

Knowledge and Attitude of Autism Spectrum Disorder among Primary School Teachers in Baghdad City/Al-Rusafa

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Abstract

Autism Spectrum Disorder (ASD) is a neuro developmental disorder highlighted by enduring damages in interaction and communication, Early examination and interaction are important for improving results and developing social inclusion, This study sought to evaluate the knowledge and attitudes of primary school teachers about children with ASD in the Al-Rusafa sector of Baghdad and to investigate their correlation with the teachers' sociodemographic characteristics. A descriptive cross-sectional study with analytical components was performed involving 400 teachers from governmental and private elementary schools in the First and Second Educational Districts of Al-Rusafa, Baghdad, from February 1, 2025, to August 31, 2025. A structured self-administered questionnaire was used to collect data, which was then analyzed with SPSS version 26. Chi-square tests and logistic regression were used, and a p-value of less than 0.05 was considered statistically significant. In general, 67.0% of teachers had a medium amount of knowledge, 21.3% had a high amount of knowledge, and 11.8% had a bad amount of knowledge. Teachers from governmental schools and those with prior experience with autistic children had markedly greater levels of knowledge. Additionally, 86.0% of participants indicated favorable attitudes, which were substantially correlated with educational level, educational district, and type of school. Most teachers had a good understanding of ASD and a generally favorable attitude toward children with autism. However, there were still some key misconceptions and stigmatizing beliefs. These results show that instructors require specific training and awareness initiatives to better understand and support inclusive education for kids with ASD.

Key words: Autism Spectrum Disorder, Knowledge, Attitude, Baghdad Primary Schools

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Introduction

Autism Spectrum Disorder (ASD) is a complex neurodevelopmental disease marked by chronic difficulties in social communication and interaction, as well as confined and repetitive patterns of behavior, interests, or activities, as described in the DSM-5 TR. It usually appears in early childhood and lasts throughout life, affecting many aspects of functioning such as language, social connections, learning, and autonomy [1]. Children with autism spectrum disorder often have co-occurring problems such as intellectual disability, attention deficit anxiety, and sensory processing difficulties, which puts additional strain on families,

schools, and healthcare systems [2].

The prevalence of autism spectrum disorder (ASD) has gradually increased over the past few decades, driven by greater awareness, improved diagnostic criteria, and a growing recognition of the disorder across different countries and cultures [3]. According to international monitoring data, one in every few dozen children has ASD, with a higher prevalence among boys than girls. Access to diagnostic services and educational support remains uneven, particularly in low- and middle-income countries where underdiagnosis and delayed recognition are common [4].

Early detection and prompt intervention are crucial for improving language development, adaptive behaviors, academic performance, and social adjustment in children with autism spectrum disorder. Evidence suggests that structured educational programs, targeted support, and collaboration among families, schools, and healthcare providers can significantly improve developmental outcomes [5]. In this context, primary school teachers are uniquely positioned as constant observers of children's behavior and learning: they can identify early signs of social communication difficulties, repetitive behaviors, or unusual interests, and they can play a vital role in providing recommendations and supporting classroom changes [6].

However, teachers' impact is significantly influenced by their understanding and attitudes toward autism [7]. Adequate understanding enables teachers to differentiate between autism spectrum disorder (ASD) and typical behavioral differences or other learning difficulties, while positive and tolerant attitudes promote inclusion, reduce stigma, and encourage collaboration with parents and professionals [8]. On the other hand, misconceptions about the causes, symptoms, or prognosis of ASD can lead to misinterpretations of behaviors, inappropriate reactions, or resistance to inclusive education [9]. According to studies from several countries, many teachers still have a mixed or limited understanding of ASD and may feel unprepared to teach students with autism in traditional classrooms [10], [11].

In Iraq, particularly in Baghdad, educational systems encounter a number of issues relating to class size, funding, and the availability of specialist support, and there is little published data on teachers' understanding and attitudes concerning ASD in primary schools. Local evidence is required to guide training programs, explain educational policy, and facilitate the creation of more inclusive school environments. The current study aimed to evaluate primary school teachers' knowledge and attitudes towards children with ASD in Baghdad's Al-Rusafa district, as well as their correlation with sociodemographic variables and previous autistic experience.

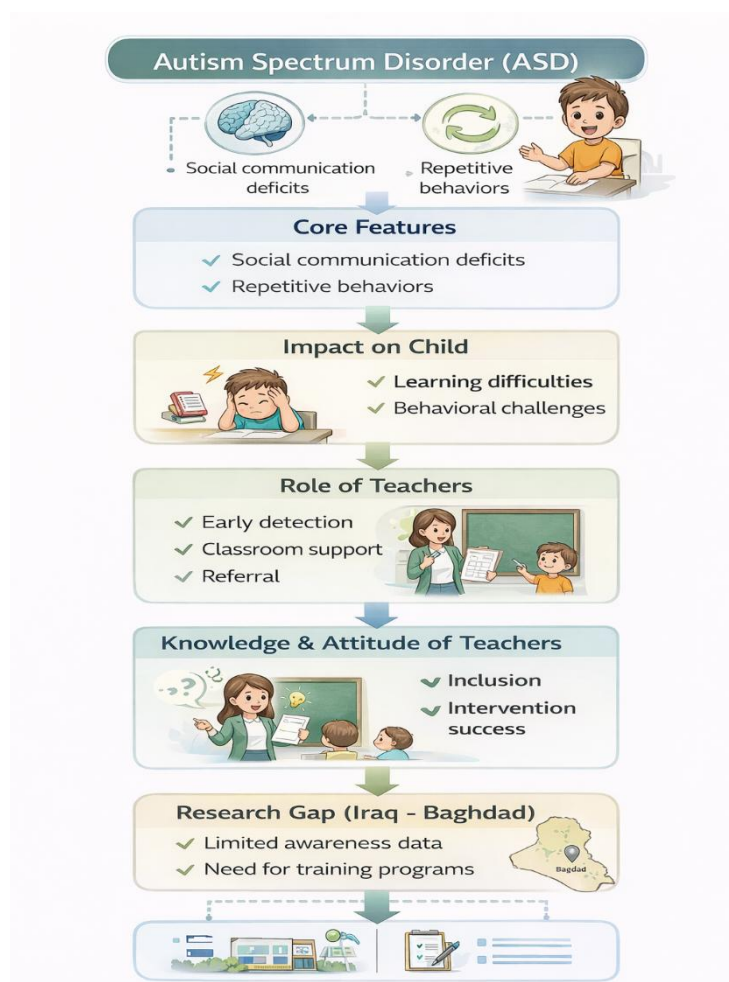


Figure 1. Conceptual framework of ASD and its impact on children and teachers' role

Materials and Methods

Study design and sample collection

This was a descriptive cross-sectional study with analytic elements conducted to assess the knowledge and attitudes of primary school teachers toward children with Autism Spectrum Disorder in Al-Rusafa sector of Baghdad. The study was conducted in governmental and private primary schools in the First and Second Educational Districts of Al-Rusafa side of Baghdad. The study was carried out over the period from 1 February 2025 to 31 August 2025. A convenience sample of 400 teachers was selected from governmental and private primary schools, including both morning and evening schools, in the First and Second Educational Districts of Al-Rusafa. Data were collected through direct visits to selected schools three times a week, for six hours each visit, until the required sample size was reached. A systematic, self-administered questionnaire was used, developed based on previous studies and the criteria of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Revised (DSM-5-TR). The questionnaire included sociodemographic data, teachers' experiences and perceptions of autism spectrum disorder, information about autism spectrum disorder, and data on their attitudes toward children with autism.

Pilot study

A pilot study was conducted on 20 primary school teachers to assess the questionnaire's feasibility, clarity, applicability, and time required to complete it; the average completion time was about 10 minutes, no major changes were needed, and these participants were excluded from the final study sample.

Ethical considerations

The Arab Board of Health Specialties provided official approval, and permission was obtained from the

General Directorate of Education in Al-Rusafa as well as the administrations of the selected schools; verbal consent was obtained from all participating teachers after explaining the purpose of the study, and only those who agreed to participate were included.

Statistical analysis

The data were coded, processed, and analyzed using SPSS Statistics version 26.0. Descriptive statistics were presented as frequencies, percentages, means, and standard deviations, while correlations between teachers' knowledge levels, attitudes, and sociodemographic variables were examined using the chi-square test or Fisher's exact test, where appropriate. A p-value less than 0.05 was considered statistically significant, and binary logistic regression analysis was applied to identify factors associated with good knowledge and positive attitudes, such as

Knowledge and attitude scoring

Knowledge was assessed using 31 questions with the answer choices being yes, no, and unsure. Correct answers received one point, while incorrect or unsure answers received zero points, resulting in a total score from 0 to 31. This score was categorized into three levels: weak knowledge (1 to 10 correct answers), moderate knowledge (11 to 21 correct answers), and good knowledge (more than 21 correct answers). A five-point Likert scale, ranging from -2 to +2, was used to assess attitudes toward children with autism. The overall attitude score was considered positive, neutral, or negative based on the direction and strength of the responses.

Limitation of the study

Administrative delays in obtaining the facilitation letter limited the study to the First and Second Educational Districts of Al-Rusafa, and the Third Educational District could not be included.



Figure 2. Study workflow from data collection to statistical analysis.

Results

The survey included 400 instructors from both public and private primary schools in Al-Rusafa's First and Second Educational Districts. There were 289 females (72.3%) and 111 males (27.8%). The people who took part were between the ages of 21 and 60, with an average age of 40.18 ± 9.721 years. The biggest group was people between the ages of 31 and 40 (134, 33.5%). The next biggest group was people between the ages of 41 and 50 (110, 27.5%), then people between the ages of 21 and 30 (90, 22.5%), and finally people between the ages of 51 and 60 (66, 16.5%). The average number of years of teaching experience was 11.61 ± 8.786 , and the most frequent level of education was a bachelor's degree (263, 65.8%). A lot of the people who took part (261, or 65.3%) were from the First Educational District. A lot of them (282, or 70.5%) worked in government schools.

Table 1. Sociodemographic Characteristics of the Participating Teachers

Variables		No=400	%
Gender	Female	289	72.3
	Male	111	27.8
Age	21-30 Y	90	22.5
	31-40 Y	134	33.5
	41-50 Y	110	27.5
	51-60 Y	66	16.5
	mean $\pm$ SD	40.18 $\pm$ 9.721	
	< 5 Y	113	28.2
Years of teaching	5-10 Y	91	22.8
	10-15 Y	68	17.0
	15-20 Y	63	15.8
	> 20 Y	65	16.3
	mean $\pm$ SD	11.61 $\pm$ 8.786	
	Diploma	121	30.3
Educational level	Bachelor's Degree	263	65.8
	Master Degree	16	4.0
Educational Districts	Rusafa 1	261	65.3
	Rusafa 2	139	34.8
Type of school	Governmental	282	70.5
	Private	118	29.5

As for their familiarity with and understanding of ASD, 217 teachers (54.3%) had worked with a kid with ASD before, mostly as a teacher (159, 39.5%). Also, 267 (66.8%) said they could tell if a child had ASD, but only 198 (49.5%) knew how common ASD was.

Table 2. Experience and Perception of ASD among Teachers.

	Yes		No	
	No	%	No	%
Ever contacted a child with ASD	217	54.3	183	45.7
if Yes (Contact through Teaching as a teacher)	159	39.5	58	14.5
Can you easily identify a child with ASD	267	66.8	133	33.2
Have an idea about the prevalence of ASD	198	49.5	202	50.5

Teachers' general knowledge about ASD revealed both strengths and gaps. More than half of participants did not know that autism affects males more than females (209, 52.3%) and did not know that it is a lifelong

condition (209, 52.3%). On the other hand, most teachers recognized that children with autism need special education (362, 90.5%), that behavioral therapy is the most effective intervention and that there is no curative treatment (314, 78.5%), and that early diagnosis can greatly improve outcomes (332, 83.0%). Misconceptions were still common; 239 teachers (59.8%) believed that the majority of children with autism are geniuses, 254 (63.5%) stated that autistic children suffer from social stigma in Iraq, and only 23 (5.8%) considered available services for children with autism in Baghdad to be adequate.

Table 3. Teachers' General Knowledge about ASD

	Questions	Response					
		Yes		No		Don't know	
		No	%	No	%	No	%
1	Autism affects males more than females	145	36.3	46	11.4	209	52.3
2	Autism is a lifelong condition	104	26.0	87	21.7	209	52.3
3	Children with autism need special education	362	90.5	14	3.5	24	6.0
4	Behavioural therapy is the most effective intervention for autism and there is no a curative treatment for it	314	78.5	13	3.2	73	18.3
5	Early diagnosed can very much improve the children with autism	332	83.0	16	4.0	52	13.0
6	Majority of children with autism are geniuses	239	59.8	55	13.8	106	26.4
7	The child with autism suffers from social stigma in Iraq	254	63.5	50	12.5	96	24.0
8	Diagnosis of autism will bring a negative attitude towards the child	247	61.8	86	21.5	67	16.7
9	Autism can be prevented completely	101	25.3	157	39.3	142	35.4
10	Autism is more commonly affecting children of high-income families	102	25.4	157	39.3	141	35.3
11	Autism is more commonly affecting children of highly educated families	70	17.5	166	41.5	164	41.0

12	Available services for children with autism in Baghdad are adequate	23	5.8	224	56.0	153	38.2
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Most people who answered the question on what causes ASD (281, 70.3%) accurately said that the cause of autism is not yet fully known. More than half (213, 53.3%) said heredity had a part, and half (200, 50.0%) said environmental circumstances including problems during pregnancy or birth could also be to blame. Still, many people held onto false beliefs: 270 (67.5%) thought that electronic devices might cause autism, 229 (57.3%) thought that parents who were careless or abusive might cause autism, and 37 (9.3%) thought that vaccines might cause autism. Additionally, 111 participants (27.8%) held the belief that the majority of children with ASD possess intellectual disabilities.

Table 4. Teachers' Knowledge about the Causes of ASD

	Questions	Response					
		Yes		No		Don't know	
		No	%	No	%	No	%
1	The cause of autism is not yet known	281	70.3	32	8.0	87	21.7
2	Genetics plays an important role in autism	213	53.3	85	21.3	102	25.4
3	Environmental factors such as pregnancy or birth complications can cause autism	200	50.0	76	19.0	124	31.0
4	Are electronic devices (such as Ipads or mobile phones and TV) considered causes of autism	270	67.5	49	12.2	81	20.3
5	Autism Can be develop due to child maltreatment or negligence by parents early in life	229	57.3	85	21.3	86	21.4
6	Some types of food can lead to cause autism	89	22.2	171	42.8	140	35.0
7	Vaccination can cause autism	37	9.3	178	44.5	185	46.2
8	Majority of children with autism suffer from mental retardation	111	27.8	118	29.5	171	42.7

Knowledge of symptoms and signs of ASD was moderate to good in several areas. Most teachers correctly identified early onset during the first years of life (303, 75.8%), poor eye contact (310, 77.5%), poor peer interaction or difficulty forming friendships (336, 84.0%), delayed or absent speech (292, 73.0%), use of body movements or symbols for communication (268, 67.0%), and repetitive behaviors such as hand flapping or rocking (343, 85.8%). However, only 229 (57.3%) recognized sensory hyper- or hypo-

reactivity, and 206 (51.5%) were aware that children with ASD may lose acquired speech. In addition, 74 teachers (18.5%) believed that autistic children are over-talkative, and 98 (24.4%) were uncertain about emotional responsiveness toward significant people.

Table 5. Teachers' Knowledge about the Symptoms and Signs of ASD

	Questions	Response					
		Yes		No		Don't know	
		No	%	No	%	No	%
1	Autism appears early in the 1 st years of life	303	75.8	30	7.5	67	16.7
2	Children with autism do not show specific emotions toward significant people in their life	79	19.8	223	55.8	98	24.4
3	Children with autism does not look at others eyes	310	77.5	25	6.3	65	16.2
4	Children with autism do not enjoy the presence of peers or forming friendships	336	84.0	13	3.2	51	12.8
5	Children with autism can communicate using body movements or symbols	268	67.0	36	9.0	96	24.0
6	Children with autism may have delayed or absent speech	292	73.0	43	10.8	65	16.2
7	The autistic child is over talkative	74	18.5	252	63.0	74	18.5
8	Children with autism may lose the acquired speech	206	51.5	59	14.8	135	33.7
9	Children with autism may show repetitive behaviors such as hand flapping or rocking and repetitive speech	343	85.8	10	2.5	47	11.7
10	Many children with autism adapted to the same daily routine (e.g., eating the same food daily, difficulty adaption from one place to another or changing toys	265	66.3	31	7.7	104	26.0
11	Some autistic children may exhibit either hyper- or hypo- reactivity to sensory input (e.g., an apparent indifference to pain, temperature, or sounds or an excessive response to specific sensory stimuli like smell, light and noise	229	57.3	39	9.8	132	32.9

Overall knowledge scores showed that 268 teachers (67.0%) had fair knowledge, 85 (21.3%) had good knowledge, and 47 (11.8%) had poor knowledge.

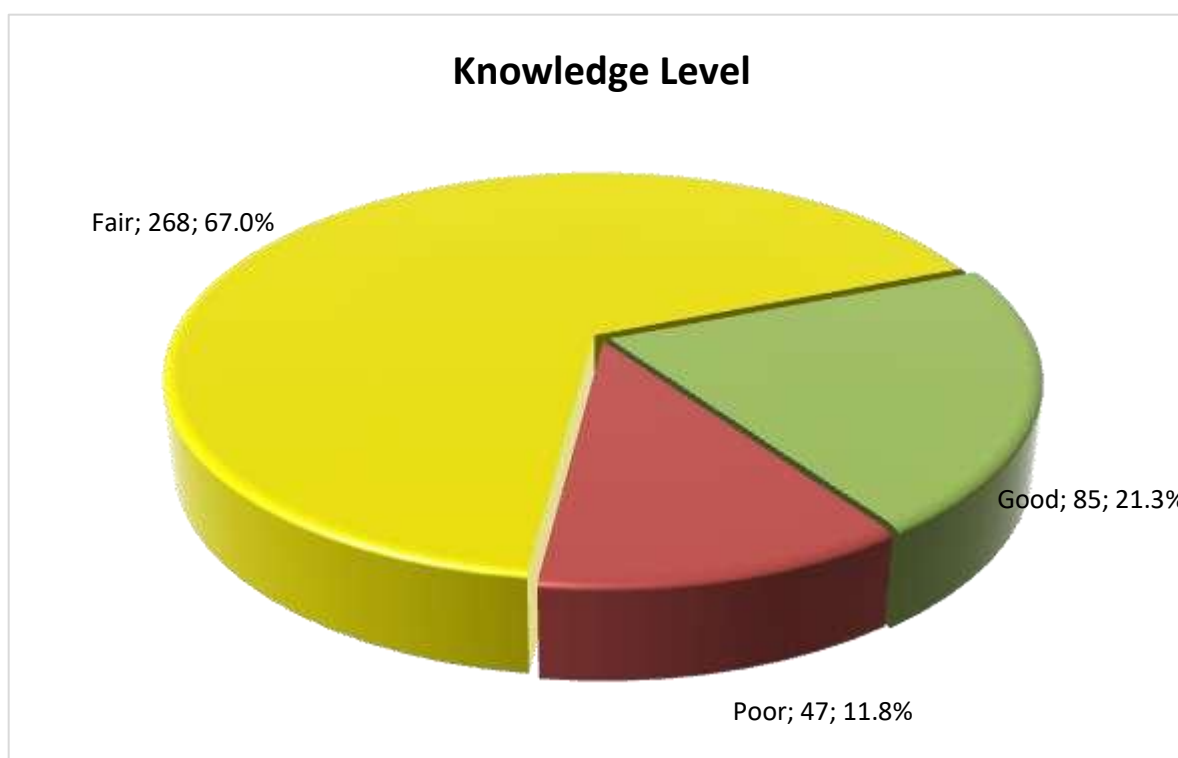


Figure 3. Distribution of Teachers' Knowledge Levels about ASD

No statistically significant association was found between knowledge level and gender, age, years of teaching experience, or educational level ($p > 0.05$). However, significant associations were found between knowledge level and educational district ($p = 0.002$), type of school ($p = 0.003$), previous contact with children with ASD ($p = 0.0001$), ability to identify ASD ($p = 0.0001$), and awareness of ASD prevalence ($p = 0.0001$). Higher proportions of good knowledge were observed among teachers from Rusafa 2, teachers in governmental schools, those with prior contact with autistic children, those who could identify ASD, and those who knew its prevalence.

Table 6. Association between Teachers' Characteristics and ASD Knowledge Levels

Variables		Knowledge level						P value
		Poor		Fair		Good		
		No=47	%	No=268	%	No=85	%	
Gender	Female	38	13.1%	194	67.1%	57	19.7%	0.237
	Male	9	8.1%	74	66.7%	28	25.2%	
Age	21-30 Y	11	12.2%	58	64.4%	21	23.3%	0.863
	31-40 Y	18	13.4%	92	68.7%	24	17.9%	
	41-50 Y	11	10.0%	76	69.1%	23	20.9%	
	51-60 Y	7	10.6%	42	63.6%	17	25.8%	
	mean±SD	39.60±9.808		40.21±9.525		40.41±10.370		0.896
	< 5 Y	14	12.4%	75	66.4%	24	21.2%	
Years of teaching	5-10 Y	11	12.1%	60	65.9%	20	22.0%	0.081
	10-15 Y	10	14.7%	52	76.5%	6	8.8%	
	15-20 Y	6	9.5%	35	55.6%	22	34.9%	
	> 20 Y	6	9.2%	46	70.8%	13	20.0%	
		mean±SD	10.81±7.923		11.69±8.986		11.80±8.674	
Educational	Diploma	17	14.0%	88	72.7%	16	13.2%	0.065

level	Bachelor's Degree	30	11.4%	168	63.9%	65	24.7%	
	Master Degree	0	0.0%	12	75.0%	4	25.0%	
Educational Department	Rusafa 1	40	15.3%	175	67.0%	46	17.6%	0.002
	Rusafa 2	7	5.0%	93	66.9%	39	28.1%	
Type of school	Governmental	24	8.5%	191	67.7%	67	23.8%	0.003
	Private	23	19.5%	77	65.3%	18	15.3%	
Contacted with autism	Yes	12	5.5%	148	68.2%	57	26.3%	0.0001
	No	35	19.1%	120	65.6%	28	15.3%	
Easily identify autism	Yes	14	5.2%	184	68.9%	69	25.8%	0.0001
	No	33	24.8%	84	63.2%	16	12.0%	
Know prevalence of autism	Yes	7	3.5%	133	67.2%	58	29.3%	0.0001
	No	40	19.8%	135	66.8%	27	13.4%	

Univariate logistic regression showed that previous contact with a child with ASD was significantly associated with good knowledge (OR = 1.97, 95% CI: 1.19–3.26, $p = 0.008$), and awareness of ASD prevalence was also significantly associated with good knowledge (OR = 2.69, 95% CI: 1.62–4.46, $p = 0.0001$). Teaching in private schools showed a non-significant trend toward lower odds of good knowledge (OR = 0.58, 95% CI: 0.33–1.02, $p = 0.06$).

Table 7. Univariate Logistic Regression Analysis of Factors Associated with Good Knowledge about ASD

Variable	Coefficient	OR	P-value	95% CI	95% CI
				Lower	Upper
Intercept	-1.166	0.31	0.0001	0.24	0.41
School Type (Private)	-0.549	0.58	0.06	0.33	1.02
Contact With Child with Autism (Yes)	0.679	1.97	0.008	1.19	3.26
Can you Identify Autism (No)	18.47	1.05×10^6	0.999	0	inf
Can you Identify Autism (Yes)	19.388	2.63×10^6	0.999	0	inf
Knows Prevalence (Yes)	0.988	2.69	0.0001	1.62	4.46

Teachers' attitudes toward children with ASD were generally positive. Most of them agreed that only teachers with special education training experiences can help autistic children (261, 65.3%) and that children with ASD should be taught in separate schools (280, 70.0%). At the same time, 280 teachers (70.0%) supported training teachers in the use of visual aids, and 166 (41.6%) supported mainstream integration whenever possible. Only 154 (38.6%) were comfortable with autistic children being in their own classrooms, while 228 (52.3%) disagreed that public schools are suitable for children with ASD. Nevertheless, hard support for governmental work was observed, as 372 teachers (93.0%) agreed that more resources would be assigned to autism services, and 234 (58.5%) expressed willingness to attend relevant training sessions.

Table 8. Teachers' Attitudes toward Children with ASD

Questions	Attitude response				
	Strong Agree	Agree	Neutral	Disagree	Strong Disagree
Only teachers with special education training can help children with autism	79 (19.8%)	182 (45.5%)	94 (23.5%)	33 (8.3%)	12 (3.0%)
Children with autism should be taught in separate schools	96 (24.0%)	184 (46.0%)	69 (17.3%)	39 (9.8%)	12 (3.0%)
I would want the children in my class to have to put up with autistic children	17 (4.3%)	137 (34.3%)	114 (28.5%)	84 (21.0%)	48 (12.0%)
Teachers without special education training should not be expected to deal with autistic child	29 (7.2%)	61 (15.3%)	156 (39.0%)	117 (29.3%)	37 (9.3%)
Children with autism are too impaired to benefit from activities of a general school	40 (10.0%)	157 (39.3%)	124 (31.0%)	55 (13.8%)	24 (6.0%)
Teachers should be trained in accessing and providing useful visual aids (e.g., pictures, boards, symbol) for students with autism in regular education classrooms	82 (20.5%)	198 (49.5%)	97 (24.3%)	15 (3.8%)	8 (2.0%)
Student with autism should be integrated into mainstream classrooms whenever possible	43 (10.8%)	123 (30.8%)	127 (31.8%)	74 (18.5%)	33 (8.3%)
Public schools are highly suitable for children with autism	13 (3.3%)	61 (5.3%)	117 (29.3%)	144 (36.0%)	65 (16.3%)
The government should allocate more resources for the provision of services for children with special needs	212 (53.0%)	160 (40.0%)	23 (5.8%)	3 (0.8%)	2 (0.5%)
I am interested in attending training sessions about children with developmental and behavioral disorders	82 (20.5%)	152 (38.0%)	130 (32.5%)	23 (5.8%)	13 (3.3%)

Overall, 344 teachers (86.0%) had positive attitudes, whereas 28 (7.0%) had neutral attitudes and 28 (7.0%) had negative attitudes.

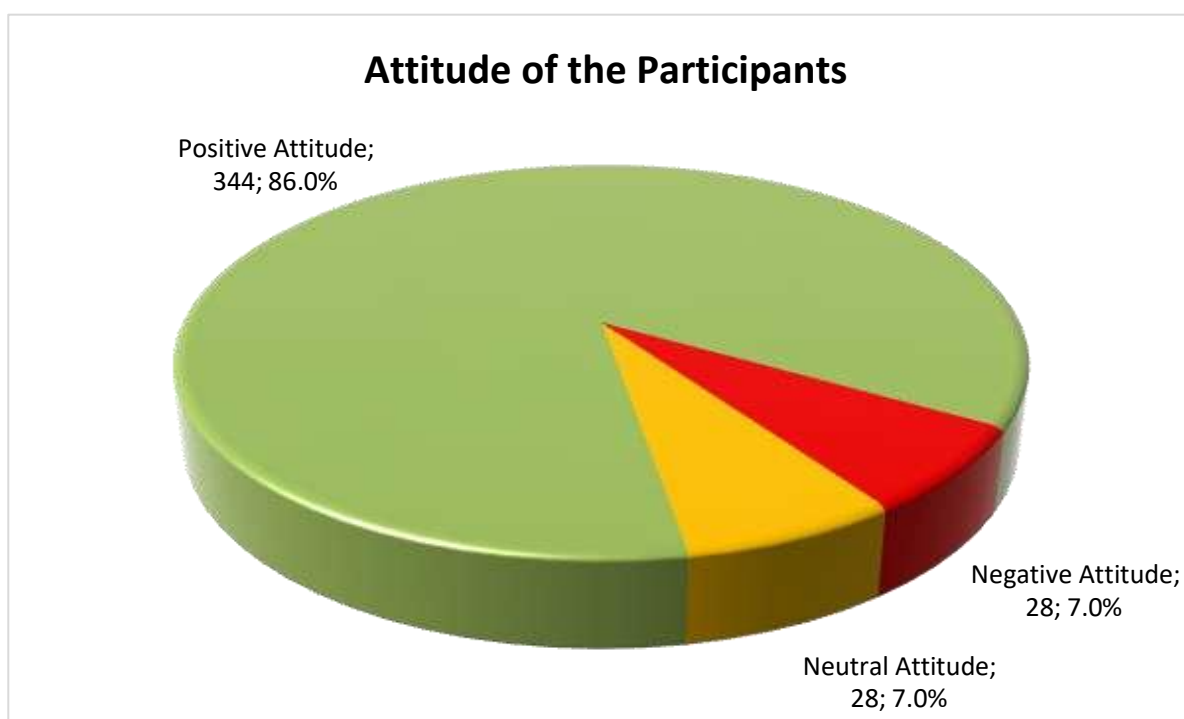


Figure 4. Overall Attitudes of Teachers toward Children with ASD

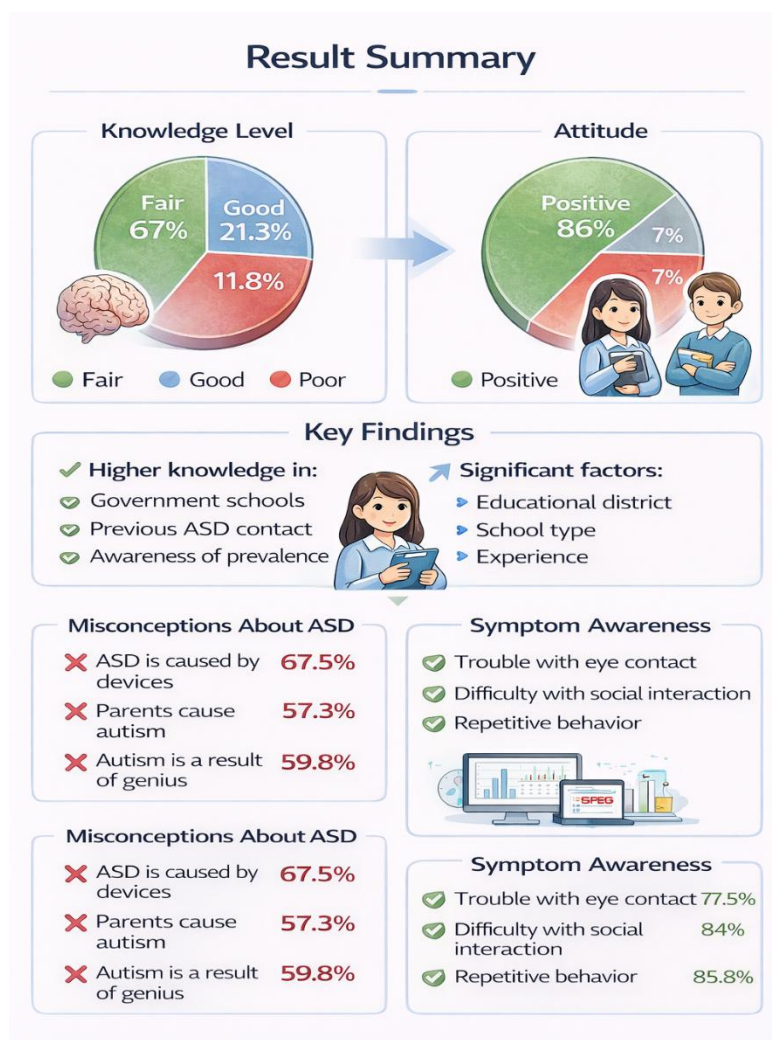


Figure 5. Summary of teachers' knowledge, attitudes, and key findings on ASD.

Discussion

The current study choose an important public health and educational concern by evaluation teachers' understanding, recognition, and attitudes about children with ASD in primary schools in Baghdad. Teachers are among the first persons outside the family to diagnose developmental and behavioral challenges; thus, their knowledge and attitudes can significantly influence early detection, referral, and educational inclusion [12].

The participants' sociodemographic data showed that the majority of teachers were women, with an average age of around 40 and more than 12 years of teaching experience. This is consistent with the findings of previous studies conducted in other parts of the world, where women in the middle of their careers constitute the majority of mainstream school teachers [13].

More than half of the participants had previously worked with a child with autism spectrum disorder, often as teachers, while nearly two-thirds believed they could diagnose the child with the disorder. This is an important result because being around autistic children may help teachers learn more about the illness and may help explain why teachers who have worked with autistic children before know more about it [14].

In this study, most teachers had fair knowledge (67.0%), some had strong knowledge (21.3%), and some had low knowledge (11.8%). This shows that people are somewhat aware, but there are still big gaps in their basic grasp of epidemiology and clinical research, especially when it comes to the fact that the ailment is more common in men and lasts a lifetime [15]. At the same time, most of the people who took part accurately understood how vital it is to have an early diagnosis, behavioral therapy, and special educational support. This shows that instructors have a lot of practical knowledge, even when some of their ideas aren't fully formed [16].

A lot of people still had wrong ideas about a lot of things. A large number of teachers thought that most autistic kids are geniuses, and many also had false views about what causes autism, such as screen time and neglect by parents [17]. Even if only a small number of people believed in the link between vaccines and autism, there was still a lot of doubt in this area. These findings indicate that teachers possess a fragmented awareness, accurately grasping certain observable characteristics and intervention-related matters while being vulnerable to misconceptions and stigmatizing attitudes [18].

In general, people knew more about symptoms and indicators than they did about what caused them. Most teachers were aware that people with ASD often have trouble making eye contact, getting along with others, repeating behaviors, having speech that is delayed or missing, and starting to show signs of the disorder at an early age. However, fewer people were aware of speech regression and sensory processing problems. This suggests that clinical signs that are less obvious or less talked about are still not well recognized [19]. The study also found crucial things that are linked to having more knowledge. There were strong links between the educational district, the type of school, previous interaction with autistic children, the capacity to recognize ASD, and knowledge of how common autism is [20]. In logistic regression, prior interaction with autistic children and awareness of ASD incidence were shown as significant predictors of substantial knowledge .This backs up the premise that teachers need to be knowledgeable with and have hands-on experience with autism-related information in order to grasp it better [21].

Overall, teachers had mostly good attitudes, with 86.0% of them having positive attitudes [22]. This is a positive sign indicating that many teachers are willing to help students with autism spectrum disorder. However, some studies suggest that teachers were only conditional in providing support to students with autism [23]. This is because many teachers believe that only adequately qualified teachers are capable of helping children with autism, and that they should be placed in separate schools [24]. Furthermore, fewer than fifty percent felt at ease with having autistic children in their classrooms, and over fifty percent thought

that public schools were inappropriate for children with ASD [25].

These results show that having a positive attitude doesn't always mean that you have confidence in inclusive practice [26]. Many teachers appear to support inclusion, but they point to significant institutional, professional, and structural barriers to its implementation. Many teachers who have called for additional government resources and teacher training agree with this view [27].

Strong correlations exist between attitudes and factors such as educational level, school type, school district, and awareness of the disease's prevalence [28]. This suggests that the school environment may have a significant impact on teachers' responses, no less than their personal characteristics. Teachers in public schools and those in the Rusafa 2 district expressed more positive attitudes, but regression studies revealed that teaching in private schools is associated with a lower likelihood of experiencing positive feelings [29]. These differences may be attributed to variations in school policies, support systems, staff experience, or teaching methods employed at each school [26].

The survey shows that teachers in Al-Rusafa generally possess a reasonable level of information and largely positive attitudes toward children with autism spectrum disorder. However, some misconceptions and major concerns persist [30]. These gaps can hinder early detection of problems, placement of students in appropriate settings, and effective classroom integration. This underscores the importance of planned educational interventions and ongoing professional development [24].

Conclusion

Most primary school teachers in Al-Rusafa had a reasonable understanding of autism spectrum disorder (ASD), with a small percentage possessing extensive knowledge and a minority having insufficient information. Teachers' knowledge was closely related to their educational district, school type, prior experience working with children with ASD, their ability to diagnose autism, and their awareness of the disorder's prevalence.

Teachers' attitudes toward students with ASD were generally positive. Despite this growing trend, many myths and limiting views about inclusion and education persist. These attitudes were closely related to educational level, educational district, school type, and perceived prevalence of ASD.

These findings indicate that while many teachers are prepared to teach children with autism spectrum disorder, knowledge gaps and misconceptions persist. Therefore, enhancing teachers' understanding through specialized educational and training programs is crucial for improving early detection, eliminating stigma, and promoting more effective inclusive teaching in primary schools.

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