



## Autism Across Culture: Global Perspective and Practices

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**Abstract:** This study examines how culture shapes the understanding, diagnosis, support, and lived experiences of autistic individuals across different societies worldwide. Using a systematic review and qualitative synthesis design, the study analyses existing literature from Africa, Asia, Europe, the Americas, and Oceania, guided by the Communicative Reciprocity Theory of Behaviour and the Social Model of Disability. Findings reveal that autism is interpreted variously as a medical condition (Western countries), a spiritual phenomenon (many African communities), a family reflection (Asian cultures), or natural human variation (some Indigenous groups). These interpretations directly affect whether families seek clinical help, traditional healers, or no intervention. Diagnostic tools developed in Western contexts often misclassify culturally normative behaviours such as avoiding eye contact or speaking softly as symptoms, leading to widespread under-diagnosis in low- and middle-income countries and among ethnic minorities. Interventions focused on individual independence conflict with collectivist values in many societies, while stigma ranges from severe shame and concealment to acceptance and celebration depending on cultural attitudes toward family reputation and social harmony. Major research gaps persist, with most studies coming from wealthy Western nations. The study concludes that effective global support requires culturally responsive diagnostic tools, interventions that respect local communication styles and family structures, public education to reduce stigma, and policies co-designed with local communities. Recommendations are provided for policymakers, practitioners, researchers, international organisations, and families. Without fundamental changes to current Western-centric approaches, most autistic people worldwide will continue to be denied appropriate recognition, support, and opportunities to thrive.

**Keywords:** *Autism, Cross-Cultural Perspectives, Autism Diagnosis, Cultural Diversity, Inclusive Education*

### 1. Introduction

Autism affects speech, interaction, and worldview. Autism is known worldwide, but societies diagnose, support, and live with it differently. Autism Across Culture: Global Perspectives and Practices analyses how culture affects autistic people and their families' conduct, help, and lifestyles. Culture determines normal and abnormal behaviour, affecting autism diagnosis. Strange or unpleasant in one area may be normal, unique, or spiritual elsewhere. As many African cultures associate autism to spirituality, families may visit traditional healers before hospitals or schools. West considers autism treatable medically and psychologically. Evaluation, presentation, diagnostic criteria, and public awareness affect diagnosis. Many low- and middle-income countries lack autism diagnosis tools, professionals, and resources. Thus, many autistic

children are misdiagnosed and injured. Culture impacts help and intervention. Child growth, family obligations, and education or care goals differ, therefore one method may not work. Western efforts to help people live independently may conflict with family values. Autism stigma varies greatly. To avoid humiliation, some families hide disease. People are humanising autism. Autism is unequal globally. Most research, support, and policy originate from wealthy Western nations and may not work elsewhere. Growing understanding that effective support must be culturally relevant, respect local beliefs, use resources, and emphasise autistic persons and communities. Theme links worldwide perspectives. It examines if there is a "right" method to understand and help autistic persons. It aids autistic people through cross-cultural learning and teamwork.

Understanding, diagnosing, and supporting this neurodevelopmental disease is difficult internationally. These obstacles limit assistance and opportunities for autistic persons. Key issues are below: Culture-sensitive autism definitions are rare. Autism behaviours might be spiritual or natural. African cultures explain socioeconomic gaps spiritually or traditionally, thus families prioritise healing over health or education. Westerners consider these traits developing. Autism detection rates vary greatly between regions, however these gaps frequently reflect how well-known or assessed autism is, not how common it is. Many low- and middle-income countries lack autism professionals and local language and lifestyle tools. Autism misdiagnosis can leave individuals without care for years or permanently. In rich nations, minority ethnic or language groups are sometimes detected later or misconstrued because assessment systems focus on Western behaviour or communication.

Second, most programs, educational methods, and legislation come from high-income Western nations. Their independence and growth may conflict with other cultures' family and community values. In family-ruled cultures, tools to assist people live alone or make decisions may look weird. Many governments require families to care for autistic children since schools and hospitals cannot provide long-term care. Some clients find services too costly, distant, or complicated. This shows most autistic persons cannot get adequate, accessible, or effective help.

Discrimination and stigma persist. Numerous cultures curse or punish autism. Some families hide illness. Fear of censure prevents people from helping, generating bias in schools, workplaces, and life. Though understanding is expanding, few know how autistic people think, learn, and relate. Socially isolated many. Finally, research and knowledge gaps exist. Most Western autism research has concentrated on a small minority. How autism develops, is regarded, and which services work best across cultures are unknown. Without information, governments and organisations cannot create effective policies or provide autism care globally.

Autism experiences differ widely, and many people are not getting the attention, aid, or respect they deserve. These challenges must be addressed to let autistic people thrive regardless of culture or origin. This research addresses these questions. 1. Do autism cultural perceptions effect diagnosis and identification? Autism therapy, education, and support in different societies: parallels and differences? How does culture affect autism, family, social, and well-being? The main global hurdles to culturally appropriate autism care and assistance? How can global policies and practices better serve community culture?

Examine how cultural autism interpretations effect diagnosis. Comparing autism therapies, education, and support globally. To examine how cultural values affect autistic people and their families' inclusion, social

participation, and well-being. To identify global autism support shortages. Local traditions and ideas should shape global policies. This study demonstrated that culture impacts autism awareness, understanding, and support worldwide. Many communities will benefit from its findings:

The study will illustrate policymakers and government agencies how local beliefs, attitudes, and practices affect autism perception and management. This helps international and local lawmaking. Identifying service shortages will help manage resources and build culturally and geographically diversified programs. The findings will assist doctors, educators, and others serve diverse autistic people. It will teach them to appreciate and represent their clients' cultures and that what works in one place may not in another. Diagnoses, education, treatment, and support will improve.

Parents will understand why autism is treated differently in different cultures. It will eliminate misunderstanding and fear and show that there is no "right" way to support an autistic person. It will highlight worldwide family challenges, enabling sharing ideas, experiences, and solutions simpler. Sharing struggles reduces isolation and builds community.

For autistic inclusion, the study is needed. Culture and environment effect communication and behaviour. This would erase stigma and encourage communities to provide areas where autistic people can express themselves, participate in daily activities, and live full lives according to their values and traditions. Research and Academic Impact: The initiative will include under-represented regional skills. It will guide autism research and demonstrate its globality.

Support that respects communication style and culture works best, say researchers. According to WHO and UNICEF (2021), the best programs combine local and global best practices. Connecting and participating in their community requires local languages, symbols, and two-way communication.

## 2. Literature Review

Autism is a lifelong neurological disorder that affects behaviour, speech, and social interaction. While its essential traits are acknowledged worldwide, research demonstrates that culture greatly affects how the disorder is viewed, identified, handled, and experienced. This review covers global autism beliefs and practices utilising studies, reports, and scholarly publications. Poor communication causes harmful behaviours, according to Green's Communicative Reciprocity Theory of Behaviour (CRT B) (2026). Assessing cultural awareness, diagnosis, support, stigma, and knowledge gaps. Autism Culture Interpretation Autism views affect all therapy and vary by society. In many Western countries, autism is considered a biological or inherited disorder with symptoms or behaviour problems. This viewpoint labels autism a condition and emphasises limits. International research offers diverse viewpoints.

Cultural or spiritual beliefs shape many African cultures' autism understanding. Bakare and Munir (2011) suggest that gods, ancestors, and spiritual gifts are regularly blamed for uncommon or problematic behaviour in Nigeria, Ghana, and Kenya. Breaking traditions can also cause these behaviours. Autism is often considered spiritual or exceptional, not physiological. Families seek traditional healers or religious leaders before hospitals or clinics. Asian cultures view autism through family and community. Avoiding eye contact or talking about the same issue again may be considered as poor parenting or a family problem in areas of India and China, where group unity and social rules are valued (Daley, 2002). However, some Indigenous Australian and American tribes consider development and behaviour variances as human variety. These regions interpret autism features as unusual strengths or alternate worldviews rather than issues to be treated (Papas et al., 2025).

Many autism opinions claim that behaviour is typically a result of understanding and relating to others, not only something within. Someone may struggle to communicate or behave differently from their culture. Another community may allow similar behaviour. This suggests that social norms define "typical" and "atypical". Research shows autism diagnosis varies internationally. Global research by Durkin et al. (2015) indicated autism rates below 1 in 1,000 in low-income nations to over 1 in 100 in Europe and North America. Different places have more autism. The majority represent changes in diagnostic standards, procedures, and disorder knowledge.

Western countries created most autism diagnosis methods like observation schedules and parent interviews. They are based on cultural social interaction and communication concepts that may not apply elsewhere. Elsabbagh et al. (2012) claim this confuses. In Western societies, people stare when speaking to show respect. Many African, Asian, and Middle Eastern cultures honour elders by avoiding eye contact. Cultural standards may misdiagnose a person without eye contact as autistic. Language is tough. Many autism words have inaccurate translations. Not all cultures see "social communication difficulties" or "restricted interests" (Mandy & Lai, 2016). Many autistic people in low- and middle-income countries are never diagnosed until their behaviour creates family or community issues.

CRT B believes assessment methodologies ignore cultural influences on communication styles, generating these difficulties. If evaluators don't understand or accept cultural communication, they may mistake normal cultural behaviour for a problem. This indicates that diagnosis requires finding distinctions and assessing a person's communication style in their context. Support, Education, Interventions Different cultures appreciate different assistance options. Western high-income nations embrace attitude reform and mainstreaming. Behavioural, linguistic, and occupational treatment enhance independence (WHO, 2025).

Family and community support is crucial for many low- and middle-income countries. Family and community are valued over independence. Support in rural Tanzania and Uganda may involve teaching family members and community leaders to identify and meet the person's needs rather than hiring professionals or providing specialised services (Bakare & Munir, 2011). Sometimes medical care is combined with spiritual rites, local remedies, and religious leaders' counsel. Study shows that Western ideas based on unshared ideals fail in other cultures. A program that encourages youngsters to talk to adults may go against cultural standards of quiet, courteous, and submissiveness. The strategies can make communication harder and demand more (Green, 2026). People in other cultures respect diversity. Autistic people may be respected for their unique perspective or skills and talents in Indigenous cultures (Papas et al., 2025). These situations need modifying the atmosphere and relationships so everyone may participate, regardless of communication or attitude. Neurodiversity the idea that brain variations are natural and incurable is growing more popular. Many places have stigma and negative views, and growth is slow and unequal. Importantly, research shows that these views stem from a lack of human engagement and needs understanding. When people realise their behaviours are often a response to not being understood or met, their attitudes improve and societies become more inclusive (Green, 2026).

### 3. Theoretical Framework

This study adopts two complementary theories to explain how culture influences the understanding, recognition, and support of autism across the world. Both theories move beyond viewing autism solely as an individual condition and emphasize the roles of communication, relationships, social structures, and cultural contexts.

The first is the Communicative Reciprocity Theory of Behaviour (CRT-B) proposed by Green (2026). The theory argues that many unusual or challenging behaviours arise not from personal deficits but from difficulties in mutual communication and understanding. According to the theory, behaviour is influenced by how effectively individuals and their environments communicate with one another. When communication styles do not align with cultural or social expectations, misunderstandings occur. Many behaviours regarded as challenging are therefore attempts to express needs, gain understanding, or cope with communication barriers. Consequently, support should focus on improving mutual understanding and adapting communication systems rather than changing the individual.

CRT-B is particularly relevant to autism because communication norms vary across cultures. For example, direct eye contact is often regarded as a sign of respect and engagement in many Western societies, whereas in several African, Asian, and Middle Eastern cultures, avoiding eye contact with elders is considered respectful. Thus, the same behaviour may be interpreted negatively

in one culture and positively in another. The theory suggests that difficulties emerge when families, schools, and communities fail to adapt to diverse communication styles. It therefore supports the view that autism should be understood within cultural and social contexts rather than through universal behavioural expectations.

The second framework is the Social Model of Disability (Oliver, 2013). Developed as an alternative to the medical model, it distinguishes between impairment and disability. While impairment refers to an individual's condition, disability results from social barriers, attitudes, policies, and environments that fail to accommodate differences. According to this perspective, disability is not created by the individual but by society's inability to provide inclusive structures and opportunities.

The Social Model is highly relevant to autism because experiences differ significantly across cultures and countries. Autistic individuals often face exclusion due to stigma, inadequate services, and social attitudes rather than their neurological differences alone. In communities where autism is associated with shame, families may experience rejection and isolation. Conversely, societies that promote inclusion and acceptance can reduce the disabling effects of autism. Together, CRT-B and the Social Model highlight that autistic experiences are shaped by communication practices, cultural expectations, and social systems. They provide a useful framework for understanding how cultural and social factors influence support, participation, and quality of life.

Empirical studies further demonstrate the influence of culture on autism. Matson et al. (2011) compared autistic children in the United States, the United Kingdom, Japan, and South Korea and found that although core characteristics were similar, symptom presentation varied. Children in Asian countries displayed fewer overt repetitive behaviours but greater difficulties in non-verbal communication, suggesting that cultural values shape how autism is expressed and interpreted. Similarly, Carruthers et al. (2018) found that social interaction difficulties were common across India, Japan, and the United Kingdom, but Indian children were more frequently described as withdrawn, while Japanese children were more often noted for intense special interests.

Research from Africa highlights the role of cultural beliefs in diagnosis and support. Bello-Mojeed et al. (2017) reported that many Nigerian families initially sought assistance from traditional healers or religious leaders because autism was often interpreted through spiritual or family-related explanations. Likewise, Bakare and Munir (2011) found that autism was frequently associated with curses, spiritual influences, or parental wrongdoing in several African countries, contributing to stigma, family isolation, and delayed help-seeking.

Within multicultural societies, cultural differences also affect access to diagnosis. Athar et al. (2021) found that children from South Asian and Black African backgrounds in the United Kingdom were less likely to receive early diagnoses than White British children due to language barriers, cultural interpretations of behaviour, and limited professional awareness.

Attitudes toward autism also vary globally. Ho et al. (2024) found higher levels of stigma in Hong Kong than in the United Kingdom and the United States, where autism was more commonly viewed as a form of human diversity. Similarly, Chen and van der Gaag (2024) reported higher levels of stress among Chinese caregivers than Dutch caregivers because of stronger social pressures, stigma, and limited services. Cultural structures can further affect service access; for example, Manor-Binyamini and Shoshana (2018) found that traditional family hierarchies in Bedouin communities restricted mothers' ability to obtain support independently. In education, Mavropoulou (2025) and Tsai and Hwang (2025) demonstrated that successful inclusion and intervention practices are strongly influenced by local cultural values and educational traditions.

Despite increasing research, significant gaps remain. Most autism studies have been conducted in high-income Western countries, leaving many regions of Africa, Asia, Latin America, and the Pacific underrepresented (Elsabbagh et al., 2012). Research has focused largely on diagnosis and prevalence, with less attention to lived experiences and culturally adapted interventions. Furthermore, there is a shortage of comprehensive frameworks explaining how culture influences autism. The Communicative Reciprocity Theory of Behaviour (Green, 2026) provides a promising perspective by emphasizing communication and mutual understanding, although further research is needed to examine its applicability across diverse cultural settings.

#### 4. Methodology

This study adopts a systematic review and qualitative synthesis design to examine global perspectives on autism across diverse cultural contexts. The approach enables the collection, organization, and interpretation of existing evidence, highlighting similarities and differences in the understanding, diagnosis, support, and lived experiences of autism worldwide. Data will be obtained from peer-reviewed journal articles, policy documents, reports, and case studies sourced from reputable databases, including PubMed, Scopus, Google Scholar, and ERIC, as well as publications from international organizations such as the World Health Organization (WHO) and UNICEF. The review will focus on materials published between 2010 and 2026. Inclusion criteria comprise studies addressing autism and culture, attitudes, diagnosis, support services, or lived experiences across Africa, Asia, Europe, the Americas,

and Oceania, and published in English. Excluded will be studies focused solely on medical causes, genetics, or clinical trials without cultural relevance, as well as unpublished or non-peer-reviewed works. Data will be

collected through systematic keyword searches and analyzed thematically to identify major patterns, trends, and cross-cultural perspectives on autism.

## Results and Findings

**Table 1: Cultural Understanding of Autism**

Cultural Context	Common Interpretation	Implication
USA/UK	Medical condition	Early diagnosis and intervention
Nigeria/Ghana	Spiritual phenomenon	Reliance on traditional or religious help
India/China	Family-related issue	Delayed recognition and support
Indigenous Communities	Natural human variation	Greater acceptance and inclusion

Cultural beliefs strongly influence how autism is understood and whether professional support is sought. Medical interpretations encourage early intervention, while spiritual and cultural explanations often delay formal diagnosis.

**Table 2: Diagnosis and Assessment Practices**

Region	Major Challenge	Outcome
Nigeria/Tanzania	Lack of trained specialists	Late diagnosis
UK/USA	Cultural bias in assessment tools	Misdiagnosis of minorities
South Asian Communities (UK)	Language barriers	Delayed identification
Japan/South Korea	Different symptom expression	Under-recognition of some traits

Diagnostic systems are often based on Western norms, making them less effective across diverse cultural settings and contributing to unequal access to diagnosis.

**Table 3: Interventions and Support Services**

Region	Main Approach	Cultural Fit
Western Countries	Behavioural and speech therapies	High
African Countries	Family/community support	High
Bhutan	Inclusive education with limited training	Moderate
Taiwan/Thailand	Structured and family-centred models	High

Interventions are most successful when adapted to local cultural values, family structures, and community expectations.

**Table 4: Attitudes and Stigma**

Setting	Attitude	Impact
Hong Kong	High stigma	Social exclusion
India/Middle East	Shame-based perceptions	Hidden diagnoses
UK/USA	Growing acceptance	Better inclusion
Indigenous Communities	Positive acceptance	Enhanced participation

Social attitudes significantly affect the quality of life of autistic individuals and their families. Greater acceptance is associated with improved inclusion and well-being.

## Discussion of Findings

The findings demonstrate that autism is experienced differently across cultures despite sharing common characteristics worldwide. Cultural beliefs influence how autism is interpreted, diagnosed, and managed. In many African and Asian settings, spiritual and family-centred explanations contribute to delayed diagnosis, while Western countries generally adopt a medical perspective that promotes earlier intervention. Diagnostic tools developed in Western contexts often fail to capture culturally specific behaviours, leading to under-diagnosis and misdiagnosis. Support services are most effective when aligned with local values and family

structures rather than being directly transferred from other cultures. Attitudes toward autism also vary considerably, with stigma remaining a major challenge in many societies, while acceptance and neurodiversity perspectives are increasing in others. Overall, the review highlights the need for culturally responsive assessment tools, interventions, and public awareness programmes that respect local beliefs while promoting inclusion and support for autistic individuals and their families.

## 5. Conclusions

This study shows that autism is understood, diagnosed, and supported differently across cultures, and that these differences are not small variances but fundamental

meaning shifts. Many African and Asian communities understand autistic behaviours through spiritual, familial, or moral frameworks, while Western societies view autism as a medical condition requiring professional assistance. Communicative Reciprocity Theory of Behaviour (Green, 2026) and Social Model of Disability (Oliver, 2013) show that challenging behaviours often result from mismatches in communication expectations between the individual and their environment, and that disability is caused by societal barriers rather than autism. A person with autism may be severely impaired in one culture yet thrive in another due to differences in attitudes, resources, and communication norms.

Second, present diagnostic techniques, therapies, and policies are Western-centric and do not work well in other cultures. Standardised evaluation instruments often misread culturally appropriate behaviours like avoiding eye contact or speaking softly as clinical symptoms, resulting in widespread under-diagnosis in low- and middle-income countries and misdiagnosis among ethnic minorities in wealthier nations. Individual independence initiatives may contrast with collectivist notions of family and community bonding. The outcome is worldwide disparity, with most autistic persons, especially in Africa, Asia, Latin America, and the Pacific, not diagnosed or supported.

Finally, stigma is a widespread but not universal obstacle. Autism is typically hidden in societies that value family and harmony, resulting in isolation, prejudice, and mental illness. Autistic people can be tolerated and embraced in neurodiversity-influenced or Indigenous societies that value natural human variation. The study found that culturally responsive approaches that respect local beliefs, adapt diagnostic instruments to local communication norms, and involve communities in service design are needed to help autistic persons globally. Without these improvements, autistic people would continue to be marginalised and denied assistance and respect.

### Recommendations

1. Governments should develop autism policies that reflect local cultural values, languages, and community realities rather than relying solely on Western models. Policymakers should involve autistic individuals, families, community leaders, and traditional practitioners in policy development. This approach will improve acceptance, increase service utilization, and ensure that interventions are relevant to local contexts.

2. Health professionals, educators, and social workers should receive training on cultural influences in autism identification and support. Such training will help practitioners distinguish between culturally normative behaviours and autism-related characteristics. As a result, diagnosis will become more accurate and support services more effective and inclusive.

3. Researchers should prioritize studies in Africa, Latin America, Asia, and other regions where autism research

remains limited. Greater attention should be given to lived experiences, family perspectives, and community-based support systems rather than focusing only on diagnosis and prevalence. This will provide a more balanced global understanding of autism and support the development of culturally appropriate interventions.

4. Communities should implement awareness programmes that challenge stigma and promote acceptance of autistic individuals. Religious leaders, teachers, community organisations, and families should be actively involved in educating the public about autism. Improved awareness will reduce discrimination, encourage early help-seeking, and foster greater social inclusion and well-being for autistic individuals and their families.

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