# Family Negligence and Social Exclusion: A Study of the Children with ASD in Gopalganj, Bangladesh

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***Abstract:-*** **Autism or Autism Spectrum Disorder (ASD) is a developmental disorder that a child exposed due to neural dysfunction. In Bangladesh, there has a great prevalence of such children. Studies show that children with Autism Spectrum Disorder (ASD) are continuously victim of social exclusion and discrimination only for their physical disabilities. Drawing the attention of previous studies, this study aims to discover the existence of negligence and exclusion that an autistic child face from his/her living environment. A group of 128 autistic children are taken for consideration. A structured questionnaire has been used for the collection of data where respondents are being selected through purposive and snowball sampling method. Results revealed that children's neural impairments have great implication on their social life where they are being treated differently and being neglected from society. This study recommends arrangement of sound and safety living environment for the child with ASD for their survival and better living. However, this study was initiated for discovering the existence of negligence and will contribute for further descriptive and impact-based studies.**

***Key Words:*** **Children; Social Exclusion; Negligence; Autism Spectrum Disorder (ASD)**

## I. INTRODUCTION

Autism is a lifelong neural developmental disorder originated and lasted from the birth of a child that intervene on daily human behaviour (National Research Council, 2001). Autism is defined as a set of "complex neurodevelopment disorders characterized by repetitive and characteristic patterns of behaviour and difficulties with social communication and interaction" (Akhter et al., 2018). This disorder distorts human communication abilities, self-initiated imagination, feelings and the ability to establish relationships with others. It usually a life-long neurobiological dysfunction that hamper individual socialization process, their involvement to the community and understanding of themselves as a human being. There are no fixed behaviours of specific disorder. Individual behavioural manifestations vary from person to person or even within a person over time (National Research Council, 2001). Social researchers tended to view it as a difference in human behaviour rather as an disability: "autism is a deviation from the norm that must be treated or cured, and towards the view that autism is a difference rather than a disability" (Attwood, 1997). In this sense ASD not only an issue of individual himself but also a social issue. It regulates individual social functioning and affect their entire family negatively (Akhter et al., 2018).

Previously Autism Spectrum Disorders (ASD) was seen in an insignificant number but now it became a recognised phenomenon around the world (Divan, Vajaratkar, Desai, Strik-Lievers & Patel, 2012).Studies re6vealed that global prevalence of ASD has been increased in twentyfold to thirtyfold from the prevalence rate of late 1960s and early 1970s (Web Editor, n.d.). Autism became a highly recognised issue in developing countries (Divan, Vajaratkar, Desai, Strik-Lievers & Patel, 2012).The prevalence of autism was figured as 0.09% in India and 1.07% in Sri Lanka. However, several studies noticed that, in Asia the overall prevalence of autism in 2017 is highest from any other time (Hossain et al., 2017). A systematic review found the prevalence of ASD between 0.15 to 0.8% in Bangladesh (Hossain et al., 2017). Community based study of Mullick and Rabbani in 2009 estimated 0.84/1000 of children stricken with ASD (as cited in Akhter et al., 2018). Though several studies attempt to identify actual data, Bangladesh lacks actual statistical distribution of how many child or adult suffer from such disease (Hossain, 2011). "In Bangladesh, autism in children is a significant burden of disease". In this country autism is often stigmatised and regarded as a crucial health disorder (Akhter et al., 2018).

A child with ASD along with their parents witnessed different social and interpersonal treatment. There exist a number of studies that attempt to examine parenting experiences of a child with ASD in developed countries. These studies noticed several challenges in parenting over interpersonal and social level. "These include an increase in personal stress, effects on interpersonal relationships, as well as increasing isolation" (Divan, Vajaratkar, Desai, Strik-Lievers& Patel, 2012). In Bangladesh child with ASD is perceived as special population and their physical imbalance let them as victim of social exclusion and negligence. The Department of Economic and Social Affairs (DESA) defines social exclusion as "a process through which individuals or groups are wholly or partially excluded from fully participating in all aspects of life of the society, in which they live, on the grounds of their

social identities, such as age, gender, race, ethnicity, culture or language, and/or physical, economic, social disadvantages" (DESA, 2009, p. 3). This definition reflects individual physical identity as an attribute of social exclusion. This report also modified social inclusion as ensuring equal opportunities for all individual without considering their special identities. A society that ensure equality celebrate diversity and creativity and the inclusion of disabled people should view as "a long-term investment for sustainable development" (DESA, 2009, p. 38).Persons with disability/ies define social exclusion as "*feeling ashamed to get out of the house; being unable to express thoughts and opinions; lacking opportunities to interact with others; being physically excluded; facing exorbitant health expenses; being unable to cross streets; lacking access to rehabilitation services; experiencing bullying in kindergartens and schools; being unable to voice concerns; lacking access to public transportation; being mocked and discriminated in public spaces*"(Dauti, 2015). This study was initiated with an attempt to identify social exclusion, negligence and discrimination of a child with ASD in Bangladesh.

## II. STATEMENT OF THE PROBLEM

A child's health is not only fixed or depends on his biological origin but also on many social agents. Family, peer group, social norms, beliefs, values, cultural orientation etc. has great implication on their mental health. These elements have crucial effects as may help to sound living environment or disturb them. A child, from the beginning of his life, entirely depend on others to be grown up in different life stages. They are highly influenced by these agents as much as they depend on them. In the course of this reliance, if they are being treated rightly it will be positive both for his mental and physical growth and development, and negatively vice versa (Blair, Rigby & Alexander, 2017). Studies show that neglected attitudes and responses, lack of participation in social functions, poor connection with information and knowledge, unbearable medical costs became the challenges of living and potentialities of autistic population. In this regard persons with disabilities refer social exclusion as a denial of institutional inclusion (Dauti, 2015).

The World Report on Disability (2011) stated that "people who experience mental health conditions or intellectual impairments appear to be more disadvantaged in many settings than those who experience physical or sensory impairments" (p. 8). The Office of Policy Development and Research (2005) reported that "Individuals who appear most severely disabled may experience more discrimination" (p. 52). Disability creates extra pressure for a family and hence it pulled a family to poverty. In a report the World Bank calculated 15-20% of poor constituted with the person with disabilities in modern developing world. Simultaneously these people, sometimes along with their family are excluded from mainstream social facilities (as cited in The Danish Bilharziasis Laboratory for the World Bank, 2004).The WHO found five key impact of exclusion for disabled people. These include poorer health outcomes, lower educational achievements, less economic participation, higher rates of poverty, and increased dependency and restricted participation (WHO, 2011).

As autism spectrum disorder turn away a child from the ability to participate in basic social interaction and communication procedures, they are more likely to be excluded from social and interpersonal facilities. Moreover, when such individual grown up and reached to a greater stage, they face negligence and discrimination (McConkey, Mullan & Addis, 2012). As a member of a society all children have right to get admitted into school and receive education but autism which already affects their physical health became an indicator of exclusion from school and academic education. Children with ASD continuously face difficulties and barriers to engage with the world around them. These additional challenges affect their mental health, behavioural and learning development. Ultimately all these social responses increased serious risk to their living. Moreover, without any academic and vocational expertise, at the adulthood stage, they do not get any job and expose lifelong challenges for living (Brede, Remington, Kenny, Warren & Pellicano, 2017).Observing these social issues, parents and advocate of human rights profess inclusion of the child with ASD to educational institution and social functions (Kasari et al. 1999). As it is observed that individual inclusion is crucial for their sound living, advocate of such discourse approached social inclusion of such child "through the behavioural modelling of typical peers, and others' acceptance and appreciation of people with differences" (Kasari, Locke, Gulsrud & Rotheram-Fuller, 2010).

Though its little but the number of disabilities in Bangladesh is high enough to be considered for crucial attention (The Danish Bilharzias is Laboratory for the World Bank, 2004). The census data of 2011 estimated a figure of 1.41% (a total of 101, 585) disabled prevalence in Bangladesh (see Bangladesh Bureau of Statistics [BBS], 2015). In this distributions both biological and non-biological disability has been counted. This report also categories people into different disabilities where autism has also a significant prevalence. "The vulnerability of mentally ill children for being physically and sexually abused is an important issue that needs to be well addressed" (Ambikile & Outwater, 2012). Since individual biological characteristics play external role in social mechanism, the status of social exclusion and discrimination of autistic children is needed to be explored.

## III. OBJECTIVES

The main objectives of this research are:

- to investigate autism as an indicator of negligence and social exclusion,
- to provide some policy recommendations for the development of autistic child.

## IV. CONCEPTUALIZATION OF FAMILY NEGLIGENCE AND SOCIAL EXCLUSION

Family negligence of the children with autism, is a form of discrimination and child abuse (Bovarnick,2007), that designates from inadequacy of necessary needs including inadequate health care, lack of supervision, failure to provide clothes, unsatisfied demand of nutrition, inappropriate housing and inadequate physical and mention support. Generally, there are some necessary behaviors that a care giver have to provide for the development of a child both physically and emotionally. Negligence of children is demonstrated when society and child himself perceive parent's behavior as arrogance; not by the parent's judgement of their behavior (Barnett, Steven, Belfield and Clive, 2006). Family negligence for autistic children appeared when children lacked deep attachment. For a child attachment is an emotional and motivational system. When it needed they expect they will receive immediately. Children usually create sound or any type of alarm when they need support. Attachment theorist believed that children's sound attachment with their caregiver result in their evolutionary process and survival (Landa and Duschinsky, 2013).

Social exclusion is defined as "ways in which individuals may become cut off from full involvement in the wider society". People are excluded from social relations in various ways. It happens when individual live far distance from their fellowmen, inability of individual in participating social functions, lack of cognitive and mental support in case of individual's needs, exclusion from political rights and participations, and individual exclusion due to their disability either physical or mental. Individual have not any control to the policy or decision by which they are excluding. In some cases, not the social structure or agents influence to exclude but people may withdraw themselves from the existing aspects of society by their own decision. In order to analyze social exclusion, we have to focus on social subscription of individuals verses social responses toward them (Giddens and Sutton, 2017). For disabled people, social exclusion results from the belief that they are unable to contribute for societies. Social attitudes and behavior of people intentionally or unintentionally exclude them from building social relationships (Appleton-Dyer, and Field, 2014).

Appleton-Dyer and Field (2014) identified social norms that act behind the exclusion of disabled people. First of these is media portrayal. Media expose disabled people as disadvantaged, ill and stranded. They emphasized on differences and otherness in disabled people. People tend to see disabled people as inferior. Besides disabled people often labelled with a negative word that affect the mind of disabled people. Media not only act negatively but also portrait heroic person who 'triumph over adversity'. This image creates motivation for live for disabled person. (Samsel and Perepa 2013; Zhang and Haller as cited in Appleton-Dyer, and Field, 2014). Second issue is body image and notions of beauty. In our society there exist a great value of beauty, strength, agility and so on. People specially disabled people who do not have such body characterized is habitual to be excluded. Third issue include policy and legislation that act behind the inclusion of disabled people as made by government. It includes quota system, specialized programs, specialized department etc (Appleton-Dyer, and Field, 2014).

These apprehensions have guided us to re-think discrimination, deprivation, marginalization, unsatisfactory get in touch with human rights, lacking of common involvement and intellectual assimilation which lead the issue of family negligence and social exclusion for the children with autism in this study area.

## V. METHODOLOGY

This study is conducted on the district of Gopalganj of Dhaka division. According to the BBS report of 2015, the prevalence of disability in Gopalganj by household is 5.51% of total 12,497 household; calculated as about 689 household. In another table this report estimated a total number of 58,583 disabled population in this region. However, like many other developing countries, the exact number of autistic children in Bangladesh is hard to be found (Hossain, 2011). We have taken a total number of 128 sample from Gopalganj Sadarupazilla who are mainly conglomerated in a school operated by the Gopalganj municipality. After visiting this school, we have collected data about autistic children. After knowing the objectives of this study, school authority helps us to trace out their home identity and to contact with their parents. Later, a little proportion of this study have been selected through snowball sampling method. We conducted a survey study along with a structured questionnaire among the parents of selected sample. Children, of this study, is characterized as a person aged between 3 to 12 years and affected with any forms of neural disorder. As most of the cases these children could not express their opinion, so we asked only to the parents and (some cases) other family member/s of these selected study sample. Questions has been asked considering socio-economic status of the parents or family and social position of these children. We have also contacted with them non-structurally to discover the gaps in existing frameworks and for formulating policy areas.

## VI. RESULTS

Among the studied sample of 128, the monthly income of 49% respondent is between 5000 to 10,000 BDT where most of the family expenditures of such semi-urban area are higher than their income. Growing a child with autism is not only stressful and difficult but also expensive. It is estimated that most of the family (72%) consumed $\leq$ 3000 BDT per month for rearing, caring of the child with autism. Even they spent that money from their own income without any help from government (GO) and non-government organization (NGO).

Table 01

Financial condition of the family

| | Frequency (n) | Percent (%) |
|---|---|---|
| Getting financial help | | |
| From government | 22 | 17.18 |
| From NGO | 36 | 28.12 |
| Not getting | 70 | 54.68 |
| Total (N) | 128 | 100.00 |
| *Mean* 64 | *Standard Deviation (σ)* | *8.48* |
| Demands fulfilled | | |
| Yes, fully meet | 38 | 29.68 |
| Yes, but partially | 13 | 10.15 |
| No | 77 | 60.15 |
| Total (N) | 128 | 100.00 |
| *Mean* 64 | *Standard Deviation (σ)* | *18.38* |

As major proportion of this study can't deal their whole monthly expenditure with their existing monthly income, it is necessary to know whether they are getting financial help from other or not. Among the respondents, 17.18% opined that they are getting financial help from Government, 28.12% from NGO, and 54.68% respondents are not getting any financial help from GOs and NGOs either of lacking proper information and/or link to the local administrative bodies. Some of them opined that they became a victim of social discrimination on the way of distribution. In this study, 29.68% respondents are able to fulfil the demands of their child with their family income. But it is a matter of sorrow that 10.15% respondents face hardship in meeting all the demand arisen within household for a month where about 60% respondents are not able to meet up the demands of their autistic children.

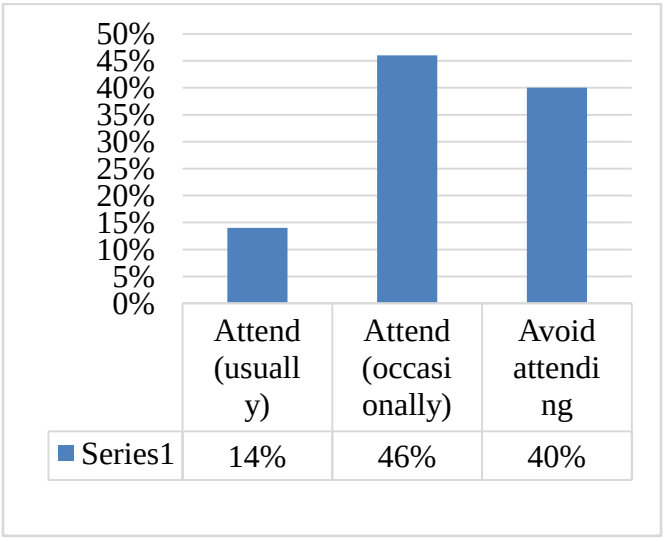



Figure 1.Parents who attend social functions with their autistic child

*Note.* Total Respondents (N) = 128.

This study shows that 14% parents usually attend social functions with their autistic child, 46% parents attend occasionally at social functions with the child with ASD, while 40% parents usually avoid to attend any social functions with the child with ASD to avoid unexpected treatment by the masses after looking before their child.

Table 02

Feelings for having a child with ASD

| | Frequency (n) | Percent (%) |
|---|---|---|
| Feelings | | |
| Good | 23 | 17.97 |
| Bad | 13 | 10.16 |
| Nothing | 92 | 71.88 |
| Total (N) | 128 | 100.00 |
| *Mean* 42.66 | *Standard Deviation (σ)* | *43.01* |
| Feeling pain when someone misconduct with the child with ASD | | |
| Yes | 95 | 74.21 |
| Sometimes | 22 | 17.18 |
| No/ not a matter of thinking | 11 | 8.59 |
| Total (N) | 128 | 100.00 |
| *Mean* 42.66 | *Standard Deviation (σ)* | *45.65* |

In a question to the parents about their feeling of having a child with ASD, 17.96% respondents opined as feeling good, 10.15% feel bad where a major distribution (64.84%) feel nothing. Neglecting children or misconducting with them is most painful event for a parent. Having a child with ASD is more painful as it creates an inferiority complex to them. In this study, major distribution of the respondents (74.21%) opined that they feel pain if anyone misconduct with their ASD child where 17.18% feel pain occasionally and 8.59% of them treat it as nothing to feel.

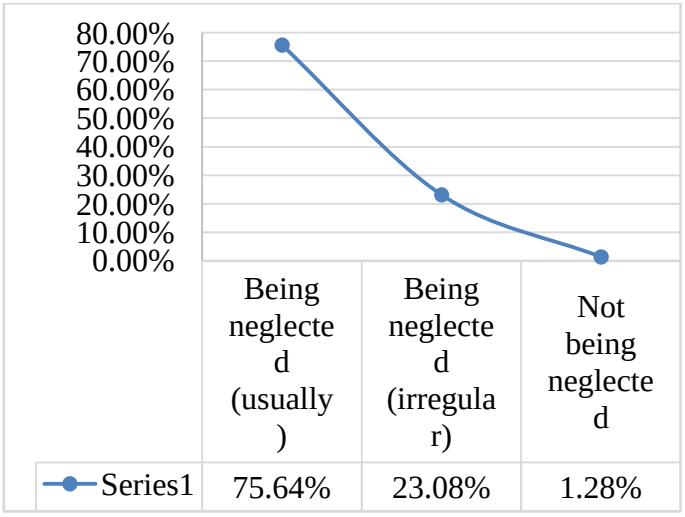



Figure 2.Child with ASD facing family negligence

*Note.* Total Respondents (N) = 128.

Sometimes negligence comes from their own family members. In this study 75.64% noticed that ASD child being neglected with other family member, 23.08% parents are facing it infrequently and 1.28% parent observe no negligence at all.

Table 03

*Status of child caring*

| | | | Frequency (n) | Percent (%) |
|---|---|---|---|---|
| Nursing by family members in case of autistic child's illness | | | | |
| Yes | | | 18 | 14.06 |
| Occasionally | | | 41 | 32.04 |
| No | | | 69 | 53.90 |
| Total (N) | | | 128 | 100.00 |
| *Mean* | *42.66* | *Standard Deviation (σ)* | | *25.54* |
| Status of availing special facilities to the autistic child | | | | |
| Yes | | | 7 | 5.46 |
| Now & then | | | 54 | 42.2 |
| No | | | 67 | 52.34 |
| Total (N) | | | 128 | 100.00 |
| *Mean* | *42.66* | *Standard Deviation (σ)* | | *31.56* |

It is exposed from the table 03 that most of the family members avoid autistic child specially from healing program except only parents. 14.06% parents noticed that other family member take care of autistic child while major proportion of this study (53.90%) noticed that family member do not care of them and about 21.87% parents noticed that family member barely care about them. It is estimated that 5.46% can avail special facilities, 42.2% can avail it occasionally while 52.34% cannot avail at all.

Table 04
*Addressing autism as the indicator of social exclusion & discrimination*

| **Autism as the indicator of social exclusion** | | | **Autism as the indicator of social discrimination** | | |
|---|---|---|---|---|---|
| Address | (n) | (%) | Address | (n) | (%) |
| Yes | 117 | 91.40 | Yes | 115 | 89.84 |
| No | 11 | 8.59 | No | 13 | 10.15 |
| Total | 128 | 100 | Total | 128 | 100 |
| If yes, mention the area of social exclusion* | | | If yes, mention the area of social discrimination* | | |
| Mainstream education | 97 | 75.78 | Family negligence | 113 | 88.28 |
| Special academic education& vocational training | 120 | 93.75 | Hampered peer relationship with normal child | 84 | 65.62 |
| Social dignity, esteem & honour | 111 | 86.71 | Be deficient in social dignity, esteem & honour | 77 | 60.15 |
| Family negligence | 116 | 90.62 | Lack of special Medicare facilities | 110 | 85.93 |
| Proper medicare facilities | 123 | 96.09 | Lack of special education & vocational training | 120 | 93.75 |
| Social relationship | 77 | 60.15 | Negligence to give opportunity in playing game with normal child | 126 | 98.43 |

*More than one answer is accepted

Child physical condition (ASD) may cause them as social separation and discrimination. It is assessed from the table that most of the parents (91.4%) demonstrating autism as the indicator of social exclusion and 08.59% parents did not think so. 75.78% parents think their children are socially excluded from mainstream education, 93.75% from special academic education &vocational training, 86.71% from social dignity, esteem & honour, 90.62% from family negligence, 96.09% from proper Medicare facilities, and 60.15% from making social relationship. On the other hand, 89.84% parents believed autism as also an indicator of social discrimination while 10.15% parents do not believe it. Among the believer, 88.28% parents think their children are living with social discrimination in family negligence, 65.62% in hampering peer relationship with normal child, 60.15% in social dignity, esteem & honour, 85.93% in special Medicare facilities, 93.75% in special education & vocational training, and 98.43% in playing game with normal child.

Table 05
Initiatives for autistic child development

| | Frequency (n) | Percent (%) |
|---|---|---|
| Taking steps for the development of the child with ASD | | |
| Academic education | 54 | 42.18 |
| Vocational education | 69 | 53.90 |
| Special training | 34 | 26.56 |
| *Multiple responses were accepted | | |
| Opinion about the development of child with ASD | | |
| Creating the facilities of playing game | 18 | 14.06 |
| Mainstream academic and vocational education | 113 | 88.28 |
| Financial assistance | 110 | 85.93 |
| Give proper honour as like normal child | 84 | 65.62 |
| Reduce family negligence | 79 | 61.71 |
| Availing special facilities | 116 | 90.62 |
| Giving first treatment instantly | 123 | 96.09 |

This study showed parents tendency of overcoming limitation of the child with ASD through socio-cultural practices. Parents took several strategies for the development of such child where among the total 128 respondents, 42.18% provide academic education, 53.90% provide vocational education, 26.56% facilitate special training (physical and mental practices), and 14.10% create the facilities of playing game in this respect. Parents having a child with ASD can better assess the suitable strategies for the development of such children rather a parent who have no such experiences. In this regard, 88.46% parents believed that mainstream academic and vocational education may support, 85.90% parents have faith in financial assistance to the comprehensive development of the children with ASD, 65.38% parents expect to give proper honour as like normal child for the development, 61.54% give emphasis on reducing family negligence to do the so, 91.03% parents are advocate of availing special facilities for special child, and 96.15% parents are advocating first treatment facilitating instantly for the development of the child with ASD. Parents who indicated financial assistance are mainly denoting it to third parties e.g., government agency, NGOs' and so other social groups.

## VII. DISCUSSION

In contemporary epidemiological discourses, neurodevelopment disorder is now regarded as an issue of special concentration as the segment of social exclusion and discrimination at a time. Socio-economic factors have a major epidemiological value which may be considered as an effective factor in developing, aggravating or preventing a diseased or unusual situation upon the human body. Family who has no children with ASD can't assess the cost of rearing such child. It's a fact that raising a child with autism can be expensive. "Having a child with autism is an emotional, physical, and fiscal feat. Parents of autistic children have additional expenditures that can turn a middle-income family into a low-income family in a matter of months" (Autism Spectrum Disorder Foundation, n.d.). Based on their family income, they can't fulfilled all the need originated by the family member along with autistic child. In this study major distribution of the respondents (60.15%) ensured that they usually failed to meet all the demand originated from family members. "Between doctor's appointments, therapy sessions, after school programs, etc., the costs can get very overwhelming for families affected by autism" (Myautism.org, n.d.). In these circumstances 45.3% respondents of this study affirmed that they are getting financial assistance from the government as a project of social safety net program or other NGOs who work on such arena. Besides direct financial assistances, many of GOs and NGOs provide additional resources that take care in case of illness, consultancies and so other areas for the development of the child with ASD. These resources may include Medicaid home and community-based waivers, social security income, and social security disability insurance.

Having a child with ASD is always stressful for their parents and also other family members. It ranged from their personal life to social one. After talking with the parents and family members we learned that it's a matter of hyper emotional pain to them. These pressure originated from their daily social life. Family member/s who attend in a social program with such child often feel ashamed and guilty when society starring on them. To avoid such treatment they usually avoid to visit social functions without them. In this study a little number of parents (14%) usually have the tendency or motive to join social function with their autistic child where majority of them (40%) avoid to take along with them.

Having a child with ASD may often derive individual to feel guilty and dishonour to them. Some of them take it normally where others see it as a curse to them. This study shows that majority of the total sample of 128 regard it as nothing to feel while some of them (about 18% & 10%) feel good and bad respectively. It is natural that parent feel love to their child. On the matter of their attachment they feel pain when someone misconduct with their child. Instead of having trouble and difficulties this affectionate also observed among the parent having a child with ASD. In this study we found a large distribution of the parents (74.21%) who feel pain when someone misbehave with their autistic child. A little distribution of them (8.59%) opined that it is not a matter of thinking as it may became unbearable to them in the course of long run. "These feeling are a natural and normal reaction to parenting. All parents respond to the demands of caring in their own way. Feelings are always individual and everyone will react differently" [http://www.autism-help.org/family-feelings-parents-autism.htm]. though parents can't surpass their child whether they are be normal or autistic, most of the time other family member are not likely to bear such person normally. In this study we found that most of the cases (more than 75%) autistic child are being neglected by the family members. These negligence may be defined as inadequate care, avoiding, misconducting, mis-attitude and avoiding physical and mental assistances. For a child, as being human, they need full or partial support from their fellowmen and in the case of autistic child it is extremely needed for their living rather than growing. It is observed that most of the family members (53.9%) are unlikely to take care in case of their illness. It may be due to their guilty feelings or apathetic attitude. As autistic child can't run as same as the child of normal physical organism, they extremely need of special facilities supporting to their lives. Either parents or respective social authorities should provide such facilities for them. As the primary respective authority, parents have to deal with this. But regarding their income and expenditure maladjustment, they often failed to do so. In our country it is so acute so as this study found major proportion (about 52%) can't avail such extra facilities.

A person's physical or neural imbalance can exclude him from availing social facilities. They are being discriminated from many of social programs. Parents having with an autistic child opined like so as they observed and faced such

maltreatment from society over the course of time. We have asked about the reality among them where more than 90% parents stated that autism play as an attribute of social exclusion and about 89% parents pointed it also as an indicator of social discrimination. Social exclusion appraises on the arena of getting mainstream education, special academic and vocational education, social honour and dignity, medical facilities and maintaining social relationship. On the other hand, social discrimination originated as family negligence, peer group relationship, lack of education and medical facilities, and negligence of playing along with normal child and so forth. Regarding the above unusual circumstances and social treatment, parents tried to overcome the barriers and maintain normal relationship with either autistic child and social agents. Behind this attempt they took several measures to reduce the gap i.e., providing academic education, facilitating vocational education and demonstrating special training and so forth. Besides they suggest several measures to the respective authorities for the development of such children. According to them a child with ASD can be properly grown up if we can provide the facilities of playing game, enrolled in mainstream academic and vocational education, assist such families financially, treat them as much as like a normal child, reduce family and social negligence, facilitate first aid and medical treatment and so on.

## VIII. RECOMMENDATIONS AND CONCLUSION

*Recommendations*

In order to deepening diagnostic knowledge and creating friendly environment for autistic children special education and early intervention are needed. Social awareness should develop for avoiding social exclusion and discrimination of such child and their family (Feizi et. al., 2014).Parents should play a significant role for the development of their child with ASD.The findings of the study might help us to do an objective judgment about the various social exclusion and discrimination related issues concerning the children with ASD. However, we recommend the following based on our study judgement:

1. Children with ASD will not be normal on the usual events or activities performed by a normal child. So parents and other family members should focus on the convenient methods a child with ASD took normally. They should observe, assess and encourage on such behaviour or activities.
2. Based on the forms of child with ASD and their impairment, parents and family member should learn deeply about the nature of it and its potential measures. It will assist them to rear and care of autistic child. Besides after observing regular activities family member should enrich their mind and do according to the favour of them.
3. Keep in mind that autistic child is not as normal child. So parents and family members should be liberal on accepting irregular behaviour and accept all they feel free to do.
4. After observing their daily motive scheduled out structured routine. Routine based activities will hasten their growth, development and wellbeing.
5. Don't be inconsistent. Be patience. They have the right to live. Take adaptive measures in favour of them so as they can run thoroughly.
6. Prioritize on reward system. It will help you to teach them the positive and negative, what to do and what not to do. Appreciate in each of their positive behaviour and activities and encourage positively when they failed to fulfil a task.
7. Don't pace on conclusion! Don't gave up your enthusiasm! Go along with their pace. Like a normal child gradually they develop their sense of learning and behaving.
8. As we have seen that everyone do not take them normally, so make your own home safe for them. It will reduce their mental stress and assist to live properly.
9. If they are verbally impaired, then emphasize on nonverbal communication. Try best to understand their symbol and cues. Establish relationship according to their known symbol, expression and gestures.
10. Autistic child may have some sensory sensitivities e.g., to light, sound, touch and smell. Trace out them and try to avoid such sensory sensitivities.
11. Autistic child often are unable to express their needs and desire. Instead of expressing they may be impress something or show up tantrum. Trace out the needs behind these and establish proper connection to them.
12. Most of the cases, autistic child may passes their process of ageing i.e., day after day, year after year. But either physically or mentally they do not develop like so. To keep them mentally sound and positive, make time with them for fun and play. To do so figure out the nature of entertainment suited for their mental pleasure.
13. Special provision should be imposed by the government to reduce social exclusion and discrimination from the mainstream social institutions. Regarding so, they should be treated as special community and member and their laws and forms of justice will be carried out based on within group judgement; not between group judgement.

## IX. CONCLUSION

Children with ASD are also the member of a society. It is real fact that parents of children only have deep feelings on their child than other people. "In Bangladesh, like in many other developing countries, neurodevelopment disabilities such as autism are basically seen through the lens of misinformation and stigma. Dissemination within a community of a modern protocol of autism is a highly complex, multi-factorial

challenge" (Newschaffer, Croen, Daniels et al., 2007). Having an autistic child is natural event and stressful for a parent. If their surrounding continuously misconduct with them, it became unbearable to them. As a member of our society we should take responsibilities of them: both ASD comprised child and their family. Government should response on supporting medical assistance and demonstrating ASD friendly social institution where they can develop themselves and get social securities. Considering their ability they should employ on mainstream social institution based on their special expertise.

Autism Spectrum Disorders (ASD) distress every area of learning, from social, cultural, economic, environmental and emotional awareness to the ability to procedure language and sensory experiences and integrate with one's own surroundings. It is only with more evidence about the neurological transformations in the autistic brain that we will completely appreciate the best way to demonstrate persons with autism so that they might take part with their highest prospective within their community.

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