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Autism and the Impact of the One-Child Policy



Joanne Lara, MA

In 1978-80, the Chinese government implemented a “one-child” birth policy, stating the policy was required, primarily due to significant population growth as well as environmental and economic concerns. For thirty-five years, young couples have struggled with the policy on a personal level, but how they handled it

has had far-reaching effects—many not imagined—on “special needs” children.

To understand the impact of the one-child policy, you have to begin with understanding that China doesn’t have a social security system and, as important, they have had a strong ethos towards the extended family. That is, children are expected to grow into responsible adults to take care of

their parents and their grandparents (financially and physically) in their old age. The extended family lives together and supports one another.

Given the “one-child” policy, Chinese families focus on their most critical need: to have a child who could accomplish their family goal, which translated into their needing primarily a male child, a bright and

well-educated child, and one who could succeed financially in order to fulfill the family's need to survive in their old age.

Statistics indicate how many couples dealt with their family imperative, given the one-child policy. First, a growth in abortions occurred (primarily when they discovered the sex of the child was not the one they wished to have, but also if they had a second pregnancy). The growth also was true in adoptions, but, in this case, there was a significantly larger number of female children available for adoption, even though the Chinese birth ratio was significantly greater in male births than female. Because there were so many female babies up for adoption in the early years of the one-child policy, the Chinese effectively opened the adoption market internationally, so it became the “go-to” place for many Americans looking to adopt, because it was practically in the same period in which the Roe v. Wade case was decided, in which abortion numbers in the U.S. sky-rocketed, making adoptions in the U.S. more and more difficult.

As important, the Chinese government has a “family registration” program comparable to the U.S.’s birth certificate program, but, because of the one-child policy and demographics (millions who live in areas other than large cities) and the reality that many couples in China do not use hospitals to have a child, there evolved a significant “failure to register children” either immediately or, in some cases, not-at-all in the “family registration” program.

When children are born “outside the registration process” in China, that child becomes invisible in the system. They “legally” do not exist. A child without a family registration cannot access most public services, such as health care, education, and even protection under the law.

So the parents who had a child with autism—assuming they knew the child had autism—had a high probability of not registering the child, making the child not legally capable to get education or medical care. Also—like in the very early years of autism’s diagnosis in Germany in the 1940s—the Chinese government, represented by the state-owned press, basically claimed autism to be a “parenting problem,” which was considered the result of the new western cultural ideology that was sweeping into Chinese culture in the 21st century. Because “spoiling the child was the cause,” having a child with autism was

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a negative stigma on the family as well as the culture that tolerated children who had behavior problems, which was how the child was viewed.

In the same period—contrary to the media’s ideas of autism in 1986—the first four cases of autism were reported at the Nanjing Brain Hospital Children’s Center by the founding father of Chinese child psychiatry, Guotai Tao (Zheng & Zheng, 2015). He was trained in the USA in the 1950s.

Until 1987—when the Communist government created an exception for those who had “practical difficulties”—such as a disability with their one child—many children on the autism

spectrum may have been “invisible” because of a lack of registration.

Until six years ago, a Chinese publisher who wanted to publish a book on autism (assumedly, he knew the condition existed in China) told a representative of Future Horizons he would definitely do so, with the stipulation that he couldn’t put the word “autism” on the cover “because of the one-child birth policy, which means no one wants anyone else to think their child isn’t going to be able to meet their family expectations.” His request to publish at that time was turned down. However, within a year of that request, the Chinese publishers began publishing materials on autism with that word on the covers of the books.

Another indication of the impact of the one-child policy was the slow recognition on the part of the government that the marriageable males far outweighed the marriage-age females—literally in the tens of millions—creating a significant problem in their society as the children aged because there were far too few marriage-age females. As a result of that realization, Americans who’ve been adopting Chinese girl babies rather suddenly found adoption agencies aborting the steady stream of adoptions of young girl babies because they, now, have become much more valuable to keep in China.

The most significant change occurred just three months ago. As of Oct. 29, 2015, the Communist government announced through their state newspaper that they were dropping the one-child policy and expanding it to a two-child policy. Of interest, if the parents of a first child with special needs decide not to have another child, they will be rewarded by the government with greater government support: services, money, job training, education and house repair.

In 2001, Population Sample Survey on Disability reported 10.4 million cases of autism in China, which translated into .0084% of the Chinese population at that time; however, because of the one-child policy, children not registered were estimated to be somewhere between 5% to 30% of the entire population, which would make the number significantly lower. The Beijing Disabled Federation survey reported 1.53 per thousand. But in 2006, 14.5 million cases of autism were reported to have been diagnosed, with 4.1 million between the ages of 0–17. These findings were a far cry from the numbers in the 90's in the United States, when, for the first time, scientists in the United States were beginning to

with the Hospital of Peking University Sixth Hospital.

It wasn't until 2010 that the Ministry of Health of People's Republic of China issued what was to be the first public guideline for the diagnosis and treatment of autism (Tang & Bie, 2015).

Currently, the negative stigma of autism as a cultural, societal health issue still exists.

In China, the discrimination against people living with autism is further heightened by the public's low awareness of the condition, lack of social support for those afflicted, and cultural pressure toward having a normal child (Hua & Yang, 2013; McCabe, 2007). There is a strong lack of resources, especially the lack

speech development, is considered normal in Chinese culture (Zhou & Yu, 2014). As a result, researchers and professionals have emphasized the urgency of promoting autism awareness and reducing the stigma of autism in China (McCabe, 2007; Wang, 2013) (Tang & Bie, 2015, p. 445).

The negative stigma and people's misunderstanding about autism in China have contributed to the under-diagnosis and under-treatment that is still prevalent in China today, according to these studies.

However, every city with a population over 200,000 now has a special needs school, with the school age being 6 to 17. If the city does not meet the population criteria, then the special needs child goes to school with his typical general education peers, but will be educated in a small group with a special education teacher, much like in the United States. Unlike the United States, there are no pre-K or kindergartens for children with learning disabilities and autism. Since 2006, close to 400 registered private schools for special needs children have been opened. ■

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respond to these the fast-rising trends in the actual reported cases of autism. In the U.S., that resulted in their seeking answers outside genetics alone for causation factors in autism.

With China's huge leap in numbers within five years, in 2006 the Chinese government and the China Disabled Federation recognized autism in the area of mental disability, citing the findings from 1986 (twenty years earlier) that were published in the “China Disabled Federation Survey for Disabled in China.” *The Hospital Psychiatry Diagnosis Mental Disabilities' Guidelines* were then outlined by Yang XiaoLing, and GuoYanQing, who were then affiliated

of professionals and intervention programs for Chinese children with autism (McCabe, 2007). Most of the diagnoses of autism are still being given by the psychiatry hospitals in China and not by trained clinical therapists.

By 2014, there are fewer than 100 doctors who have expertise with autism in China, and existing intervention institutions in the whole country can only provide services to 10% of children with autism (Pan & Li, 2014). Also, certain child-care values in China among parents or grandparents with young children pose a practical difficulty for the early identification of autism. For example, some of the symptoms of autism, such as delayed

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Joanne Lara, MA, founder of Autism Movement Therapy and author of *Autism Movement Therapy Method: Waking up the Brain!* was the autism expert for the Fox show *Touch* and is core adjunct faculty at National University in Los Angeles. Lara produced the documentary *Generation A: Portraits of Autism & the Arts*. Joanne Lara has made several trips to China to help open up the support for the arts as a viable intervention tool in China, more specifically her movement and music program, Autism Movement Therapy. In August 2015, Joanne returned to China after a former earlier visit in 2014 as a guest speaker at the International Autism Conference in Nanjing. This time Joanne, along with



a number of other expressive arts therapists, presented at the World-Wide Collaboration in Art Therapy panel at the Creative Arts Therapy conference in Beijing, China. This conference was actually part of the 5th International Psychology Conference of Traditional Chinese Medicine. For AMT Certification, licensing and online AMT courses, visit www.autismmovementtherapy.org.

Wang Chunhong is a contributing researcher on the article and is the founder and director of God Gifted Garden, a program for treatment of autistic children and their families in Beijing. She uses Chinese Medicine theory incorporated with dance, music and art as her primary treatment and calls this innovated method Dimensional Arts Therapy. Chunhong Wang was invited in 2002 to design the first Art Therapy program in the Beijing Hui Ling Community Service Center for People with Learning Disabilities. Along with a music teacher, Chen Wei Jing, the Director of Orff Music Institute in China. By January of 2003,

Chunhong had begun her work with the autism population in Beijing and by October of that year she directed a beautiful show at the 798 Art Center in the Postmodern Art Festival with many other artists and herself showing the work of the students. Her email is dimensionalartdance@hotmail.com.

Ruth Wishengrad, M.Ed., a contributing researcher, is an educator with over 25 years' experience with children in and out of the classroom, says the biggest challenge children face is clearly and effectively expressing their thoughts and feelings. PA is a creative, popularly sought after singer/songwriter. Her signature program, Songs to Change Your Tune™ teaches children meaningful tools to build strong self-concept, self-respect and self-esteem through fun, infectious melodies, rhythms and movements. Her email is ruth@songstochangeyourtune.com.

Lyn Dunsavage Young is also a contributing researcher and writer to this article.