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# Socio-Psychological Conditions of the Autistic Children in Bangladesh: A Psychological Study on Dhaka City.

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**ABSTRCT:** The study aims at presenting the condition and challenges of the autistic children in Bangladesh. It focused on the Attitude, Knowledge and psycho-socio impact of autistic Children of Dhaka City. The nature of the problems faced by autistic children has been identified by consulting primary data, interviewing autism related organizations. This paper analyzes, views concerning how to increase the awareness building activities in autism. We emphasized on the medium and long term measures which will help to make the autistic children's life easier. The study is unique because it brings new insights on the state of a very special segment of the Autistic children in Bangladesh.

Keywords: Autism, Challenges, Attitude, Knowledge, awareness and Psycho-socio impact.

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## I. INTRODUCTION

Autism was first brought to the attention of the medical profession in 1943 by Leo Kanner. Kanner described a group of children who displayed behaviors that later became defined as a separate syndrome. Initially, it was thought that these individuals' problems were due to social and environmental factors. As more information became available, it became obvious that the disorder was a result of a neurological impairment.

It is estimated by the Ministry of Social Welfare that the total number of persons with ASDs, could be as high as 1, 4 million -- of whom only a few hundred have been diagnosed. One estimation is also that one child in 500 in Bangladesh has autism, meaning that the approximate number of children with ASDs in Bangladesh is no less than 280,000. n Bangladesh, there are only 20 schools for disabled children; all of them are situated in the capital city of Dhaka. According to the MDGs, every child has a right to education. However, the general education system in Bangladesh does not meet the needs of disabled children, especially the ones with autism. Autism affects approximately 67 out of 10,000 people and occurs more frequently in boys than girls. According to the National Autistic Society, over 500,000 people in the UK have an ASD. A study published in 2006 has shown that as many as one in 100 children may have an ASD. It's four times more common in boys than girls. Autism affects people of all racial, ethnic and socio-economic backgrounds.

## II. LITERATURE REVIEW

Autism remains a fascinating condition, perhaps the most prolifically researched of all child psychiatric disorders. [1]. The development of ideas about the nature of autism is described, covering myths and legends, accounts of individuals in the historical literature, the search for identifiable subgroups, Kanner's autistic and Asperger syndromes, and the current view of a wide spectrum. Changes in theories of etiology are outlined, including the early magical and mystical beliefs, the era when purely psychological and emotional causes were promulgated, and the present day research into biological mechanisms." [2]. A study presents as considerably more people were diagnosed with an autism spectrum disorder (ASD), interest in the associated behaviors, including sleep problems had increased. [3].

In addition to those with savant skills, many individuals with autism spectrum conditions (ASCs) show superior perceptual and attention skills relative to the general population. This study emphasizes the qualitative differences in perceptual processing revealed in these studies between individuals with and without ASCs. This research is important not only in furthering our understanding of the nature of the qualitative differences in perceptual processing in ASCs, but can also be used to highlight to society at large the exceptional skills and talent that individuals with ASCs are able to contribute in domains such as engineering, computing and mathematics that are highly valued in industry. [4]

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#### III. RATIONALE OF THE RESEARCH

- 1. Autism is unknown subject to the people of Bangladesh. So the people of Bangladesh need to know the knowledge about Autism.
- 2. Most of the autistics are young children. If we can identify the symptom of autism earlier, they can more benefit to adjust. So we need to know the knowledge about Autism.
- 3. The parents of autistic children need guideline to cope their children in the family and society. I try to give guideline the parents of autistic children.
- 4. In Bangladesh, autism has been confused with childhood schizophrenia or childhood psychosis, and may have been misunderstood as schizotypal personality disorder in some adults. We should remove the misconceptions and resolve the confusion about autism.
- 5. The information about autism becomes not available in Bangladesh. There are few books, information, research and no specific statistics about autism and autistic children in Bangladesh. I want to provide information about autism in Bangladeshi.
- 6. This study may be secondary source for next researchers, organizations etc.
- 7. The study will provide the basis weather there is any necessity of changing the present attitude of the family with the answer of where and how much.
- 8. The study will determine the role of the society, NGO, Government and family towards the autistic children.

## IV. OBJECTIVES

#### **Broad objectives**

The main objective of this study is to find out knowledge, attitude and practice of autistic children of Dhaka city.

#### Specific objectives

Specific objectives of this study are:

- ⇒ To know the family conditions of the autistic children of Dhaka city.
- ⇒ To identify the knowledge about autism and autistic children of Dhaka city.
- ⇒ To find out the autistic children's attitude and symptom of Dhaka city.
- ⇒ To know the psycho-social conditions of the autistic children of Dhaka city.
- ⇒ To learn about the autistic children's way of life and background.

## V. METHODOLOGY

This study was a data exploratory sample survey and in-depth interview. The area of the study was Dhaka city in Bangladesh. This study was conducted in the two autism related organizations named Society for the Welfare of Autistic Children and Autism Welfare Foundation. At first the area selected purposively and then the sample were taken simply at random among them. A total of hundred autistic chilydren were selected randomly. Interview schedule was applied as instrument to collect data. After adequate collection of information, it has been edited, classified on the basis of several characteristics, summarized and interpreted accordingly.

## VI. DISCUSSION & FINDINGS

#### 6.1 Autism: A Development Problem

Autistic children typically have a host of biomedical and neurological problems as well. Autism is defined by the Autism Society of America (ASA) as: "Autism is a complex developmental disability that typically appears during the first three years of life and is the result of a neurological disorder that affects the normal functioning of the brain, impacting development in the areas of social interaction and communication skills. Both children and adults with autism typically show difficulties in verbal and non-verbal communication, social interactions, and leisure or play activities.

The symptoms vary greatly but follow a general pattern. Those symptoms are:

- Problems and difficulties with social interaction, such as a lack of understanding and awareness of other people's emotions and feelings.
- Impaired language and communication skills, such as delayed language development and an inability to start conversations or take part in them properly.
- Unusual patterns of thought and physical behaviour. This includes making repetitive physical movements, such as hand tapping or twisting. The child develops set routines of behaviour, which can upset the child if the routines are broken.

There are three main types of autism spectrum disorder, and two rare, severe autistic-like conditions:

- Asperger's syndrome
- Pervasive developmental disorder, not otherwise specified (PDD-NOS)
- Autistic disorder
- Rett's syndrome
- Childhood disintegrative disorder

There is no cure for autism. An early, intensive, appropriate treatment program will greatly improve the outlook for most young children with autism. Therapies and behavioral interventions are designed to remedy specific symptoms and can bring about substantial improvement.

A variety of therapies are available, including:

- ⇒ Applied behavior analysis (ABA)
- ⇒ Medications
- ⇒ Occupational therapy
- ⇒ Physical therapy
- ⇒ Speech-language therapy

## 6.2 Autistic children and their families

The parents of an autistic child bear a heavy burden. They are frustrated by the child's inability to communicate; impulsiveness; emotional unresponsiveness; self-destructive behavior; and eating and toileting problems. Some parents find it difficult to accept the diagnosis and constantly look for other explanations. Many cope well enough, but all can benefit from some guidance and services, including counseling or supportive psychotherapy. For the family of an autistic child life is often stressful. Parents and siblings usually have to cope with unyielding challenging behavior and possibly sleep deprivation, as many children with autism do not sleep for long periods of time. The stresses to family life can lead to relationship breakdowns, divorce and, in extreme circumstances, suicide. Because children and adults with autism find it difficult to manage in social situations, many families become isolated. Many parents with autistic children are often very concerned about what will happen to their child when they die. Having a child with autism can be very painful and can strain families to the limit at times, but there are ways to cope. Having a child with autism is a tremendous challenge. We should always treat him as a child first and as a child with autism second. Providing clear routines, expectations and standards will help autistic child reach his full potential and enable him to become a part of family's life.

## **6.3 Study Findings**

In the study, the respondents had selected the guardians of the autistic children. Because the autistic children can't express their feelings properly and they affected brain disorder. In the study maximum number of respondents (60%) was mother of the autistic child, while minimum number of respondents (8%) was others (grandfather, grandmother, sister etc.). 32% of respondents were father.

Table-1: Percentage distribution of the respondents according to gender of child with autism.

| Type of gender | Frequency | Percentage |
|----------------|-----------|------------|
| Boy            | 80        | 80         |
| Girl           | 20        | 20         |
| Total          | 100       | 100        |

In the study, 80% of children with autism were boys and only 20% were girls. Generally autism occurs about three to four times more frequently in boys than girls. Above the table, boys are representing to gender of child with autism.

**Table-2**: Percentage distribution of the respondents according to first diagnosis age of child with autism.

| First diagnosis age | Frequency | Percentage |
|---------------------|-----------|------------|
| 1-3                 | 44        | 44         |
| 3-5                 | 56        | 56         |
| Total               | 100       | 100        |

When respondents were asked to mention their first diagnosis age of child with autism most of them (56%) reported the diagnosis age 3 to 5 years. 44% respondents mentioned age 1 to 3 years in the first diagnosis age of child with autism. The good news was that nobody mentioned age post 3 years in the first diagnosis age of child with autism. When respondents were asked to give information about the opportunities including assistive technology options for child with autism in general education activities in school, most of them (72%)

answered that no assistive technology options for child with autism had taken in general education activities in school. Only in 28% cases, respondents informed assistive technology options for child with autism had taken in general education activities in school. Most of the respondents (52%) answered that school could not access child's need accurately and rest of them (48%) informed that school could access child's need accurately.

**Table-3:** Percentage distribution of the respondents according to the type of communicates verbally of the autistic children.

| Type of communicates verbally | Frequency | Percentage |
|-------------------------------|-----------|------------|
| Meaningless word/sound        | 24        | 24         |
| Weep                          | 8         | 8          |
| Speak                         | 32        | 32         |
| Sound                         | 18        | 18         |
| Can't communicate verbally    | 18        | 18         |
| Total                         | 100       | 100        |

In the study, maximum number of the autistic children (32%) mentioned the type of communicates verbally 'Speak', while minimum number of the autistic children (8%) mentioned the type of communicates verbally 'Weep'. 24% mentioned the type of communicates verbally 'Meaningless word/sound' and 18% mentioned the type of communicates verbally both 'Sound' and 'Can't communicate verbally'. In the study, maximum number of the autistic children (48%) mentioned the type of communicates nonverbally 'To hold hand', while minimum number of the autistic children (20%) mentioned the type of communicates nonverbally 'To use gestures', 32% mentioned the type of communicates verbally 'Can't communicate nonverbally'. When respondents were asked to give information about the behaviors of their autistic children, they informed about the behaviors of their autistic children. Generally autistic children show the types of behaviors in different one to another. They informed both 50% 'Yes' and 'No' about share with other children or with adult, 65% 'Yes' and 35% 'No' about bring objects to show, 85% 'Yes' and 15% 'No' about hearing name by turning head to look at the person, 55% 'Yes' and 45% 'No' about child can repeat words that others have said, 15% 'Yes' and 85% 'No' about interested in participating in competitive sports, game and activities 73% 'Yes' and 27% 'No' about refuse to eat foods, 100% 'Yes' about need the help of another person with eating food, 80% 'Yes' and 20% 'No' about lack subtlety in their expression of emotion, 67% 'Yes' and 33% 'No' about lack social imaginative play. The guardians informed about their helpful activities on their autistic children were 100% 'Yes' about friendly talk with child and reward to child for obeying your word or behavior well, 12% 'Yes' and 88% 'No' about threaten to punish child and then do not actually punish, 95% 'Yes' and 5% 'No' about ask child about day in school, 92% 'Yes' and 8% 'No' about help to prepare homework.

Table-4: Percentage distribution according to the opinions of the respondents about autism.

| Opinions about autism.                   | Frequency | Percentage |
|--|-----------|------------|
| Can't be cured                           | 44        | 44         |
| Developmental disorder                   | 22        | 22         |
| Problem relating to social relationship, | 24        | 24         |
| communication and behavior               |           |            |
| Unknown terrible disease                 | 10        | 10         |
| Total                                    | 100       | 100        |

It is harsh reality that guardians of autistic children do not know about autism in detail. When respondents were asked to give information about the opinions of the respondents about autism, maximum number of the respondents (44%) mentioned that autism couldn't cured, while minimum number (10%) informed 'Unknown terrible disease'. 24% informed about autism 'Problem relating to social relationship, communication and behavior' and 22% informed about autism 'Developmental disorder' When respondents were asked to give information about the opinions of the respondents about the believing that autism can be cured, maximum number of the respondents (76%) answered 'Negatively' and only 24% answered 'Positively'.

**Table-5:** Percentage distribution according to the opinions of the respondents about the believing that autistic children can be an important role in the society.

|                               | <u> </u>  |            |
|-------------------------------|-----------|------------|
| Autistic children can be an   | Frequency | Percentage |
| important role in the society |           |            |
| Yes                           | 84        | 84         |
| No                            | 16        | 16         |
| Total                         | 100       | 100        |

When respondents were asked to give information about the opinions of the respondents about the believing that autistic children can be an important role in the society, maximum number of the respondents (84%) answered that autistic children can be an important role in the society and only 16% answered that autistic children can not be an important role in the society. It was observed that all respondents (100%) had expressed that Govt. and NGO should play role for the child with autism positively.

**Table-6**: Percentage distribution of the opinions of the respondents according to the future recommendation for child with autism.

| Opinions                               | Frequency | Percentage |
|--|-----------|------------|
| To establish Autistic Center including | 28        | 28         |
| assistive technology                   |           |            |
| To campaign about autism and build up  | 56        | 56         |
| awareness                              |           |            |
| To supply basic needs                  | 16        | 16         |
| Total                                  | 100       | 100        |

When respondents were asked to give information about the opinions of the future recommendation for child with autism, 28% respondents answered to establish Autistic Center including assistive technology. 56% informed to campaign about autism and build up awareness. Only 16% expressed to supply basic needs.

#### 6.4 Recommendation

It has been reveled that the social and family life of the autistic children is passing their life through different problems. The picture of different countries of the world is quite separate. In most country except Bangladesh, there has been existence of definite policy and program on autism. The autistic children live in such a condition with there mental position in adverse situation for which it is not possible for them live a normal life. The major findings of research are highlighted for the said purpose and recommendation as follows:

- 1. 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.
- 2. 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.
- 3. Most of the people of Bangladesh are poor. So poor people with autism should be given treatment and advise free or low rate.
- 4. Education is the basic rights of the human being but only two non-profitable, non-governments, voluntary welfare educational organizations of the children with autism are existence. The organizations are incomplete and facilities are not sufficient. So those organizations need to build up and improve standard of classrooms, teacher, training system, special educational media and instrument.
- 5. Vocational training should give the children with autism with proper supportive instrument that they can play an effective role for the society.
- 6. Measures should be taken for ensuring suitable recreational facilities for autistic children. The Ministry of Youth and Sports can make head way in this respect and organize cultural functions and special games and sports.
- 7. Congenital 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 centers and forming cultural group, voluntary social group etc.
- 8. Government should build up Autistic Center with all support at least every district for proper treatment of autistic children.
- 9. Social worker should work to campaign of awareness rising about autism both rural and urban area.
- 10. The age group identified as most vulnerable inclusive of the adolescence should be bough under an effective counseling system that helps coping with stressful situation as well as overcoming emotional break down.
- 11. Properly designed programs having components like education, campaign and training as means of awareness rising may help possible victims to face all the odds from a realistic point of view.
- 12. Psychiatric advice and support should be increased for reducing autism which can be managed by trained by social workers and psychiatrists.

#### VII. CONCLUSION

Autism is a brain disorder that often makes it hard to communicate with and relate to others. With autism, the different areas of the brain fail to work together. Most people with autism will always have some trouble relating to others. But early diagnosis and treatment have helped more and more people with autism to

live independently as adults. The behaviors associated with autism are often most prominent during the early years. The communication and social deficits continue in some form throughout life, but difficulties in other areas may fade or change form with age, education, or level of stress. Often, the person begins to use skills in important, natural situations and to participate in a broader range of interests and activities. Until recently, autism was considered a life-long disability with poor prognosis. Now, with early and appropriate treatment, many people with autism are able to live, work, and play in their communities. People with autism can learn to compensate for and cope with their disability, often quite well.

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