# Behavioral Pattern of the Children with Autism, Its Impact on the Family, and the Overall Coping Strategies: A Study on the Autistic Children of a Specialized School in Dhaka City

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## ABSTRACT

Autism is a spectrum disorder, meaning that a wide degree of variation in the way it affects people. Autism is not a single disorder, but a spectrum of closely related disorders with a shared core of symptoms. Every individual on the autism spectrum has problems to some degree with social skills, empathy, communication, and flexible behavior. But the level of disability and combination of symptoms varies tremendously from person to person. Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also makes sense how they make sense of the world around them. It is a spectrum condition, which means that, while all autistic person share certain difficulties. Their condition will affect them in different ways. Some autistic people are able to live relatively independents lives but others may have accompanying learning disabilities and need a lifetime of specialist support. People on the autism spectrum may also experience over or under sensitivity to sound touch, tastes, smells, light or colors.

The general purpose of this study was to know about the situation and experience of autistic children in a family of Bangladesh especially in Dhaka city. The core objectives of this study is to know the behavioral pattern of the children with autism, the impact of their autism on the family and the overall adjustment strategies. Qualitative research approach has been used to conduct the study. Case study method was used as the main method to conduct the study. The autistic children were the case in conducting the study. Society for the Welfare of Autistic Children- SWAC was used as the source of data collection. In-depth interview, focus group discussion (FGD) and document study was used as methods of data collection. A guideline for the interview schedule was used in collecting data from the respondents.

The study showed that the behavioral pattern of autistic children differs from place to place. Autistic children's pattern of behavior is different in considering the behavior of a normal child. For their spectrum disorders they show aggressive behavior, impulsive behavior, anger toward people surrounding them. Adjustment to autistic children is not an easy task. Parents in this study expressed how difficult it was to take care of their children. Most of them, especially the younger parents complained that their autistic children could not do anything for themselves. Different autistic school provides intensive individualized instruction to individuals with autism, targeting the broad range of educational, behavioral, social, communication, daily living, cognitive and motor dysfunctions that affect them, in a single integrated setting.

Children with autism face a variety of challenge that can significantly negatively impact on parent and family functioning. Also, it can create significant stress throughout all family members. Thus, social and communication deficits effect on total family members. Emotionally and financially the families of autistic children become exhausted. ASD can evidently have a potential impact on the child and the functioning of whole family

## INTRODUCTION

Autism Spectrum Disorders (ASDs) are cognitive and neurobehavioral disorders, having three core features: deficits in socialization, deficits in verbal & nonverbal communication and restricted and repetitive patterns of behaviours1. These disorders manifest in early childhood and are likely to last the life time of the person. In

1943, Dr.Leo Kanner of the Jhon Hopkins Hospital was the first to describe the syndrome of autistic disturbances.1 However, over the period it is recognized as a spectrum of disorder that includes: Childhood autism, Asperser's syndrome, childhood disintegrative disorder, Rett's syndrome and pervasive developmental disorders - not otherwise specific.

Until recently, autism was thought to be rare. Earlier, prevalence was considered to be 2 to 4 cases per 10,000 children1. Currently, it is estimated that the prevalence is as high as 1 in 150 individuals in USA2. Extrapolated on the basis of above figure, in Bangladesh nearly 10.5 lakhs individuals may have autism. However, there is no national epidemiological study on autism in Bangladesh. In the center for Child Development and Autism at Bangabandhu Sheikh Mujib Medical University only 12 children attended with autism in the year 2001, which increased to 105 children in 2009 suggesting probable prevalence, awareness amongst parents and probably increased capability of the pediatricians to diagnose the problem. It is felt that there may be a definite increase in the incidence of Autism spectrum disorders all over the world. It has no racial, ethnic or social boundaries. Better diagnostic facilities and greater awareness increase the yield of diagnosis of ASD.

Environmental and prenatal factors along with genetic predispositions are the main etiologic determinants3. However, there is a clear agreement that the disorder may be associated with structural and functional abnormalities in several areas of the brain, suggesting that a disruption in fatal brain development contributes to the disorder4. The "growth deregulation hypothesis" holds that the anatomical abnormalities seen in autism are caused by genetic defects in brain growth factors5. The previous observation that MMR vaccine may be associated with autism has been proved untrue4. Lack of breast feeding has been found to be a risk factor in autism 6.

There is no effect of family income, life style and education on prevalence of autism. ASD is also not related to parenting style. Autism spectrum disorder (ASD) is a developmental disorder that affects communication and behavior. Although autism can be diagnosed at any age, it is said to be a "developmental disorder" because symptoms generally appear in the first two years of life. According to the Diagnostic and Statistical Manual of Mental Disorders a guide created by the American Psychiatric Association used to diagnose mental disorders, people with ASD have:

- Difficulty with communication and interaction with other people
- Restricted interests and repetitive behaviours
- Symptoms that hurt the person's ability to function properly in school, work, and other areas of life

**Background of the Study**

Autism refers to a range of conditions characterized by some degree of impaired social behavior, communication and language, and a narrow range of interests and activities that are both unique to the individual and carried out repetitively. Autism begins in childhood and tends to persist into adolescence and adulthood. In most cases the conditions are apparent during the first 5 years of life. Individuals with autism often present other co-occurring conditions, including epilepsy, depression, anxiety and attention deficit hyperactivity disorder (ADHD). The level of intellectual functioning in individuals with autism is extremely variable, extending from profound impairment to superior levels [WHO 2015].

Autism is a spectrum disorder, meaning that a wide degree of variation in the way it affects people. Autism is not a single disorder, but a spectrum of closely related disorders with a shared core of symptoms. Every individual on the autism spectrum has problems to some degree with social skills, empathy, communication, and flexible behavior. But the level of disability and combination of symptoms varies tremendously from person to person. Szatmari (2004) describes autism as the invisible disability. There are no facial anomalies or outward evident signs that a child is affected by this distressing neurological disorder. Autism is a highly variable neurodevelopment disorder that first appears during infancy or childhood, and generally follows a steady course without remission. Overt symptoms gradually begin after the age of six months, become established by age two or three years, and tend to continue through adulthood, although often in more muted form. It is distinguished not by a single symptom, but by a characteristic triad of symptoms: impairments in social interaction; impairments in communication; and restricted interests and repetitive behavior. Other aspects, such as atypical

eating, are also common but are not essential for diagnosis. Autism's individual symptoms occur in the general population and appear not to associate highly, without a sharp line separating pathologically severe from common traits [Autism Resource Centre, 2009].

Children with Autism may have sensory difficulties in one or more of the five senses of sight, hearing, taste, touch and smell. They look like any other children and usually do not have any physical problems. Even through awareness about Autism has risen there is a lack of clear understanding due to the invisible nature of the condition.

A child's autism diagnosis affects every member of the family in different ways. Parents/caregivers must now place their primary focus on helping their child with ASD, which may put stress on their marriage, other children, work, finances, and personal relationships and responsibilities. Parents now have to shift much of their resources of time and money towards providing treatment and interventions for their child, to the exclusion of other priorities. The needs of a child with ASD complicate familial relationships, especially with siblings. However, parents can help their family by informing their other children about autism and the complications it introduces, understanding the challenges siblings face and helping them cope, and involving members of the extended family to create a network of help and understanding [Understanding Autism for Dummies, 2006].

For the development of autistic children different types of special education needed. In Bangladesh there are many government and non-government organization that provides specialized education for the children with autism through a specialized school. Some of them are like- Society for the welfare of Autistic Children [SWAC], Society for the Welfare of Intellectually Disabled [SWID]. The experts point out that education and therapy in autism, a neurological and developmental disorder, is vital, and children can profoundly benefit from early intervention in school through special and individual education. Prevalence of autism is 2.5%. In other words, 40 out of 100 children are diagnosed with autism. It is more common in boys; boys are nearly five times more likely than girls to have autism. During the development of nervous system, if the baby is a boy, testosterone, the primary male sex hormone, is excreted more. It causes defects in the development of nervous system cells. Although not known for sure, Autistic Spectrum Disorder is stronger in girls than boys.

**Statement of the Problem**

In Bangladesh just a few years back, people were merely aware about autism. Only the parents are mainly concerned about their children with autism in urban areas. But, at present the situation is improving gradually throughout the country. An intensive analysis about the situation of disability in general and autism in particular, over a period of six months improving a cross-section of experts and stakeholders, both government and private reveals that the developmental disabilities including autism have been completely neglected (except intellectual disability). The only study in Bangladesh which included autism, showed a prevalence of autism to be 0.84 % among children. At least 17 per 10,000 babies in the country have Autism Spectrum Disorder, finds a new survey. The prevalence is higher in urban areas and among boys, the survey says. The survey has found that maternal illness, including hypertension, diabetes, asthma, fever with rash and urinary tract infections, during pregnancy is related to high prevalence of Autism Spectrum Disorder (ASD). The data suggests that there may be significant under identification of the children on the spectrum living in Dhaka. Although a few researches on autism have been conducted in Bangladesh, interest in autism from a global perspective has dramatically increased in recent years. However, a few researches have been conducted in this area, and further exploration of conceptualization about autism is needed. The study will focus specifically on Dhaka city. Dhaka is in its infancy in terms of creating a standardized diagnostic process as well as government programs designed to provide services to newly diagnosed children. As such, there is much to be gained from studying autistic children in the family of Bangladesh, their behavioral pattern, family impact and effects for adjustment through a specialized school in Dhaka city.

Despite the growing number of identified children with autism living in Dhaka, few schools exist in Dhaka to serve children with autism and the schools where staffs have been trained in meeting the needs of this population are overcrowded. There currently are no fully state- funded schools or therapy centers designed to support students having autism. Ministry of social welfare on behalf of Bangladesh government is playing some significant roles for providing education to the students with disabilities as well as autism in accordance with

their special needs. The constitution of Bangladesh has commitment in its article 15-D to improve disability and to help the poor, helpless, deprived children and adolescents with disabilities. Children with mild disabilities enrolled in the primary schools.

Although progress has been made over the past several years, primarily through the work of parent advocates, awareness of autism and access to proper treatment for related symptoms is still very young within the country. Little is understood about the diagnostic process experienced by parents seeking diagnostic process for their children in Dhaka city. Even less is understood about the impact of autism in family life.

**Rationale of The Study**

There are several reasons that encourage us to work on this topic. There are rapid increasing rates of autism in Bangladesh specifically in Dhaka city. But there is inadequate research on this topic autism, diagnosis process and social acceptance of autistic children. Autism is a brain-based neurodevelopment condition characterized and diagnosed by impairments in social communication and social interaction in the presence of restricted, repetitive behaviors or interests. Current population prevalence is estimated at 1.5% in developed countries around the world. Though the full range of etiologies underlying autism remains largely unexplained, progress has been made in the past decade in identifying some neurobiological and genetic underpinnings of, and risk factors for, this complex condition. Autism is highly heritable, but environmental factors are also implicated. Multiple lines of evidence suggest the etiology of autism has prenatal origins.

Autism is a fairly recent discovery in Bangladesh. Medical based diagnosis system in Bangladesh has started to identify autistic children by the child development of government child hospital since 2001-2002. There has not been conducting any significant study on autism and the treatment for children with autism are not enough to handle the situation. In this perspective, this study will provide a significant phenomenon on the behavioral pattern of autistic children, experiences and impact of autism on family life in Bangladesh. The researchers want to explore in this field in order to get insight knowledge on behalf of the journey of the mother of a special child.

This research made a number of contributions to the understanding of the behavioral pattern, impact and adjustment process through a specialized school of autistic children. The study will provide a glimpse into how some members of this culture may experiences of families living in Dhaka city. To the knowledge of the researcher, Dhaka has yet to conduct informal or formal research of this kind.

**Objectives of The Study**

The general objective of the study was to know about the situation and experience of autistic children in a family of Bangladesh especially in Dhaka city

Specific objectives-

- To explore the behavioural patterns of autistic children.
- To know the overall adjustment strategies of autistic children.
- To know the impact of autism on family life.

**Operational Definition**

**ASD**

Autism spectrum disorder (ASD) is a developmental disorder that affects communication and behaviour. Although autism can be diagnosed at any age, it is said to be a “developmental disorder” because symptoms generally appear in the first two years of life.

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), a guide created by the American Psychiatric Association used to diagnose mental disorders, people with ASD have:

- Difficulty with communication and interaction with other people

- Restricted interests and repetitive behaviours
- Symptoms that hurt the person's ability to function properly in school, work, and other areas of life

Autism is known as a "spectrum" disorder because there is wide variation in the type and severity of symptoms people experience. ASD occurs in all ethnic, racial, and economic groups. Although ASD can be a lifelong disorder, treatments and services can improve a person's symptoms and ability to function. The American Academy of Pediatrics recommends that all children be screened for autism. All caregivers should talk to their doctor about ASD screening or evaluation.

**Children**

The United Nations (UN) Convention on the Rights of the Child (UNCRC) defines a child as an individual less than 18 years old. The Children Act of 1974 defines children as less than 16 years old individuals. For our study purpose children and adolescent with autism between the ages of 4-18 years of age.

**Behavioural Pattern**

A recurrent way of acting by an individual or group toward a given object or in a given situation. Actually the characteristic ways in which a person or animal acts.

**Dhaka City**

Dhaka, formerly Dacca, is the capital and largest city of Bangladesh. It is located in the geographical center of the country in the great deltaic regions of the Ganges and Brahmaputra rivers. Dhaka is served by the port of Narayanganj, located 16 km (10 mi) to the southeast. Now the city corporation is split into two corporations.

**Urban Family**

Urban family is such families generally dwells in cities, they have the small size, higher age of marriage, secular outlook, freedom of women and less attachment to traditions.

# METHODOLOGY

**Main Methods**

Qualitative research approach has been used to conduct the study. Case study method was used as the main method to conduct the study. The autistic children were the case in conducting the study. A case study is a descriptive and exploratory analysis of a person, group or event. Case study research is based on an in-depth investigation of a single individual, group or event to explore the causes of underlying principles. Society for the Welfare of Autistic Children- SWAC was used as the source of data collection.

In-depth interview, focus group discussion (FGD) and document study was used as methods of data collection. A guideline for the interview schedule was used in collecting data from the respondents.

**Area of the Study**

All area of two Dhaka City Corporation has been considered as the area of study. But here one autism related organization in Dhaka City was used for the convenient of collecting data-

Society for the Welfare of Autistic Children (SWAC) - 70/Ka, Pisciculture, Shyamoli, Dhaka-1207, Bangladesh.

**Population and Unit of Analysis**

All the students with autism of the selected school of Dhaka city were considered as a population of the study and every child of the study is considered as a unit of analysis.

**Sample and Sampling Procedure**

The study has been conducted on the basis of in-depth interview and FGD. At first the areas were selected purposively and then the sample will be taken simply at random among them. A total of 15 respondents related to our case were attained for the interview. And 2 FGDs was conducted with the intention of capturing diversity of voices from the greater Dhaka city. Firstly, a pre-test of case study was conducted with two parents rearing children with autism. Parents participating in the pre-test were given a brief introduction to the process of case study and a reminder of the approximate time necessary for the interview.

**Data Collection Technique**

In-depth interview and observation techniques were applied to collect the data. A guideline for the interview schedule was used in conducting interview of the respondent. These interviews were recorded or noted down on areas of particular importance or interest whilst conducting the study. Relevant information was gathered also from secondary sources reviewing available literature on the area of autism.

**Data Processing Analysis and Interpretation**

After the completion of case study and FGDs, the recorded narrative data was transcribed and efforts were also make to edit the collected qualitative data to ensure accuracy of information.

Qualitative coding system is used for organizing the raw data into conceptual categories and creating themes or concepts to analyze data. Because qualitative coding is an integral part of data analysis. In the perspective of qualitative data analysis, we know that it differs from quantitative analysis and less abstract than statistical analysis and closer to raw data. Data have been analyzed by organizing it into categories on the basis of themes, concepts, or similar features and develop new concepts, formulated conceptual definitions, and examined the relationships among concepts. The edited data was furnished using a qualitative strategy and analyzed it in thematic form.

**Ethical Consideration**

There are some useful ethical issues that need to be considered by the researcher during conducting the study. Some useful ethical issues of conducting study are described by Saunders et el (2009, p.185) that are given following.

- Consent of sharing information;
- Privacy and confidentiality of the actual participants;
- Protection of the respondents from physical and mental injury;
- Voluntary right of participation to withdraw information from data collection process.

All these ethical issues of the study will be maintained by the researcher during conducting the study as well as during data collection process. The researcher will ensure the privacy of information and identity of the respondent in the study. The consent of information will also take during data collection process.

**Limitations of the Study**

Generally, all the research work has some new world of findings and some new problems, which are definitely to begin some new out looking as well as new understanding. It is recognized that conducting research is completely based on scientific knowledge, attitude, skills and competence of the researcher. Every research has some concerned field and limitations as a result of multifariousness. The study couldn't overcome some limitations. Yet the researcher believes that, the finding of the study will be helpful for the further researchers as well as to the policymakers.

The study is an academic one with limited time, money constraint and small study area. Besides, it is a lengthy, complex systematic and skilled based process. So, it is possible to have some error. During field study some obstacles may have to face in collecting data and documents. They are-

- The study is based on autistic children. So, collection of data regarding this field is very hard for a researcher. It is not easy to get information from the parents of autistic children.
- Many parents of the autistic children may have not enough time to give information because of their business.
- Time and money constraint
- Non-availability of data and documents
- Selective study area
- Determination of sample size
- This is an academic practice research so there is no budget for this research
- The study covers a small area which may not represent the whole Bangladesh.

## FINDINGS OF THE STUDY

This chapter deals with an in-depth analysis and interpretation of the responses to the research questions related to the autistic children and their parents. This is the prime chapter of the study which depicts the overall finding of the study based on the specific objectives. This study has three specific objectives and this chapter presents the overall results focusing the above mentioned three objectives. This chapter presented the findings about the behavioural pattern of autistic children and the overall coping strategies. Moreover, this chapter also presented the multidimensional impact of autism on family life. In conducting the research, the data was data was collected through in-depth interviews from 13 respondents. Using In-depth interview allowed us to for adequate answers to complex questions and helped uncover relevant information. In considering the research ethics, confidentiality and anonymity, the respondents have been given pseudonym as like, R1, R2, R3. A thematic analysis has been followed that look across all the data to identify the common issues that recur, and identify the main themes that summarize all the views that have been collected.

For effective analysis, the finding of the study has been categorized according to the following themes.

- Behavioural Pattern of Autistic Children
- Repetitive Behaviour Showed by Autistic Children
- Abnormalities in the Behaviour of Autistic Children
- Disorder that Fling Autistic Child to Show Abnormal Behaviour
- Overall Adjustment Strategies Followed for the Development of an Autistic Child
- Difficulties Faced by the Parents in the Process of Adjustment
- Therapeutic Approaches for Adjustment
- Impact of Autism on the Family Life
- Stressful Situation in the Family
- Psychological Impact of Autism in the Family
- Issues of Acceptance by Neighbour and Society
- Economic Hardship in the Family

### Main Findings of the Study

Autism is a complex developmental condition that involves persistent challenges in social interaction, speech and nonverbal communication, and restricted/repetitive behaviors. The effects of autism and the severity of symptoms are different in each person. Autism is usually first diagnosed in childhood with many of the most-obvious signs presenting around 2-3 years old, but some children with autism develop normally until toddlerhood when they stop acquiring or lose previously gained skills. According to the CDC, one in 59 children is estimated to have autism. Autism spectrum disorder is also three to four times more common in boys than in girls, and many girls with autism exhibit less obvious signs compared to boys. Autism is a lifelong condition. However, many children diagnosed with autism go on to live independent, productive, and fulfilling lives. The information here focuses primarily on children and adolescents.

**Behavioral Pattern of Autistic Children**

**Behavioral Pattern with Family**

In the family the children with autism presented a series of abnormal behaviors, including no social smile, no eye contact and no respond to own name, and joint attention deficiency, which were distinguished from the children with other developmental disorders. The imitation and attachment behaviors were significantly different between the two groups. Repetitive motor actions and interest peculiarity were only seen in children with autism. They show disruptive behavior with family members, shouting most of the time.

One of the respondents expressed his/her opinion in this regard-

*"In the family atmosphere it is not easy to manage an autistic children, my child show his abnormal behavior with all the family members by shouting all the time but sometime he can recognize us as his well-wisher or family member. He can't talk but can recognize members of his family" [R1]*

Another respondent said- *"In my perception I can say that in the family a child having ASD shows different types of behavior like, hand flapping, rocking, spinning, and irregular body movement. Sometimes my child hasn't any concern about what he is doing. He is not aware of his dress, food and other regular issues; if we force him to for taking food or wearing cloth sometime he helps me sometime don't.*" [R3]

One of the respondents said about the pattern of behavior in the family environment that- "*My child is a low moderate intellectually disable, he is also suffering from anxiety disorder in my home most of the time he become calm and quiet, for his intellectual disability he can't acknowledge the what is going on or what is not" [R8]*

**Behavioral Pattern with Others**

Everyone's got the right to go out in the world, use public transport, enjoy public places, and generally be an active member of their community. But where some disabilities are immediately obvious to passers-by a wheelchair, a white cane, and hearing aids – autism doesn't show on the outside. A kid with autism looks just like a non-disabled person, and strangers can easily assume that dealing with the world is no harder for them than it is for a neurotypical child. Except that often, it isn't and being held to those standards can lead to some stressful situations.

Most parents of a child with autism have at least one story about a passer-by telling them to 'control' their 'misbehaving' child or giving them a judgmental look. People can be quick to assume 'naughty' rather than 'disabled'. It's hard for strangers to grasp just how difficult things can be for a child with autism, and if they don't understand, going out in public can feel like running a gauntlet. For a child with autism public places have their own particular challenges. All of them boil down to one basic thing: autism combines extra difficulties coping with the world with less understanding of what's socially appropriate, and the child's normal behavior can look very strange. People are not always kind about difference.

Children with autism carry them everywhere, and they can be disruptive. A child who loves dogs may run up to pet every dog they see without asking the owner; a child who loves shoelaces may grab at people's shoes; a child who loves fans may run behind shop counters to stare at them and have a tantrum if prevented. The force of an obsession is difficult for outsiders to understand, and the child is often blamed for 'bad behavior'. Sensory sensitivities can lead to behavior that outsiders find shocking. A child who sniffs or licks their parents is doing it innocently and the parents understand that; a stranger who gets sniffed or licked is likely to be, at best, startled.

In this regards a respondent stated that- *"Autistic child can't accept unknown person easily, in my house when a relative or outsider come my child can't accept easily, sometimes he feel afraid of the guest tried to bite him or shout out loud. With the stranger an autistic child can't cope with because of his/her fear about unknown person" [R7]*

About the pattern of behavior with others a respondent said that- *"In my experience with my child I observed that the rate of taking unknown person normally may be 10%. Most of the time they think unknown person can*

*harm him that's why their nervous system guides them to do something that hinder outsider to come close to the autistic child." [R11].*

**Behavioral Pattern in School**

Behavioral pattern of autistic child in school isn't like a normal child. They can be disruptive any time. In a specialized school teachers duty is to taking care and looks after his/her student all the time. In teaching students with autism spectrum disorders, it's helpful to implement a variety of strategies for dealing with disruptions, distractions and inappropriate behavior. First, take the time to get to know your students and establish a positive relationship with each one. Learn what is important and interesting to them and program lessons based upon these interests to increase motivation and engagement. Understand and accept each student's limitations while using positive praise to acknowledge their accomplishments. Understand how your students communicate and how they best understand information presented to them. Learn the most effective communication style for each student and give them repeated opportunities to communicate appropriately and receive reinforcement for doing so.

Teachers need to be aware of what is going on in the classroom at all times. When there is inappropriate behavior that is interfering with learning in the classroom, it is important for the teacher to respond quickly. Teachers need to have "eyes in the back of their head" to prevent inappropriate behaviors and/or address them before they escalate into bigger concerns.

About the behavior of autistic child in school a respondent said that who is a teacher- "*once one of my students was disrupting the class by climbing on top of bookshelves, window sills and cabinets and jumping off. We considered the high activity level of this child and his need to jump and climb and created some new options for him. For the adjustment First we brought a trampoline into the classroom for him to use after scheduled instruction times. He can choose the trampoline during his breaks & the teacher sets a timer for 3-5 minutes. When the bell rings the trampoline is put up. We also adjusted the schedule so that at least twice a day and more if needed, the whole class goes for a walk and has time on the playground." [R5].*

Another respondent describes his experience about this issue and he added that- *"Many times people mistakenly think that if they put students with autism in the regular education class then they will figure everything else out on their own. In most cases, it doesn't happen that way. Students with autism need to be taught right from wrong as well as how to interact with other children. They typically don't learn social skills as easily or in the same way as other students and social understanding does not come naturally for them. Also, these students often don't connect consequences with their behavior. So, it's important for teachers to be purposeful, clear and utilize visual supports to ensure understanding" [R12].*

**Repetitive Behavior by Autistic Children**

Restricted and repetitive behaviors and interests are among the three core symptoms of autism. They include repetitive movements with objects, repeated body movements such as rocking and hand-flapping, ritualistic behavior, sensory sensitivities and circumscribed interests. Repetitive, purposeless behaviors are a common symptom of autism. In fact, many parents worry about autism when they see their child repetitively lining up toys, spinning objects, or opening and closing drawers or doors. Repetitive behaviors can also involve saying, thinking about, or asking about the same thing over and over again.

In rare cases, repetitive behaviors can actually be dangerous; more often, though, they are a tool for self-calming. They can become a problem, though, when they get in the way of ordinary activities or make it tough to get through school or work. Autistic people might also become attached to objects (or parts of objects), such as toys, figurines or model cars or more unusual objects like milk bottle tops, stones or shoes. An interest in collecting is also quite common. Autistic people often report that the pursuit of such interests is fundamental to their wellbeing and happiness, and many channel their interest into studying, paid work, volunteering, or other meaningful occupation.

About the repetitive behavioral aspects of autistic child, a respondent said that- *"Autistic children show repetitive movements with objects, repeated body movements such as rocking and hand-flapping, ritualistic behavior, sensory sensitivities and circumscribed interests. Every day at 12 PM my son prithu frayed paper into tiny pieces and sweep his pant with water. If we try to deter his from doing this, he gone very disruptive." [R1]*

Another respondent said that- *"In my 5 years' life of teaching with autistic children I found that children with autism repeats their behavior frequently, I a series manner they continue to do that task if any one tries to deter him/her that situation will go beyond control. Autistic people might also become attached to objects (or parts of objects), such as toys, figurines or model cars or more unusual objects like milk bottle tops, stones or shoes. They play with the toys continuously"[R4].*

**Abnormalities in the Behavior of Autistic Children**

Children with autism display many abnormal behaviors that while not essential to the diagnosis, cause serious distress for both the child and the family. Unusual eating habits, abnormal sleep patterns, temper tantrums, and aggression to self and to others are among the most common of these abnormal behaviors. In order to achieve a greater understanding of abnormal behaviors in the context of autism, it is important to better characterize their frequency and course as well as to explore their relationship to other aspects of children's functioning including language, intelligence, and severity of autistic symptoms.

Disruptive behaviors such as aggression, irritability, and noncompliance are common in children with autism, and are among the main reasons for psychiatric treatment and even hospitalization," said Denis Sukhodolsky, senior author and associate professor in the Yale Child Study Center. "Yet, little is known about the biological underpinnings of behavioral problems in children with autism. The abnormalities of autistic children are as follow-

**Atypical Eating Behavior**

Atypical eating behavior occurs so frequently in children with autism that at one time it was included among the diagnostic indicators. The most common feeding problem is excessive food selectivity, by type. Other abnormalities are rituals surrounding eating and food refusal. Some children with autism may have inadequate nutrition as a result of their limited diets. Although it has been described, complete food refusal appears to be relatively rare in autism compared to other developmental disabilities. When it does occur, it may be due to gastrointestinal problems. In one study of factors predisposing children to feeding problems, 3 of the 26 children with autism showed complete food refusal, all of whom suffered from gastroesophageal reflux.

In this regards a respondent stated that- *"I am in trouble with my autistic child for his food refusal, normally she doesn't want to take food in proper time. In 24 hours I can only feed her twice because of her food refusal" [R9]*

**Abnormal Sleep Patterns**

Sleep problems are more common in children with developmental disabilities than in typically developing children. Among developmentally disabled children, sleep problems tend to be more common in younger children and are associated with self-injury, aggression, screaming, tantrums, noncompliance, and impulsivity It is unknown whether these associations occur in children with autism as well.

A respondent shares her concern about abnormal sleep pattern and stated that- *"My child faraz has developmental disability for this reason his pattern of sleep is abnormal. In the night most of the time he became sleepless for that the regular functioning of his life become more complicated, after using sleep drugs a long period these drugs now not working properly" [R6].*

**Self-injurious Behavior**

Self-injurious behavior has been studied extensively in children with mental retardation, but less research has been conducted on children with autism found that self-injurious behavior was related to both receptive and expressive communication in a meta-analysis of studies on challenging behaviors in individuals with intellectual

disabilities. Among people with mental retardation, autistic features may be associated with higher rates or increased severity of self. Among individuals with autism, prevalence estimates range from 20% to 71%, depending, in part, on the IQ and age range of the samples. A number of studies have reported that individuals with autism who are also mentally retarded have higher levels of self-injury than individuals without mental retardation. In children with autism, lower levels of expressive functional language and more severe scores on the communication, socialization and daily living skills domains of the Vineland Adaptive Behavior scales are associated with increased self-injury.

A respondent shared his understanding about self-injurious behavior- "*In the classroom when I assigned one of my students for completing his task. He refused to do that work. If I force him to do that he beats himself by his hand and shouts out loudly. For example, when I order him to do physical exercise in the gymnasium sometimes he refused to do that when I force him he slap his head continuously by his hand.*"

**Disorder in the Behavior of Autistic Children**

A few decades ago, most people had never heard of autism. Now, you probably hear about it regularly. Autism is short for autism spectrum disorder (ASD). It's a group of neurodevelopment (or brain pathway) disorders that cause behavior and communication problems. ASD usually shows up in early childhood. But adults can be diagnosed with it, too.

There are behaviors tied to ASD, like trouble making eye contact. But autism is different for every person who has it. Some people with ASD may have symptoms so mild that other people barely notice them. Others may have symptoms severe enough to have a major impact on their lives. Some signs of autism are similar to or the same as those of other conditions. As a result, some things can be mistaken for autism. That's a problem because using autism treatment on a person who doesn't have the disorder probably won't help the way it should. What's more, someone with another health issue that looks similar, like lead poisoning, may need treatments that have nothing to do with the ones for autism.

Disorders that appears in the behavior of autistic child are as follow-

- **Speech delays, hearing problems, or other developmental delays:** Developmental delays are when your child doesn't do things doctors expecting kids his age to be able to do. These can include language, speech, or hearing problems. Fine motor issues, problems with social interaction, and impaired thinking skills can happen, too. While kids with autism may have developmental delays, those delays can have other causes, like lead poisoning or Down Syndrome, or even no known cause.

- **Narrowed interests:** Children with autism sometimes get very interested in particular activities or things, like maps or ceiling fans. Their interest might even seem obsessive. But that doesn't necessarily mean they have autism. If they do, they'd have other symptoms of it, such as trouble with social interactions.

- **Reading early or high intelligence:** Children who can read at an early age or show other signs of high intelligence sometimes get diagnosed with autism. This can be especially true for kids with hyperlexia. That's when a child reads very early or shows other signs of high intelligence, but may also have trouble communicating with others.

Psychological disorder that are found in the behavior of autistic child are-

- Avoidant personality disorder
- Obsessive compulsive disorder (OCD)
- Reactive attachment disorder
- Social (pragmatic) communication disorder
- Schizophrenia, which rarely happens in children

About the disorders of autistic children, a respondent said that- *"Anxiety disorder, depression, stress, hyperactivity disorder, disruptive behavior disorders are appearing in the behavior of autistic children that basically hinder a child to perform his/her role as like a normal child".*

**Overall Adjustment Strategies Followed for the Development of an Autistic Child**

Dealing with change is difficult. While most of us expect and even plan for the inevitable changes life will bring, we may find ourselves resisting a major change or having difficulty adjusting to new circumstances. This is especially true for children with autism spectrum disorder (ASD) and other developmental disabilities. The adjustment process of a child with autism is not an easy task. Different periodic and strategically approaches needed for the adjustment of autistic child. In conducting study, we found many opinions and experiences from our respondents.

**Process of Adjustment in the Family**

Adjustment to autistic children is not an easy task. Parents in this study expressed how difficult it was to take care of their children. Most of them, especially the younger parents complained that their autistic children could not do anything for themselves. For example, *a mother said she had to do everything for her son right from when he wakes up till he goes back to bed [R5]*.

Autistic children tend to make a fuss about a change in their regular routine. For their proper adjustment parents have to teach them every single thing continuously.

**Relying on Spirituality**

Not being able to communicate is one of the major characteristics of autism. Parents found it very stressful that their children could not hold conversations with them. Their challenge lied in the fact that the children could not say what was wrong with them. The parents, especially the older ones were of the view that with time the child's communication pattern improved. Though they could not make full sentences, they could make out some words. For example, a mother shared her experience on communication with her child as:

*Once a while when she wants to converse we do, there are some of the things I can't understand and I feel bad about it because I wish I understood her and could respond positively but I can't. But generally we are getting along well we adjust ourselves for the betterment of her [R8].*

From the interviews, to be able to cope with all this, parents usually relied on Allah. Though majority believed the cause of the disorder was medical, they found solace in the spiritual. They relied on the Supreme Being to give them strength to deal with their situation and cater for their children.

*Parents encouraged themselves that it was a test from Allah and he will see them through [R2]. Some parents believed that as a parent with an autistic child, you do not have to complain but just pray to God for strength [R11].*

*Some parents even believed that what their children will become in some years to come was dependent on God [R9].*

**Encouragement from Family and Friends**

Parents in this study received encouragement from family and friends when they were in hard times. For example, one mother explained that she is always encouraged by the words her mother spoke to her. She described the first incident when she first heard of the situation:

*My mother just tapped my shoulder, smiled and said, my daughter, you would still have become the great person you are if you had autism. The mother determines what her child will become, I believe in you so you have to believe in yourself. From that time onwards I focused on making my daughter a better person [R 4]*

**Adjustment Process in the School**

Different autistic school provides intensive individualized instruction to individuals with autism, targeting the broad range of educational, behavioral, social, communication, daily living, cognitive and motor dysfunctions that affect them, in a single integrated setting.

About the adjustment process in the school a respondent stated that who is an autism expert and deputy director of an autism school-

*Due to sensitivities in children with autism, particular care is taken to maintain a safe and healthy indoor environment, where students may function at their very best. The main teaching methodology (ABA Method) employed has been scientifically validated and is based on the principles of behavior analysis. Special attention is given to the factors that motivate each individual to learn. Through the practice of daily measurement of progress towards individual goals, teachers can keep track of the student's progress. Data analysis allows the team to make changes in each student's program in order to achieve maximum progress [R12].*

There is intensive one-on-one interaction between student and teacher to provide continuous opportunities for the student to learn new skills throughout the day. In addition, students spend some time each day in group activities such as music and games. As part of the individualized plan for each student, opportunities are also created to teach them to interact with typical peers in order to acquire, practice and generalize appropriate social behaviors.

*"The school staffs include professionals from the disciplines of psychology and occupational therapy. Each student has a comprehensive individualized plan of instructions, which is an integrated assessment of the student's needs across all disciplines. The team on a weekly basis reviews the plan. Parents are kept abreast of their child's progress through quarterly parent teacher meetings. They are also expected to commit to spending at least one whole day in their child 's classroom to observe first-hand the teaching techniques" [R10].*

The school operates on a year-round basis to provide the student body continuous and ongoing instruction in order to maintain skills that might otherwise be lost during long breaks from instruction.

School holidays are kept to a minimum. Among other teaching methods Hannon, Picture Exchange Communication System (PECS), social story, TEACCH, etc, are used in the school. Students receive Occupational and Sensory Therapy as well. The goal for students is to learn to communicate effectively, become increasingly independent, interact appropriately with others in the community and enjoy their learning experiences. Art, music, games, cooking and physical exercise are essential for the development of children with autism.

Therefore, these are included in the daily routine of SWAC students said a respondent-

*"Morning Shift students attend classes from 8.30am to 1pm.Senior students attend classes until 2.00pm. Preparatory students attend classes until 4pm. Day shift is from 2pm to 6.00pm; Underprivileged from 2 pm to 5pm" [R12]*

**Difficulties Faced by the Parents in the Process of Adjustment**

Autism spectrum disorder refers to a set of related conditions that affect social interaction, communication, and behavior. The impact can range from mild to severe. It mostly appears in early childhood, and it normally continues into adulthood. Some people with autism spectrum disorder are highly gifted in a specific field. Apart from difficulties with social communication, people with autism spectrum disorder (ASD) tend to have restricted interests. Other key features include repetitive behavior and a need for routine.

In the Bangladesh, the Centers for Disease Control and Prevention (CDC) report that ASD affects 1 in every 88 children. Boys are 4.5 times more likely to be affected than girls. Bringing up a child with autism can be challenging for parents, especially when other people do not understand the issues. Children with ASD experience the world differently from most people. They often have difficulty expressing themselves. Sensory

issues can affect how they smell, hear, or see things. They may find it impossible to eat foods of a particular color, for example.

*"Parents can find it difficult and embarrassing when their child demonstrates unusual behaviors in public. No one wants that his/her child to unusual behavior in public" [R7]*

Whereby unusual behavior includes-

- Inappropriate touching or invading other people's space
- Being too honest about someone's appearance
- Flapping hands or spinning around
- Being fascinated with a particular item
- Extreme displays of affection or the opposite.

*"If parents feel stressed and unable to cope, their own health can be at risk. It is important for parents to address their own needs as well as those of their child. Other people can help by learning about autism and the challenges it poses" [R6].*

**Medication for the Adjustment**

There aren't any medications specifically designed to treat autism. However, several medications used for other conditions that may occur with autism might help with certain symptoms.

Medications used to help manage autism fall into a few main categories:

- **Antipsychotics-** Some newer antipsychotic medications may help with aggression, self-harm, and behavioural problems in both children and adults with autism. The FDA recently approved the use of risperidone (Risperdal) and apripiprazole (Abilify) to treat symptoms of autism.
- **Antidepressants-** While many people with autism take antidepressants, Researchers aren't yet sure whether they actually help with autism symptoms. Still, they may be useful for treating obsessive compulsive disorder, depression, and anxiety in people with autism.
- **Stimulants-** Stimulants, such as methylphenidate (Ritalin), are generally used to treat ADHD, but they may also help with overlapping autism symptoms, including inattention and hyperactivity. A 2015 review Trusted Source looking at the use of medication for autism treatment suggests that about half of children with autism benefit from stimulants, though some experience negative side effects.
- **Anticonvulsants-** Some people with autism also have epilepsy, so ant seizure are sometimes prescribed.

About medication issues for adjustment a respondent said that- *"The medication for the autistic child works for a little, a long time systematic interventions are needed for better adjustment of autistic child" [R6].*

Another respondent mention that- *My child has a problem of showing disruptive behavior, we can't control him that's why doctor prescribe different medicine like sleeping pill, Anti stress medicine etc. [R9]*

**Therapeutic Approaches for the Adjustment**

When a child is diagnosed with an autism spectrum disorder, families face the next challenge: choosing treatments and therapies for their child. The American Academy of Pediatrics (AAP) recommends the following strategies for helping a child to improve overall function and reach his or her potential:

- Behavioral training and management: Behavioral training and management uses positive reinforcement, self-

help, and social skills training to improve behavior and communication. Many types of treatments have been developed, including Applied Behavioral Analysis (ABA), Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH), and sensory integration.

- Specialized therapies: These include speech, occupational, and physical. These therapies are important components of managing and should all be included in various aspects of the child's treatment program. Speech therapy can help a child with autism improve language and social skills to communicate more effectively. Occupational and physical therapy can help improve any deficiencies in coordination and motor skills. Occupational therapy may also help a child with autism to learn to process information from the senses (sight, sound, hearing, touch, and smell) in more manageable ways

- Community support and parent training: Talk to your doctor or contact an advocacy group for support and training.

A respondent said that- *"There is no cure of autism, gradually different therapies can develop the adjustment process of autistic children, in different schools and therapy center autistic child can take different therapies for their improvement" [R4].*

Another Respondent Includes- *"Early diagnosis is important. Early diagnosis and treatment helps young children with autism develop to their full potential. That's because early treatment can help a child with autism make significant gains in language and social skills. Different therapies are also given to the Autistic Children in order to improve their conditions" [R2].*

**Impact of Autism on the Family Life**

Having a child with Autism the impact on various aspects of family lives are affected including housekeeping, finances, emotional and mental health of parents, marital relationships, physical health of family members, limiting the response to the needs of other children within the family, poor sibling relationships, relationships with extended family, friends and neighbors and in recreation and leisure activities. A study shows that Children with autism face a variety of challenge that can significantly negatively impact on parent and family functioning. Also, it can create significant stress throughout all family members. Thus, social and communication deficits effect on total family members. Emotionally and financially the families of autistic children become exhausted. ASD can evidently have a potential impact on the child and the functioning of whole family. In a research it is found that parents of children with ASD have more divorce rate than parents who do not have a child with a developmental disability.

About the impact of autism on family a respondent stated that- "*When one of the children of the family have autism, the time, energy, and emotional demands on parents can considerably increase. However, being able to raise a healthy child with autism means having a strong marital bond. To successfully cope with and address the needs of their families, parents must also nurture their own relationships. Communication is key for developing an enduring marriage, as well as private time away from children" [R10]*

Another respondent added that- *"The stress of autism relates to finances, personal and family life stressors, and managing behavior and communication with the child and care giving stress" [R5].*

**Psychological Impact of Autism in the Family**

Families with children with autism spectrum disorder (ASD) often experience more stress than other families. They can feel stressed because they are coming to terms with the diagnosis. They feel overwhelmed by the things they don't yet know or understand about ASD and what it means for their children. They feel overwhelmed by the things they don't yet know or understand about ASD and what it means for their children. They feel they have little control over the future for their children with ASD. Parents with autistic child are having trouble handling children's challenging behaviour, including how children interact with others, eat or sleep. Parents are having trouble navigating the ASD service system, which is quite complex. They are finding it hard to manage daily life with children with ASD doing things with a child with ASD can simply take longer and can often be

quite frustrating. Finally, they are worry about who can care for their children with ASD when they need a break.

About this aspect a respondent shared his concern- *"Autistic children in the family need 24 hours' care because they can't care themselves by their own efforts, how much time we can spent behind our child after continuing our daily work" [R3]*

Another respondent stated that- *Parents are worried and stressed about who can care for their children with autism when they need a break, and this is going to be tough to answer for anyone" [R9].*

**Stressful Situation in the Family**

Much of the prior research has focused on parenting stressors related to raising a child with ASD and has indicated a relationship between parental anxiety/depression and the behavior of children with a pervasive developmental disorder, including autistic disorder, Asperger's disorder, and pervasive developmental disorder-not otherwise specified (PDD-NOS). In particular, this research suggests that mothers of children with autism report more depressive symptoms than fathers, who in turn have more depressive symptoms than controls. In fact, the lifetime prevalence of major depressive disorder may be higher in the parents of children with autism than parents of children with Down syndrome. Mothers of youth with ASD also report experiencing excessive anxiety. In another study, nearly half of the parents of youth with ASD were found to be severely anxious, and nearly two-thirds were found to be clinically depressed.

The amount of stress in parents of children with developmental disabilities appears strongly related to increases in their depressive symptoms and to decreases in their psychological well-being. Behavioral problems in particular, and not the severity of the disorder, have been found to contribute to maternal depressive symptoms; additionally, a child's lack of prosaically behaviors contributes to maternal stress. Other studies indicate that behavior problems in youth with ASD also predict the level of maternal anxiety and stress experienced, as well as maternal mood disorders and depression. These findings suggest that the child's behavioral problems produce negative effects on the parents' psychological well-being. While the relationship between child behavior problems and negative parental psychological well-being has been established within the current literature, studies examining the mechanisms underlying this relationship are scarce.

A respondent stated that- *"I think the most stressful thing was not being able to communicate with them what give more stress to the parents in early life of an autistic child" [R8]*

These studies suggest that increases in stressors related to child behavior problems (e.g., harm to oneself or others, destruction of property, and destructive behaviors) can produce an environment more conducive to parental anxiety/depression. In support of a bidirectional relationship, Baker et al. found that parental stressors and child behavior problems work in concert to instigate each other. They found support for a transactional model in which behavior problems resulted in high parenting stress, and high parenting stress resulted in increased behavior problems.

Another respondent said about this issues that is- *"At the time of diagnosis, the mothers whose children had the most challenging behavior experienced the most stress. But over time, those with particular coping strategies had less stress. The moms who focused on getting help, solving problems, and finding meaning in their experiences weathered the parenting storms the best. Moms who tended to avoid their problems and emotions" [R2].*

**Acceptance by the Society and Neighbor**

There is a social stigma that is autistic children are curse from lord. People said that autistic children come to the home of those people who committed sin in their life. That's why society and neighbor don't take it easily.

In this regard a respondent said that- *"Some of the people from my family understood. Others were not. They were telling us to get rid of him. To get rid of him, 'Why are you taking care of him?' That is how some people think. When he got sick, they kept telling us, 'Why are you even spending money on him?" [R1]*

Another respondent said that-

*"It is very difficult to walk with my disabled child in the street. Everyone leaves what they are looking at or doing and starts watching my kid. You feel like you are the star of a puppet show" [R6].*

## DISCUSSIONS

This study has three specific objectives and this chapter provides discussions on focusing the above mentioned three objectives. This chapter presented the discussions about the behavioral pattern of autistic children and the overall coping strategies. Moreover, this chapter also presented the discussions related to the multidimensional impact of autism on family life. In conducting the research, the data was data was collected through in-depth interviews from 13 respondents. Using In-depth interview allowed us to for adequate answers to complex questions and helped uncover relevant information.

In the family the children with autism presented a series of abnormal behaviors, including no social smile, no eye contact and no respond to own name, and joint attention deficiency, which were distinguished from the children with other developmental disorders. The imitation and attachment behaviors were significantly different between the two groups. Repetitive motor actions and interest peculiarity were only seen in children with autism. They show disruptive behavior with family members, shouting most of the time.

Children with autism carry them everywhere, and they can be disruptive. A child who loves dogs may run up to pet every dog they see without asking the owner; a child who loves shoelaces may grab at people's shoes; a child who loves fans may run behind shop counters to stare at them and have a tantrum if prevented. The force of an obsession is difficult for outsiders to understand, and the child is often blamed for 'bad behavior'. Sensory sensitivities can lead to behavior that outsiders find shocking. A child who sniffs or licks their parents is doing it innocently and the parents understand that; a stranger who gets sniffed or licked is likely to be, at best, startled.

Behavioral pattern of autistic child in school isn't like a normal child. They can be disruptive any time. In a specialized school teachers duty is to taking care and looks after his/her student all the time. In teaching students with autism spectrum disorders, it's helpful to implement a variety of strategies for dealing with disruptions, distractions and inappropriate behavior. First, take the time to get to know your students and establish a positive relationship with each one. Learn what is important and interesting to them and program lessons based upon these interests to increase motivation and engagement. Understand and accept each student's limitations while using positive praise to acknowledge their accomplishments. Understand how your students communicate and how they best understand information presented to them. Learn the most effective communication style for each student and give them repeated opportunities to communicate appropriately and receive reinforcement for doing so.

Restricted and repetitive behaviors and interests are among the three core symptoms of autism. They include repetitive movements with objects, repeated body movements such as rocking and hand-flapping, ritualistic behavior, sensory sensitivities and circumscribed interests. Repetitive, purposeless behaviors are a common symptom of autism. In fact, many parents worry about autism when they see their child repetitively lining up toys, spinning objects, or opening and closing drawers or doors. Repetitive behaviors can also involve saying, thinking about, or asking about the same thing over and over again.

In rare cases, repetitive behaviors can actually be dangerous; more often, though, they are a tool for self-calming. They can become a problem, though, when they get in the way of ordinary activities or make it tough to get through school or work. Autistic people might also become attached to objects (or parts of objects), such as toys, figurines or model cars or more unusual objects like milk bottle tops, stones or shoes. An interest in collecting is also quite common. Autistic people often report that the pursuit of such interests is fundamental to their wellbeing and happiness, and many channel their interest into studying, paid work, volunteering, or other meaningful occupation.

Children with autism display many abnormal behaviors that while not essential to the diagnosis, cause serious distress for both the child and the family. Unusual eating habits, abnormal sleep patterns, temper tantrums, and

aggression to self and to others are among the most common of these abnormal behaviors. In order to achieve a greater understanding of abnormal behaviors in the context of autism, it is important to better characterize their frequency and course as well as to explore their relationship to other aspects of children's functioning including language, intelligence, and severity of autistic symptoms.

Disruptive behaviors such as aggression, irritability, and noncompliance are common in children with autism, and are among the main reasons for psychiatric treatment and even hospitalization

Dealing with change is difficult. While most of us expect and even plan for the inevitable changes life will bring, we may find ourselves resisting a major change or having difficulty adjusting to new circumstances. This is especially true for children with autism spectrum disorder (ASD) and other developmental disabilities. The adjustment process of a child with autism is not an easy task. Different periodic and strategically approaches needed for the adjustment of autistic child. In conducting study, we found many opinions and experiences from our respondents.

Due to sensitivities in children with autism, particular care is taken to maintain a safe and healthy indoor environment, where students may function at their very best. The main teaching methodology (ABA Method) employed has been scientifically validated and is based on the principles of behavior analysis. Special attention is given to the factors that motivate each individual to learn. Through the practice of daily measurement of progress towards individual goals, teachers can keep track of the student's progress. Data analysis allows the team to make changes in each student's program in order to achieve maximum progress

Behavioral training and management: Behavioral training and management uses positive reinforcement, self-help, and social skills training to improve behavior and communication. Many types of treatments have been developed, including Applied Behavioral Analysis (ABA), Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH), and sensory integration. Specialized therapies: These include speech, occupational, and physical. These therapies are important components of managing and should all be included in various aspects of the child's treatment program. Speech therapy can help a child with autism improve language and social skills to communicate more effectively. Occupational and physical therapy can help improve any deficiencies in coordination and motor skills. Occupational therapy may also help a child with autism to learn to process information from the senses (sight, sound, hearing, touch, and smell) in more manageable ways

Having a child with Autism the impact on various aspects of family lives are affected including housekeeping, finances, emotional and mental health of parents, marital relationships, physical health of family members, limiting the response to the needs of other children within the family, poor sibling relationships, relationships with extended family, friends and neighbors and in recreation and leisure activities. A study shows that Children with autism face a variety of challenge that can significantly negatively impact on parent and family functioning. Also, it can create significant stress throughout all family members. Thus, social and communication deficits effect on total family members. Emotionally and financially the families of autistic children become exhausted. ASD can evidently have a potential impact on the child and the functioning of whole family. In a research it is found that parents of children with ASD have more divorce rate than parents who do not have a child with a developmental disability.

## RECOMMENDATIONS

It has been revealed that family and social life of the autistic children are passing their life through different problems. The picture of different countries of the worlds is quite different. In every country, there has been existence of definite policy and program. The autistic Children live in such a condition with their mental position in adverse situation for which it is not possible for them live a normal life. The major findings of the study are highlighted for the said purpose and recommendations have follows:

- Concretization and awareness building activities should be intensified which will remove misconception of the people about autism and inject a sense of hope in minds of children with autism. This will help in changing the social outlook towards the children with autism.

- There is no cure for autism. Treatments are aimed at reducing specific symptoms. There is no effective treatment in Bangladesh for the children with autism. So it is necessary to set up autism unit provide other facilities in Hospital/Clinic by specialized physician according to the nature of autism.
- Most of the people of Bangladesh are lower class. So poor people with autism should be given treatment and advise free or low rate.
- Education is the basic rights of the human being but only two independent educational organizations of the children with autism are existence. The organizations those are incomplete, improve standard of classrooms, teachers, training system, special educational media and instruments are needed.
- Vocational training should give the children with autism with proper supportive instrument that they can play an effective role for the society.
- Measures should be taken for ensuring suitable recreational facilities for the children with autism. The Ministry of Youth and Sports can make head way in this respect and organize cultural functions and special games and sports.
- The Ministry of Information has a lot to do. Radio, television and other mass media a mechanism may be developed to ensure that all newspapers, radio and television.
- Congenial atmosphere should be ensured for the promotion of mental health of children with autism. This can be done by establishing sports club, library and adult education centres by forming cultural group, voluntary social service group.
- Political leader and the government should take steps to build up awareness and reduce autism.
- Government should build up Autistic Centre with all support for the children with autism.
- The government, the NGO and the civil society should take proper measure to spread knowledge of autism.
- The age group identified as most vulnerable inclusive of the adolescence should be bought under and effective counselling system that helps coping with stressful situation as well as overcoming emotional breakdown.
- Properly designed programs having Components like education, campaign an training as means of awareness rising may help possible victims to face all the odds from a realistic point of view.
- Psychiatric advice and support should be increased for reducing autism, which can be managed by trained social workers and psychiatrist.
- Learning methodology, learning environment, learning opportunity and learning community must be integrated in the system of education.
- On the basis of relevant educational research and curriculum, the projects would have to be developed and carried out.
- Bangladesh action plan for children with Autism should have training program for parents as early intervention, sensory integration, involve home and community to gain learning experience and performance of Autistic child.
- Provide materials, visual supports, TEACCH (Treatment and Education of Autistic and related Communication-Handicapped Children), PECS (Picture Exchange Communication System), social story, power card, computer with internet access, CAI (Computer Aid Instruction) for repeat practice by 3'R technique (Routine Repeat Relax) reinforcement by a special education team.
- Community Based Rehabilitation (CBR) increase to support community.
- Promoting Autism Education in Bangladesh based on law and government policy.
- Development of a legal framework and national plans for autism.

## CONCLUSION

Bangladesh is a developing country from South East Asia having population of 167 million. According the World Health Organization supported survey 2009 there are 0.84% children are suffering from Autism Spectrum disorders. Against this magnitude of disease burden only 200 psychiatrists, and limited number of other l health professionals are serving the nation. Bangladesh has very well developed three tired health care delivery system but the service for autism is available only at the upper level of the pyramid. The community living at the rural and semi urban areas is devoid of appropriate services for their ward with Autism. To minimize this problem and provide an integrated service for all, the country needs to be incorporated the care for autism from the bottom of health service system, which is at the primary health care. It is not possible to increase the number of skilled

health professionals overnight, so this present project can create a group of skilled manpower who will be able to provide primary service to the children with autism and advice to the parents accordingly. To provide effective and better services for children with autism through primary health care by using existing resources and manpower. To train primary health care physicians as they become skilled to handle (screening, diagnosis and management)

Autism and referred to next level when necessary. To reduce treatment gap and decrease the treatment cost Autism. To be establish the e-autism service by using web camera and internet. Methods: For the capacity building the country need to trained the primary health care professionals who are working in 13000 community clinics. A door step health care service system exists, just need to incorporate there the Autism related services. There are lack of multidisciplinary approach in Autism services; need to make a common framework for pediatrician, psychiatrists, psychologists and other support service staffs. Plan to make a national guideline for autism management. Need intensive but short term training on autism diagnosis and management for field level physicians.

Training materials include manual for training consisted several modules and multimedia will be used. Beside the training a cell phone and internet based web camera will be placed in every community health clinics and trained physicians can contact with the centrally placed autism experts 24 hour through a hot line Results: The primary care physicians will be able to screen, assess, diagnose and manage primarily Autism Spectrum Disorders. They would be able to refer the children to the next step rationally. The effectiveness of training will be reflected in the attitude, assessment and management plan of the primary health care physicians. Referral and back referral system will be established. Conclusions: 'When there is no way, create one', with this proposition, country will able to deliver better services for Autism to the community where the number of health professionals and resources are inadequate. By this notion, Bangladesh will change its autism scenario and set up an example for South East Asian countries as well as other developing countries.

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# APPENDIX

## Appendix-1

### Guideline for Interview Schedule

### (Parents)

Institute of Social Welfare & Research

University of Dhaka

Behavioral Pattern of the Children with Autism, the Impact of their Autism on the Family and the Overall Coping Strategies: A Study on the Autistic Children of a Specialized School in Dhaka City

(This research has been conducting to fulfil the partial requirements of MSS degree, collected data will only be used for the academic purpose and confidentiality will be maintained in all aspects strictly. No personal information will be disclosed to harm one's personality or identity and even no individual information will be presented in the report)

### Section-1: Socio Demographic Profile of the Respondent

- Child's Name-
- Father's Name-
- Mother's Name-
- Present Age-
- Mental Age-
- Sex-
- Religion-
- Father's Profession-
- Mother's Profession-
- Monthly Income-
- Monthly Expenditure-
- Present Address-
- Permanent Address-

### Section-2: To explore the behavioral patterns of autistic children

Does (child's name) have any unusual behavioural pattern (actions/activities) that he/she likes to do?

a) Describe the behaviour.
b) How often does this behaviour occur?
c) What do you think causes the behaviour?
d) How do you manage this behaviour?

Does (child's name) have any verbal behaviours that he/she repeats?

a) Describe the behaviour
b) How often does this behaviour occur?
c) What do you think causes the behaviour?

Behavioural Pattern with Family-

a) How does he/she get along with you and other adults in the home?
b) What does he/she like to do with you?

c) What are good times like for him/her and you?
d) What are bad times like for him/her and you?

Behavioural Pattern with Others-

a) Does _____ have friends?
b) How does _____ get along with his/her friends?
c) What does _____like to do with his/her friends?
d) Does _____ have trouble keeping relationship with others? If yes, tell me more about that?
e) How does _____ react to other children?
f) Does (child's name) play with toys? If so, please explain how he/she plays with toys.

**Section-3: To find out the abnormalities in the behavior of autistic children**

a) Does your child have good eye contact?
b) Does your child respond to his/her name?
c) Does your child greet you in any way when he/she sees you? If so, how?
d) Does your child show interest in other people? If so, how?
e) Does your child attempt to involve you in something he/she is doing or get involved in something you are doing? If so, please list examples
f) How well does (child's name) learn things?
g) How well does (child's name) seem to understand things that are said to him/her?
h) Does (child's name) seem to be quick or slow to catch on?
i) Does (child's name) stick to tasks that he/she is trying to learn?

**Section-4: To know how autistic children make an adjustment with their abnormalities or problems**

4.1 What are the adjustment strategies you are following for your children?
4.2 Do you face any difficulties for the adjustment of your child?
4.3 Describe your efforts for the adjustment process of your child?
4.4 How do medical professionals describe your child's level of ability?

**Section-5: To know the impact of autism on family life**

5.1 What are the impacts that appear to you and your family for your autistic child?
5.2 Being a mother/father is already a stressful job, but often parents of children with autism and other disabilities feel even greater levels of stress. How stress does you feel on a daily level?
5.3 Have you felt depressed or anxious in the last 6 months to a year?
5.4 What are the economic impacts of autism in your family?
5.5 What are the psychological and psycho-social impacts of autism in your family?

Signature of the data collector

**Appendix-2**

**Guideline for Interview Schedule**

**(Teachers)**

Institute of Social Welfare & Research

University of Dhaka

Behavioral Pattern of the Children with Autism, the Impact of their Autism on the Family and the Overall Coping Strategies: A Study on the Autistic Children of a Specialized School in Dhaka City

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**Section-1: Socio Demographic Profile of the teacher of a school for autism**

- Name-
- Father's Name-
- Mother's Name-
- Age-
- Sex-
- Religion-
- Address-

**Section-2: To explore the behavioral patterns of autistic children**

2.1 Explain the behavioural pattern of your autistic student?
2.2 What are the basic behavioural differences of an autistic child compared to a normal child?

**Section-3: To find out the abnormalities in the behavior of autistic children**

3.1 What Are Autism Spectrum Disorders?
3.2 When Kids Are Typically Diagnosed with Autism?
3.3 What are the abnormalities appearing in the behaviour of autistic child?
3.4 What are the pattern of interaction and response of an autistic child with his/her teachers and classmates?

**Section-4: To know how autistic children make an adjustment with their abnormalities or problems**

4.1 What are the basic adjustment strategies you are following to develop the behaviour and functioning process of an autistic child?
4.2 How autistic children make adjustment with his/her regular classes?
4.3 What are the roles of an autism related teacher to improve the condition of an autistic child?
4.4 What are the roles of an autistic school to reduce the abnormalities of an autistic child?

**Appendix-3**

**Guideline for Interview Schedule**

**(Autism Expert)**

Institute of Social Welfare & Research

University of Dhaka

Behavioral Pattern of the Children with Autism, the Impact of their Autism on the Family and the Overall Coping Strategies: A Study on the Autistic Children of a Specialized School in Dhaka City

(This research has been conducting to fulfil the partial requirements of MSS degree, collected data will only be used for the academic purpose and confidentiality will be maintained in all aspects strictly. No personal information will be disclosed to harm one's personality or identity and even no individual information will be presented in the report)

**Section-1: Socio Demographic Profile of an Autism Expert**

- Name-

- Father's Name-
- Mother's Name-
- Age-
- Sex-
- Religion-
- Address-

**Section-2: Overall issues related to autism and measures those are needed to be developed**

2.1 Please state your concern about the present situation of autism in Bangladesh?
2.2 What are the basic abnormalities that can be found in the behaviour of an autistic child?
2.3 What are the basic adjustment strategies an autistic child follows to develop his/her behaviour and functioning process?
2.4 State your recommendation toward the strategies, programs and policies that can develop the situation of autistic children in Bangladesh?