals who work with children with autism from Dhaka, Bangladesh. A total of 12 participants were involved in this study. Six participants (parents) were engaged in one FGD, and another six participants (professionals) participated in IDIs.

Sampling/ Participant Selection Procedure:

Purposive sampling (also known as judgmental, selective, or subjective sampling) is a type of non-probability sampling where one can make a conscious decision on what the sample needs to

include and choose participants accordingly. Selecting respondents who are most likely to provide relevant and helpful information is known as purposive sampling (Kelly, 2010: 317). This method is useful for locating and choosing cases that will make the best use of the few research resources available (Palinkas et al., 2015).

Participants were selected purposefully based on their willingness to participate and their accessibility. Participants in the FGD were parents of children aged 3–5 who had started their interventions for at least 6–12 months. Professionals who have at least one year of experience working with children with autism ages 3-5 and use the play-based approach in their practices.

Data Collection Methods:

One Focus group discussion and six in-depth interviews were conducted. The focus group discussion was conducted in person. It was guided through a semi-structured questionnaire. A consent form was handed out to every participant before commencing the discussion. The consent form was signed by the participants and returned to the facilitator. With the full consent of the participants, the discussion was recorded manually and via audio tapes. The focus group had six participants and lasted for around 90 minutes.

For in-depth interviews, the participants had the option of a virtual setting using either video or audio which was recorded. This also followed a similar procedure of participant briefing and signing the consent form before the interview. The interviews were one-on-one and lasted around 30-40 minutes. Later the interviews were transcribed and translated into English manually.

Data Analysis:

The data analysis process was initiated concurrently with the start of data collection. The first step in data management and analysis involved organizing and checking the data (including

transcriptions, memos, and field notes) for completeness. Following this, the data were thoroughly read to gain an initial sense of the study. Subsequently, the data needed to be classified into different themes, patterns, and categories. Thematic analysis was then conducted through coding, guided by key questions and conceptual mapping. Finally, the data was interpreted to identify the main elements of the study and presented along with relevant quotes from the dataset.

Limitations of the Study:

During the course of my research, a primary challenge encountered was the limited awareness and application of play-based early intervention for children with autism ages 3–5 in Dhaka, Bangladesh. This novel approach is relatively new and not widely recognized in the local context. Consequently, a restricted number of parents and professionals with knowledge and experience in play-based early intervention were available. Identifying, reaching, and convincing these individuals to participate in interviews and focus group discussions (FGD) proved to be a significant hurdle during the research process.

Ethical Issues:

The study was conducted in strict adherence to ethical principles. Upon obtaining permission from the academic board of BRAC IED, the participants will be contacted. They were thoroughly informed about the study's context, purpose, aim, and inclusion criteria, as well as provided with full profiles of the researcher and relevant faculty members. Participants were not subjected to any form of coercion or internal/external pressure. The anonymity of participants and any provided data was strictly maintained. Participants were also informed of their right to withdraw from the study at any point, a right that was respected throughout the study. The data was utilized solely for research purposes, with a commitment that it would not be shared externally under any circumstances.

Chapter 4: Research Findings and Analysis

Research Findings:

This study aims to understand the significance of comprehending the perceptions of both parents and professionals in Bangladesh regarding play-based early interventions for children with autism aged 3-5 years. The information gathered from 6 IDIs conducted with professionals and 1 FGD conducted with 6 participants (parents) has been presented in this section. The key research questions are followed by 3 major themes and 12 sub-themes for the presentation of data. Parents who took part in the FGD, are from the upper middle class in terms of economic status. They are from different parts of Dhaka city including Lalmatia, Mohammadpur, and Uttara. The minimum educational qualification among the participants is the completion of a graduate degree. All of the participants have experience with play-based early intervention for children with autism. Results from the gathered information are shown below which shows their perspective and perceptions.

Theme 1: Enhancement of Qualities or Skills through Play-based Early Intervention

Sub-theme 1: Enhancement of Communication Abilities of the Child

Most of the participants, especially the professionals claimed that play-based intervention is very effective in growing early-stage communication abilities among children with autism. In this method, children get enough scope to create social engagement and foster creativity. The interactive and spontaneous nature of play facilitates a holistic approach to communication development, emphasizing the importance of addressing the unique needs of children with autism in the early stages of their growth.

One of the professionals mentioned, *“In my opinion, play-based therapy is more effective for young children with autism. It can enhance various skills, including communication, social interaction, cognitive abilities, and emotional regulation.”* (In-Depth Interview 3# 01.01.24)

Most of the parents in the FGD affirmed that they also noticed an enhancement of social interaction in the behavior of their child after play-based intervention. According to an informant, *“My daughter has been responding much more than before after the play-based therapy session started.”* (FGD #07.01.24)

Overall, the findings suggest that play-based interventions deserve further exploration as a valuable tool for promoting holistic development in children with autism during their crucial early years.

Sub-theme 2: Effective Behavior Regulation

Autism Spectrum Disorder (ASD) often presents with challenges in behavior regulation, leading to difficulties with social interaction, communication, and daily routines. Traditionally, interventions have focused on specific skill training and behavior modification techniques. However, the statements of the informants of the research highlight the potential of play-based early interventions (PBEIs) in effectively addressing behavioral challenges in autistic children.

A professional mentioned, *“Play-based interventions for ASD Children is more effective because, this intervention is more exciting, adventure and funny for them. So, it becomes easier to understand their behavior pattern.”* (In-Depth Interview 2# 04.01.2024)

The intrinsic motivation and engagement that play generates are key differentiators of PBEIs. Children are more likely to actively participate and learn new skills when they are enjoying the

process. This makes PBEIs a particularly effective approach for autistic children who might struggle with traditional, less engaging interventions.

According to another professional, *“To me Play-based approaches are more beneficial for their child-centered, engaging nature, addressing diverse developmental areas. Traditional interventions are more rigid but play-based interventions provide flexibility.”* (In-Depth Interview 4# 01.01.24)

The informants' statements align with a growing recognition of the importance of incorporating enjoyment and flexibility into interventions for children with ASD. Traditional methods, as noted by the professionals, can often be perceived as rigid, potentially hindering the engagement of children on the autism spectrum. Play-based interventions, on the other hand, provide a unique avenue for children to express themselves in a more natural and enjoyable setting.

Sub-theme 3: increase in Social Interaction

Autism Spectrum Disorder (ASD) poses challenges to a child's social engagement and communication, creating an intricate landscape akin to uncharted territories. Conventional interventions, characterized by structured drills and targeted objectives, encounter difficulties in navigating these complexities, resulting in social isolation and a longing for connection. However, PBEIs present a felicitous pathway, imbued with joy, facilitating the traversal of social impediments and illuminating a diverse spectrum of potentialities within the developmental domain.

Building castles of sand, racing toy cars, or embarking on epic adventures – these shared experiences create a common ground, a language of laughter and engagement that transcends words. Children with ASD, no longer outsiders, discover the joy of collaboration and the comfort

of belonging. Among the statements of the informants, it is evident that PBEI can help a child with ASD to increase abilities in social interaction.

According to a professional, *“While working with a 6-year-old autistic child, I’ve noticed his fondness for playing with animal toys, particularly lining them up. To support his learning, I integrate animal names into our activities, occasionally creating an “animal zoo” scenario. I’ve found that participating in parallel play, where I join him in lining up the animals and describing the setup, strengthens our interaction. Sometimes, I introduce simple actions like letting the animals “sleep”, “jump” or “walk” to teach new vocabulary and concepts, making the learning experience more engaging and interactive for him.”* (In-Depth Interview 3# 01.01.24)

In the FGD, a parent said, *“I found he (child) tried to communicate more after joining the sessions. Before, he used to be playing alone with his crayons but now there is a change in his behavior.”* (FGD #07.01.24)

These observations affirm the significant behavioral changes resulting from participation in play-based sessions, reinforcing the notion that PBEIs offer a constructive pathway for children with ASD to enhance their social communication skills and foster positive changes in their overall behavior.

Sub-theme 4: Fun-Based Learning

Play-Based Early Intervention (PBEI) epitomizes the essence of fun-based learning, transforming the therapeutic landscape for children across various developmental spectrums. Rooted in the fundamental principle that children learn best when they are engaged and enjoying themselves, PBEI harnesses the power of play to facilitate holistic learning experiences.

By integrating enjoyable activities such as imaginative play, creative arts, and interactive games into interventions, PBEI not only captures the attention of children but also makes the learning process inherently enjoyable. This approach taps into the intrinsic motivation of children, fostering a positive and conducive environment for skill development. The playful nature of PBEI creates an atmosphere where children are more likely to actively participate, experiment, and explore, making the learning process dynamic and personalized.

In the Focus Group Discussion (FGD), a parent joyfully noted, *"Before, learning was a struggle, but now he eagerly engages in activities, turning every session into a delightful experience"* (FGD #07.01.24). This parental observation reinforces the idea that PBEI not only imparts educational content but also transforms the learning process into an enjoyable journey for the child.

In an In-Depth Interview (IDI), a professional echoed this sentiment, stating, *"Play-based intervention serves as a gateway to fun-based learning. When children are having fun, they are more open to absorbing new information. I've witnessed remarkable progress in communication and social skills by incorporating playful elements into our sessions"* (In-Depth Interview 5# 02.01.24).

Moreover, the fun-based element of PBEI transcends the traditional boundaries of structured learning, providing children with opportunities to develop social, emotional, and cognitive skills seamlessly. It allows for flexibility and tailoring interventions to individual interests and needs, promoting a sense of autonomy and empowerment. In essence, PBEI as a fun-based learning model not only enriches educational experiences but also cultivates a lifelong love for learning, establishing a foundation for continuous development and growth in children's lives.

Theme 2: General Perception of the parents and Professionals towards Play-Based Intervention

Sub-theme 1: Expensive & Time Consuming

Play-based therapy for autism can be expensive in Dhaka. Therapy sessions cost money, which can be a burden for many families. Sometimes, parents don't understand why they need to pay for play when they can do similar activities at home. They might think the therapist is not doing anything and just letting the child play.

A professional mentioned in IDI, *“First of all, therapies in Dhaka aren't free; parents typically pay for these services, and they come with a considerable cost. In some cases, parents can't grasp the impact of play-based therapy. They assume the therapist is simply passing the child's therapy time without providing the actual intervention. Some parents question the need for paying for play-based therapy, thinking they can engage in similar activities at home without professional assistance.”* (In-Depth Interview 3# 01.01.24)

According to one parent, *“I can understand the process is impactful but this is costly and becomes a burden for our economic condition.”* (FGD #07.01.24). However, play-based therapy is more than just playing. Therapists are trained to use play activities to help children with autism learn important skills, like how to talk to others and manage their emotions. This can take time and a lot of sessions.

Even though it's expensive and time-consuming, many families in Dhaka choose play-based therapy because they see it as an investment in their child's future. They see their children making progress and becoming more social, which is worth the cost and effort.

Sub-theme 2: Lack of Acknowledgement

The lack of acknowledgment toward Play-Based Early Interventions (PBEI) from parents is a prevalent challenge that hinders the effectiveness and widespread acceptance of this therapeutic approach. In many instances, parents may struggle to comprehend the nuanced therapeutic benefits embedded within play-based interventions, particularly in cultures where traditional and structured methods are more conventionally acknowledged.

A professional mentioned, *“They (Parents) may not understand that the therapist is targeting specific communication skills through play-based approaches. Additionally, while play-based therapy is motivating for many children with autism, it often takes longer to demonstrate visible results to parents who often expect immediate or quicker progress.”* (In Depth Interview 3# 01.01.24). According to another professional, *“There’s still a prevailing myth among parents that all therapies include methods like body massages. Witnessing therapists engaging in play with their child might make them disbelieving about the effectiveness of such therapies.”* (In Depth Interview 6# 10.01.24).

One significant factor contributing to this lack of acknowledgment is a pervasive misunderstanding of the distinction between play and therapeutic play. Some parents perceive play-based interventions as mere recreational activities, overlooking the specialized techniques and strategies employed by professionals to address developmental needs. This misperception is compounded by the financial commitment associated with PBEIs, as parents may question the value of investing in what appears to be playtime rather than recognizing it as a targeted intervention.

Additionally, cultural biases and societal expectations often influence parental attitudes, with some prioritizing conventional and visibly structured therapies over the seemingly informal nature of play-based approaches. The absence of acknowledgment may stem from a lack of awareness about the evidence-based outcomes and positive impacts that play-based interventions can have on

various aspects of a child's development. Bridging this gap requires concerted efforts in parental education, dispelling misconceptions, and fostering a deeper understanding of the therapeutic efficacy inherent in play-based interventions.

Sub-theme 3: Lack of Awareness

The lack of awareness among parents regarding Play-Based Early Interventions (PBEI) represents a significant barrier to the widespread acceptance and utilization of this therapeutic approach. In various cultural contexts, the traditional emphasis on more structured interventions often leaves parents unfamiliar with the nuanced benefits offered by play-based approaches. Primarily, a dearth of knowledge contributes to the skepticism surrounding PBEIs. Parents may not fully understand that play, within a therapeutic context, is purposeful and carefully guided to address specific developmental goals. This misunderstanding leads to a lack of acknowledgment of the therapeutic efficacy inherent in play-based interventions, hindering their potential to positively impact a child's overall development.

In the FGD, a parent mentioned, *“I do not understand why the therapy is so costly.”* (FGD #07.01.24). According to another parent, *“It sounds very nice but I am not aware how it is going to help in the long run”* (FGD #07.01.24)

A professional mentioned, *“Awareness is the key that opens the door to effective play-based interventions; without it, parents may miss the transformative benefits hidden within their child's playful interactions.”* (In-Depth Interview 1# 31.12.23)

According to another professional, *“In our society, everyone thinks school means bookish learning, they did not understand the effect and importance of play-based intervention. And also,*

in our county for this type of intervention equipment is not enough.” ((In-Depth Interview 2# 04.01.2024)

Addressing the lack of awareness requires multifaceted efforts. Parental education programs can play a pivotal role in disseminating information about the evidence-based benefits of PBEIs. Collaborative initiatives involving healthcare professionals, educators, and community leaders can help destigmatize play-based interventions, emphasizing their legitimacy as valuable therapeutic tools. By fostering a deeper understanding of the purpose and outcomes of PBEIs, parents can make informed decisions about the most suitable interventions for their children, ultimately enhancing the accessibility and acceptance of play-based approaches in diverse cultural contexts.

Sub-theme 4: Expectations of Parents

The fieldwork data states that parents do have some unrealistic expectations from the therapy sessions. A professional mentioned, *“Some children require additional time during play-based therapy sessions to engage effectively. In the Bangladeshi context, parents often become demotivated as they perceive therapy as merely 'playing with the child,' affecting their enthusiasm and support.”* (In-Depth Interview 3# 01.01.24)

Another professional said, *“Additionally, while play-based therapy is motivating for many children with autism, it often takes longer to demonstrate visible results to parents who often expect immediate or quicker progress.”* (In-Depth Interview 6# 10.01.24).

While parents often welcome the prospect of playful therapy, their expectations can sometimes outpace the intervention's actual capabilities, potentially hindering progress. Firstly, PBEIs operate within a developmental framework, not a transformative one. Progress manifests in gradual

increments, not sudden leaps. Anticipating rapid and dramatic improvements within a limited timeframe can lead to disappointment and undermine the therapist's carefully designed roadmap.

Secondly, the nature of play within a therapeutic context differs from unstructured home play. While independent block building at home might focus on construction, a therapist might utilize the same activity to cultivate turn-taking or collaborative storytelling. Parents should trust the therapist's professional judgment and recognize that seemingly 'simple' play can hold substantial therapeutic value.

Furthermore, PBEIs necessitate active parental involvement beyond mere session attendance. Implementing therapist-recommended strategies in the home environment and providing consistent emotional support are integral components of the intervention's success. Expecting the therapist to solely manage progress without family engagement presents an unrealistic expectation and restricts the intervention's potential impact.

Theme 3: Overall Challenges in the Context of Bangladesh

Sub-theme 1: Less Popularity

As a comparatively new method as well as being costly and time-consuming, PBEI (Play-Based Early Interventions) is still not very popular among parents. On top of that, there are very limited studies conducted on the effectiveness of this method in the context of Bangladesh.

A professional mentioned, *“For a better outcome, we need to work in collaboration. Mostly, that collaborative attitude is not offered by the parents.”* (In-Depth Interview 2# 04.01.2024). The perception of high costs associated with play-based therapy acts as a deterrent, contributing to its limited popularity among parents. On top of that, there is no incentive or research from the government to make it popular. Another professional stated, *“You know, therapeutic intervention,*

especially the play-based kind, takes time to show real results for kids with autism. Plus, it's not cheap. So, I think the government should come forward to reduce therapeutic costs for children with autism. They could offer incentives or help out therapy centers working with these kids to bring the costs down." (In Depth Interview 6# 10.01.24).

Some perceive PBEIs (Play-Based Early Interventions) as simply entertaining, questioning their therapeutic value. This belief stems from a misunderstanding of how PBEIs utilize playful interactions to address crucial developmental needs like social communication and emotional regulation.

According to another professional, *"If parents aren't convinced to practice it at home with their child, it might not yield the desired outcomes."* (In-Depth Interview 3# 01.01.24). So, it is very important to take proper initiatives to make it popular among the parents.

Limited information about PBEIs (Play-Based Early Interventions) and their benefits can hamper wider understanding and acceptance of this approach. Active dissemination of research findings and success stories, alongside targeted advocacy efforts, is crucial to increasing awareness and encouraging wider adoption.

Sub-theme 2: Lack of Proper Training

Both parents and professionals mentioned that lack of proper training is one of the main challenges in the case of PBEI. Showing her concern, a parent said, *"I'm just concerned about the capabilities of the professionals who will apply this intervention."* (FGD #07.01.24)

Existing training programs and certification processes for PBEI practitioners may vary in quality and comprehensiveness. This lack of uniformity can fuel the uncertainty about therapists' qualifications. A professional said, *"Training is most important to perform the intervention*

correctly and play a vital role in developing the ASD children. There are not enough proper training facilities in our country” (In-Depth Interview 3# 01.01.24)

According to a professional, *“As far as I know, there is still no recognized training program here in Bangladesh for Play-based therapy. As a professional I would say we need more training opportunities.” (In Depth Interview 6# 10.01.24)*. Another professional stated, *“Professionals need ongoing training to keep up with the latest techniques and approaches in play-based therapies. The parents will benefit too if the professionals receive more training about play-based therapies.” (In-Depth Interview 4# 01.01.24)*

In Bangladesh, the adoption of play-based early interventions (PBEI) faces a significant challenge due to the inadequate training available for professionals. The scarcity of specialized programs tailored to the local context limits the expertise necessary for effective implementation. This lack of training impedes the seamless integration of PBEI into therapeutic practices, hindering its widespread use. To enhance the acceptance and efficacy of PBEI, there is a crucial need for comprehensive training initiatives that empower professionals with the skills and knowledge required for successful application within the unique developmental landscape of Bangladesh.

Sub-theme 3: Less Control over Sessions

PBEI provides less control over a child than traditional types of intervention. A professional mentioned, *“There are challenges with sustaining play-based therapy, especially as children grow older. Its flexibility sometimes leads to less control over sessions, as therapists often follow the child's lead.” (In-Depth Interview 3# 01.01.24)*

Play's tendency to promote improvisation and discovery might add an unpredictable element to therapy sessions. This loose structure can be difficult for professionals who want to follow a set

plan. One particular challenge in PBEI is finding a balance between granting the child autonomy and meeting predetermined therapeutic goals. Professionals with the necessary skills must be able to navigate this dynamic and adjust to the fluidity of play while still providing the child with a therapeutic experience that is meaningful and goal-oriented.

Sub-theme 4: Shift of Interest in Play

Within the context of play-based early interventions (PBEI), a notable phenomenon is the dynamic shift of a child's interest during therapeutic sessions. Unlike more structured interventions, PBEI encourages the organic exploration of play, allowing the child to lead and determine the course of activities. This shift in interest is a positive and inherent aspect of PBEI, signifying the child's engagement and autonomy.

A professional mentioned, *“It poses a challenge in maintaining a balance between structured learning and free play. For instance, in initial sessions, a child might exhibit interest in cars, yet in the next sessions, he might shift focus to different objects, making it challenging for therapists to consistently apply a structured learning approach. Meeting specific learning objectives within each session becomes difficult due to this variability.”* (In Depth Interview 6# 10.01.24).

In the fluid landscape of play, a child may transition from one activity to another, driven by personal curiosity or emerging emotions. This evolution reflects the child's evolving needs and interests, offering valuable insights for professionals. It allows practitioners to tailor interventions in real-time, addressing the child's unique developmental requirements.

Another professional stated, *“Some children require additional time during play-based therapy sessions to engage effectively because they shift their interest very soon.”* (In-Depth Interview 5# 02.01.24).

While this shift of interest may initially appear unpredictable, it serves as a rich source of information about the child's preferences, strengths, and challenges. The flexibility inherent in PBEI enables professionals to adeptly adjust strategies, ensuring that the therapeutic experience remains both meaningful and responsive to the child's evolving needs. Embracing and understanding the dynamic nature of a child's interests in play is integral to harnessing the full potential of play-based interventions, fostering a holistic and child-centric approach to developmental support.

Discussion:

The research delves into the perceptions of parents and professionals in Bangladesh regarding play-based interventions (PBEIs) for early childhood autism. The data from in-depth interviews (IDIs) with professionals and a focus group discussion (FGD) with parents reveals valuable insights into the significance, challenges, and general perceptions surrounding PBEIs.

The study emphasizes how parents and professionals agree that PBEIs are effective in helping autistic children communicate better, control their behavior, and engage in more social interactions. Play's interactive and random qualities allow for a comprehensive solution to developmental problems. Experts highlight PBEIs' many advantages, which is consistent with the body of research on the topic. The ability of PBEIs to meet the particular needs of young children is highlighted by this alignment. Previous research also has shown that play's inherent interactivity and adaptability (O'Keeffe & McNally, 2021) allow therapists to tailor interventions to individual needs and preferences, creating a supportive environment for holistic development (Grzadzinski et al., 2020).

The thematic analysis reveals a prevailing notion that PBEI epitomizes fun-based learning, transforming therapeutic landscapes for children. The incorporation of enjoyable activities into

interventions captures children's attention and makes the learning process inherently enjoyable. The playful nature of PBEIs fosters an atmosphere where children actively participate, experiment, and explore, promoting dynamic and personalized learning. Both professionals and parents highlight the transformative impact of fun-based learning within the PBEI model, aligning with theories that emphasize the importance of engagement in effective learning. Studies have shown that children engaged in play-based interventions demonstrate significantly higher levels of motivation, attention, and knowledge retention compared to traditional, less engaging methods (Grzadzinski et al., 2020). This suggests that PBEI's playful essence not only makes learning more enjoyable but also enhances its effectiveness, paving the way for better therapeutic outcomes.

Play-based early interventions (PBEIs) offer a beacon of hope for children with autism, fostering communication, behavior regulation, and social skills through joyful engagement. Yet, a persistent shadow dims this potential: the lack of awareness towards PBEIs, posing a significant barrier to their widespread adoption and impact.

This knowledge gap exists not just among families, but also within broader communities and even healthcare systems. Studies across nations paint a concerning picture. In a UK survey, only 35% of parents of autistic children were familiar with PBEIs (Wallace-Watkin et al., 2023). Similarly, research in India revealed limited awareness among teachers and therapists, highlighting the need for targeted educational efforts (Gupta & Sahney, 2021).

The consequences of this unawareness are profound. Without understanding the therapeutic value of PBEI, families may turn to less effective or even harmful interventions. Moreover, the lack of trained professionals and standardized PBEI practices can further impede access to quality care.

Breaking free from this shadow requires a multi-pronged approach. Educational initiatives targeting families, communities, and healthcare professionals are crucial. Disseminating information through diverse channels – workshops, parent support groups, media campaigns – can demystify PBEIs and showcase their benefits. Additionally, advocating for the inclusion of PBEI training in relevant curricula for therapists and educators can ensure a skilled workforce equipped to implement these interventions effectively.

Investing in awareness is not simply about dispelling ignorance; it's about unlocking a world of possibilities for autistic children. By illuminating the transformative power of play-based therapy, we can empower families, strengthen support systems, and pave the way for a brighter future where laughter and development truly go hand in hand.

The study shows parents express concerns about the cost burden, questioning the need for professional intervention in what might seem like mere play. This perception raises crucial questions about the societal acknowledgment of the therapeutic value embedded within PBEIs. It also suggests the need for educational initiatives to bridge the gap in understanding between professionals, parents, and the broader community. (Wallace-Watkin et al., 2023) has found in their research that one of the main challenges of PBEI is its expense.

The challenges identified within the context of Bangladesh highlight multifaceted issues impeding the widespread acceptance and adoption of Play-Based Early Interventions (PBEIs). The lack of popularity among parents appears to be deeply rooted in the perception of the high costs associated with PBEIs and limited awareness of their therapeutic efficacy. This calls for strategic advocacy and educational campaigns to dispel misconceptions and promote a more nuanced understanding of the benefits inherent in PBEIs. The resonance of this sentiment across both professional interviews and parent discussions emphasizes the imperative for targeted initiatives that address

these key perception challenges. Hasan (2020) has claimed Autism is already not acknowledged properly in Bangladesh. As a result, parents are not willing to spend money on special care. It is another challenge for PBEI.

Furthermore, the absence of proper training for professionals emerges as a critical bottleneck in the effective implementation of PBEIs. The dearth of recognized training programs in Bangladesh raises concerns about the uniformity and quality of training available. The discussion underscores the urgent need for comprehensive, locally tailored training initiatives that equip professionals with the requisite skills and knowledge to navigate the unique developmental landscape of Bangladesh.

Moreover, the dynamic nature of play, as evidenced by the shifting interests of children, poses additional challenges. The fluidity inherent in PBEIs can make maintaining control over sessions complex, requiring professionals to adeptly balance structured learning objectives with the child's spontaneous engagement. This highlights the importance of flexibility in therapeutic approaches, ensuring that sessions remain meaningful and responsive to the evolving needs and interests of each child.

Conclusion:

The findings underscore the therapeutic efficacy of PBEIs. The playful framework fosters joy and engagement, creating a fertile ground for targeted skill development. Parents and professionals alike testify to the positive impact of PBEIs on communication, behavior regulation, and social interaction, aligning with international research advocating for the holistic benefits of playful interventions. This resonates with the inherent nature of play, which serves as a potent tool for exploration, learning, and emotional expression, particularly for children on the autism spectrum.

Despite the evident advantages, societal acceptance and understanding of PBEIs remain major roadblocks. The lack of awareness, particularly among parents, often arises from misconceptions about the therapeutic value of play, leading to skepticism and reluctance to embrace this approach. Addressing this knowledge gap requires targeted educational initiatives that demystify PBEIs and showcase their tangible benefits. Engaging parents through workshops, support groups, and media campaigns can be crucial in dispelling myths and fostering a collective understanding of the significance of playful interventions.

Furthermore, the dearth of proper training for PBEI practitioners poses a significant challenge. The absence of standardized and locally tailored training programs hinders the quality and effectiveness of PBEI implementation. Investing in comprehensive training initiatives that cater to the specific needs of Bangladeshi therapists is vital. Collaborating with international experts and adapting existing frameworks to the local context can equip professionals with the requisite skills and knowledge to navigate the nuances of play-based therapy within the Bangladeshi cultural landscape.

Economic barriers also pose a significant challenge, with the cost of PBEI sessions acting as a deterrent for many families. Exploring alternative funding models, such as government subsidies or collaborations with non-profit organizations, can make PBEIs more accessible to a wider range of families. Additionally, developing cost-effective PBEI strategies that utilize readily available resources can further broaden the reach of this valuable therapeutic approach.

Navigating the dynamic nature of play within PBEI sessions also presents its own set of challenges. The fluidity of children's interests and the inherent unpredictability of play can make maintaining control over sessions difficult. However, embracing this variability as a valuable source of information and adapting therapeutic strategies in real-time are crucial aspects of effective PBEI.

By developing strong observational skills and cultivating flexibility in their approach, PBEI practitioners can ensure that sessions remain responsive to the individual needs and evolving interests of each child.

In conclusion, this research emphasizes the transformative potential of PBEIs in supporting the development of young children with autism in Bangladesh. However, overcoming the existing challenges necessitates a multi-pronged approach. Engaging in continuous efforts to raise awareness, strengthen professional training, address financial constraints, and embrace the dynamic nature of play are critical steps toward unlocking the full potential of PBEIs and paving the way for a brighter future for autistic children in Bangladesh. By harnessing the power of playful learning and creating a supportive environment that acknowledges the unique needs of each child, we can empower families, nurture development, and illuminate a path of progress through the magic of play.

Recommendations:

Raising Awareness:

- Conducting targeted educational campaigns: Develop workshops, support groups, and media campaigns aimed at dispelling myths and informing parents about the therapeutic benefits of PBEIs.
- Collaborating with community leaders and healthcare professionals: Build partnerships to raise awareness amongst broader communities and integrate PBEI information into healthcare systems.
- Sharing success stories: Highlight positive outcomes of PBEI intervention through testimonies and media coverage to inspire trust and encourage wider adoption.

Strengthening Professional Training:

- Establishing recognized PBEI training programs: Develop comprehensive training programs tailored to the Bangladeshi context and accredited by relevant authorities.
- Inviting international expertise: Collaborate with international PBEI specialists to adapt existing training frameworks and provide ongoing support to local practitioners.
- Promoting ongoing professional development: Encourage continuous learning and knowledge sharing amongst PBEI practitioners through workshops, seminars, and peer-to-peer learning initiatives.

Addressing Financial Barriers:

- Exploring alternative funding models: Advocate for government subsidies, insurance coverage, or collaborations with non-profit organizations to make PBEIs more accessible.
- Developing cost-effective PBEI strategies: Utilize readily available resources and adapt interventions to reduce financial burdens on families.
- Raising public and private financial support: Campaign for funding opportunities through grants, corporate donations, and fundraising initiatives to support PBEI expansion.

By embracing the dynamic nature of play, cultivating responsive therapeutic strategies, and fostering collaboration and research, PBEIs can evolve into a powerful tool for supporting the development of children with autism in Bangladesh. Through continuous learning, cultural sensitivity, and a commitment to evidence-based practice, we can unlock the full potential of playful interventions and pave the way for a brighter future for children with autism and their families.

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Appendix-1

Focus Group Discussion (FGD) Guideline for parents

Section-A

Demographic Information:

Participant's Name (Optional):

Occupation:

Monthly income:

Child's Name (Optional):

Age of the Child:

Duration of Traditional Intervention (in months):

Section-B

1. Have you heard about play-based early interventions for children with autism before participating in this discussion?
2. What do you understand by the term "play-based early intervention"?
3. How do you feel about the idea of incorporating play into early interventions for children with autism?
4. In your opinion, what benefits could play-based interventions offer that might differ from traditional methods?

5. Do you have any concerns or questions regarding the incorporation of play into your child's intervention?
6. To you, how important is the collaboration between professionals and parents in the context of incorporating play into early intervention for children with autism?
7. If your child's early intervention primarily involves play-based activities, do you think this would encourage or motivate you to be more actively involved in the intervention process?

পিতামাতার জন্য ফোকাস গ্রুপ আলোচনা (FGD) নির্দেশনাবলী

বিভাগ 1:

“ঢাকা, বাংলাদেশে 3-5 বছর বয়সী অটিজম শিশুদের জন্য খেলা-ভিত্তিক আর্লি ইন্টারভেনশন সম্পর্কে পিতামাতা এবং

পেশাদারদের উপলব্ধি বোঝা”

ডেমোগ্রাফিক তথ্য:

অংশগ্রহণকারীর নাম (ঐচ্ছিক):

পেশা:

মাসিক আয়:

সন্তানের নাম (ঐচ্ছিক):

শিশুর বয়স:

আরলি ইন্টারভেনশনের সময়কাল (মাসে):

বিভাগ-2

1. আপনি কি এই আলোচনায় অংশগ্রহণ করার আগে অটিজম আক্রান্ত শিশুদের জন্য খেলা-ভিত্তিক আরলি ইন্টারভেনশনের সম্পর্কে শুনেছেন?
2. " খেলা-ভিত্তিক আরলি ইন্টারভেনশন" শব্দটি দ্বারা আপনি কী বোঝেন?
3. অটিজম বৈশিষ্ট্য সম্পূর্ণ শিশুদের জন্য আরলি ইন্টারভেনশনে খেলাকে অন্তর্ভুক্ত করার ধারণা সম্পর্কে আপনার মতামত কি?
4. আপনার মতে, খেলা-ভিত্তিক আরলি ইন্টারভেনশন কী কী সুবিধা দিতে পারে যা প্রচলিত পদ্ধতি থেকে আলাদা হতে পারে?
5. আপনার সন্তানের আরলি ইন্টারভেনশনে খেলার অন্তর্ভুক্তি সম্পর্কে আপনার কি কোনো উদ্বেগ বা প্রশ্ন আছে?
6. আপনার কাছে, অটিজম আক্রান্ত শিশুদের আরলি ইন্টারভেনশনে খেলাকে অন্তর্ভুক্ত করার প্রেক্ষাপটে পেশাদার এবং পিতামাতার মধ্যে সহযোগিতা কতটা গুরুত্বপূর্ণ?
7. যদি আপনার সন্তানের আরলি ইন্টারভেনশনে প্রাথমিকভাবে খেলা-ভিত্তিক কার্যকলাপ জড়িত থাকে, তাহলে আপনি কি মনে করেন, এটি আপনাকে আরলি ইন্টারভেনশনের প্রক্রিয়ায় আরও সক্রিয়ভাবে জড়িত হতে উৎসাহিত করবে বা অনুপ্রাণিত করবে?

In-Depth Interview Guideline for Professionals

Topic: Understanding the perception of parents and professionals about play-based early intervention for children with autism aged 3-5 in Dhaka, Bangladesh.

Name:

Position/Title:

Educational Qualification:

Years of Experience in Working with Children with Autism:

Current Workplace:

1. How do you define play-based early intervention in the context of supporting children with autism?
2. Can you describe any play-based interventions or strategies that you have utilized in your practice with children on the autism spectrum?
3. In your opinion, what role does play Kaitainen in the overall development of children with autism?
4. How do you perceive the effectiveness of play-based interventions compared to traditional intervention methods for children with autism?
5. Could you share any specific experiences where you observed positive outcomes resulting from the implementation of play-based interventions?

6. What challenges, if any, have you encountered in incorporating play-based methods in your sessions with children with autism?
7. From your perspective, what cultural, social, or economic barriers exist in Dhaka that may impact the implementation of play-based interventions for children with autism?
8. What factors do you believe could facilitate the successful implementation of play-based interventions for children with autism in Dhaka?
9. To you, how important is the collaboration between professionals and parents in the context of incorporating play into early intervention for children with autism?
10. Do you feel there is a need for additional training in play-based interventions for children with autism?

ইন্টারভিউ নির্দেশনাবলী - পেশাদারদের জন্য

“ঢাকা, বাংলাদেশে 3-5 বছর বয়সী অটিজম শিশুদের জন্য খেলা-ভিত্তিক আর্লি ইন্টারভেনশন সম্পর্কে পিতামাতা

এবং পেশাদারদের উপলব্ধি বোঝা”

ডেমোগ্রাফিক তথ্য:

নাম:

পদ/শীর্ষক:

শিক্ষাগত যোগ্যতা:

কত বছর ধরে অটিজম শিশুদের সাথে কাজ করছেন:

বর্তমান কর্মস্থল:

1. অটিজম বৈশিষ্ট্য শিশুদের সমর্থন করার প্রসঙ্গে আপনি কীভাবে খেলা-ভিত্তিক আর্লি ইন্টারভেনশন সংজ্ঞায়িত করবেন?
2. আপনি কি কোনো খেলা-ভিত্তিক আর্লি ইন্টারভেনশন বা কৌশল বর্ণনা করতে পারেন যা আপনি অটিজম বৈশিষ্ট্য শিশুদের সাথে আপনার প্র্যাকটিসে ব্যবহার করেছেন?
3. আপনার মতে, অটিজমে আক্রান্ত শিশুদের সার্বিক বিকাশে খেলা কী ভূমিকা পালন করে?
4. আপনি কীভাবে অটিজম আক্রান্ত শিশুদের জন্য প্রচলিত আর্লি ইন্টারভেনশন পদ্ধতির তুলনায় খেলা-ভিত্তিক আর্লি ইন্টারভেনশনের কার্যকারিতা উপলব্ধি করেন?
5. আপনি কি কোনো নির্দিষ্ট অভিজ্ঞতা শেয়ার করতে পারেন যেখানে আপনি খেলা-ভিত্তিক আর্লি ইন্টারভেনশন বাস্তবায়নের ফলে ইতিবাচক ফলাফল লক্ষ্য করেছেন?
6. অটিজম আক্রান্ত শিশুদের সাথে আপনার সেশনে খেলা-ভিত্তিক পদ্ধতিগুলি অন্তর্ভুক্ত করার ক্ষেত্রে আপনি কোন চ্যালেঞ্জের সম্মুখীন হয়েছেন?
7. আপনার দৃষ্টিকোণ থেকে, ঢাকায় কোন সাংস্কৃতিক, সামাজিক বা অর্থনৈতিক বাধা রয়েছে যা অটিজম আক্রান্ত শিশুদের জন্য খেলা-ভিত্তিক আর্লি ইন্টারভেনশন বাস্তবায়নে প্রভাব ফেলতে পারে?
8. ঢাকায় অটিজমে আক্রান্ত শিশুদের জন্য খেলা-ভিত্তিক আর্লি ইন্টারভেনশন সফলভাবে বাস্তবায়নের জন্য কোন বিষয়গুলোকে সহজতর করতে পারে বলে আপনি মনে করেন?
9. আপনার কাছে, অটিজম আক্রান্ত শিশুদের আর্লি ইন্টারভেনশনে খেলাকে অন্তর্ভুক্ত করার প্রেক্ষাপটে পেশাদার এবং পিতামাতার মধ্যে সহযোগিতা কতটা গুরুত্বপূর্ণ?
10. আপনি কি মনে করেন যে অটিজম আক্রান্ত শিশুদের জন্য খেলা-ভিত্তিক আর্লি ইন্টারভেনশনে অতিরিক্ত প্রশিক্ষণ প্রয়োজন আছে?

Appendix-2

Consent Form for Focus Group Discussion (FGD)

You are cordially asked to take part in a study titled “Understanding the Perception of Parents and Professionals about Play-based Early Intervention for Children with autism age 3-5 in Dhaka, Bangladesh.” You have the option to decline. You will be requested to take part in a Focus Group Discussion (FGD). The duration of the FGD will be between 60 and 90 minutes. The FGD will happen at a convenient place near your house or if possible, online and be audio recorded. Some questions will be asked of you during this interview. You will also be required to complete a demographic sheet that contains questions and demographic data.

Purpose of the study: The purpose of this study is to comprehensively examine both parental and professional perspectives regarding the integration of play-based interventions in early intervention programs for children aged 3-5 with autism in Bangladesh.

Confidentiality: You will be requested to provide a codename during the interview to protect your identity. The codename you choose during the interview will be used for the audio recording.

Compensation: You won't be compensated in any way for taking part in this study.

Consent: Your signature verifies that you have read and comprehended the information offered before deciding to join.

I hereby agree to join the FGD and authorize the recording of my interview on audio.

Signature of Participant

Date

BRAC University

Appendix-3

Consent Form In-Depth Interview (IDI)

You are cordially asked to take part in a study titled “Understanding the perception of parents and Professionals about Play-based Early Intervention for Children with autism age 3-5 in Dhaka, Bangladesh.” You have the option to decline. You will be requested to take part in an In-Depth Interview (IDI). The duration of the IDI will be between 50 and 60 minutes. The IDI will happen at a convenient place near your house or if possible, online and be audio recorded. Several questions will be asked of you during this interview. You will also be required to complete a demographic sheet that contains questions and demographic data.

Purpose of the study: The purpose of this study is to comprehensively examine both parental and professional perspectives regarding the integration of play-based interventions in early intervention programs for children aged 3-5 with autism in Bangladesh.

Confidentiality: You will be requested to provide a codename during the interview to protect your identity. The codename you choose during the interview will be used for the audio recording.

Compensation: You won't be compensated in any way for taking part in this study.

Consent: Your signature verifies that you have read and comprehended the information offered before deciding to join.

I hereby agree to join the IDI and authorize the recording of my interview on audio.

Signature of Participant

Date

BRAC University

Appendix-4

Demographic Information

Details	IDI	FGD
Number	6	1
Participants	6	6
Position	Professional	Parent
Age Range	32-44	28-36
Education	Graduate, post-graduate	Graduate, post-graduate

Appendix-5

Timeline

S I		Month-1				Month-2				Month-3				Month-4			
		1 w	2 w	3 w	4 w	1 w	2 w	3 w	4 w	1 w	2 w	3 w	4 w	1 w	2 w	3 w	4 w
1	Topic selection																
2	Development of an approach to the problem (Including literature review)																
3	Research proposal Development																
4	Tool development																

5	Data collection															
6	Data analysis															
7	Report writing															
8	Final report submission and dissertation															