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The Role of the Family in Socializing the Autistic Children: A Study in Bangladesh

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ABSTRACT

Autism Spectrum Disorders are increasingly known in developing countries like Bangladesh. The children with autism exhibit significant deficits in social communication, including delayed language development and imitation skills. This disorder is different from other disorders and its characteristics and functions are also different. Families having children with autism spectrum disorder play important role in their socialization and face many challenges as the disorder is associated with disruptive antisocial behavior. The main objective of this research is to know the role of family in socializing autistic children. This research was conducted through survey method by using a semi-structured questionnaire. The data of this study was collected from 78 parents having children with autism spectrum disorder. In our country autism newly introduced and research on autism especially role of the family of the autistic children in socialization are very few. So, this study discusses the role of family in socializing autistic children.

1. INTRODUCTION

Children are the perfect extension and expression of a couple's love and caring (Gibran, 1986; Chandramuki, 2012). The emotional preparation for expectant parents is usually shaped by a glamorous image of the baby, a kind of ego ideal. The discrepancy between the perfect child of their fantasy and the real child may be the cause for negative attitudes and parenting stress. Often a range of emotions, such as denial, guilt, blame, frustration, anger and despair, sweep through the parents as they are confronted by their children with disability (Bhan, 1995; Chandramuki, 2012). Human beings must learn about culture and their parts in social structure through some process, sociologists call this basic process socialization. It is through socialization that persons learn enough to become integrated into various social structures. Crucial to the process of socialization is social interaction. This is particularly the case in the beginning of life. Interaction between an infant and one or more others must be intensive and prolonged (Shepard, 1974). There are some agents of socialization; family is key agent of them. Families are directly involved in caring of their children. At the same time, families with the lifelong spectrum disorders children playing the same role like the other families of normal children. Sometimes, they are the victims of their children's behaviors. Autism Spectrum Disorders is a complex neurological disorder that affects brain function which causes impairments in multiple areas of development including social interaction, communication, and behavior and typically appears within the first three years of life. It is the fastest growing diagnosed developmental disorder (Hall, 2008). It is a lifelong disability with no known cure at this time. It affects the way a person communicates and relates to people around him (Islam et al, 2013). Autism's rates are different from geographical area to area and now these kinds of patients are increasing day by day. In Autism, children are not brought up naturally. Here agents of socialization work equally. But the roles of family of the autistic children are considered as most important role. Autistic children get take care of their parents, siblings, uncle-aunt, grandparents and other members of the family.

The social use of imitation in infancy and early childhood is associated with the development of more sophisticated social communication skills (Ingersoll, 2008). Parents with autistic children face extreme difficulties in dealing with challenging behaviors, teaching their child to communicate, teaching basic life skills, guarding their child from danger, and preparing their child for adult life (Bashir, 2014). When parents receive a diagnosis of autism for their child, mothers and fathers are affected differently. The costs to families of children with autism are personal, social, and affect family finances and day to day living. The child's socially unacceptable behaviors and communication problems contribute to parental stress (Hall, 2008). Families having children with autism face many challenges as the disorder is associated with disruptive antisocial behavior (Bashir, 2014).

That's why the process of socialization faces many difficulties. The parents of child with autism are at high risk for increased stress levels. They are trying to bring up or socialize their children with proper care but most of the time they cannot. The word autism newly introduced in our country. Only a few years ago the people of Bangladesh are concerned about this disease. Many electronic and print media are working for increasing awareness among the general people. In the same time many international organizations are also working on autism in our country. There are special schools for the autistic children.

Parents of autistic children were not aware about this disease but now a day they are more conscious about autism. This research is aimed to know the role of family in socializing autistic children, the socio-economic condition of their families and their parents' consciousness about autism.

2. OBJECTIVES OF THE STUDY

The main objective of this research is to know the role of family in socializing autistic children. And the general objectives are-

1. To know the socio-economic condition of families of autistic children such as income, number of family members, educational status, types of family etc.
2. To know parents consciousness about autism.

3. REVIEW OF THE LITERATURE

Bashir et al. (2014) stated that, Autism Spectrum Disorders (ASD) is a complex neurological disorder that affects brain function which causes impairments in multiple areas of development including social interaction, communication, and behavior and typically appears within the first three years of life. Families having children with ASD face many challenges as the disorder is associated with disruptive antisocial behavior. Parents with ASD children face extreme difficulties in dealing with challenging behaviors, teaching their child to communicate, teaching basic life skills, guarding their child from danger, and preparing their child for adult life. Besides, such families also experience high levels of stress, high recurrence risks, misconceptions and assumptions, feelings of guilt and blame regarding child's diagnosis. The social stigma attached to the disorder causes a lot of discrimination not only of the autistic child but also of the family as a whole because the family is seen to be a part of the illness. The paper highlights the major challenges and difficulties faced by parents having children with autism.

Chamdrakumari et al. (2012) explored parental attitudes towards children with specific learning disabilities. The study sample comprised parents of 60 children (30 boys and 30 girls) with Specific Learning Disability (SLD) who attend the Child and Adolescent Psychiatry Out-Patient Department at National Institute of Mental Health and Neurosciences, Bangalore, India. The attitudes of parents were assessed using the Parental Attitude Scale. The results revealed significant differences related to gender of the children on various domains of the scale. The study highlights the need to educate parents to lower their expectations for children with specific learning disabilities, and to strengthen the social support network of these children's families.

Divan et al. (2012) discussed that, Autism Spectrum Disorders (ASD) are increasingly recognized in developing countries like India. However, little is known about the experiences of parents raising a child with ASD. This study aimed to describe the experiences of families in Goa, India with a view to understanding the unmet needs of families raising a child with ASD. Twenty in-depth interviews and nine focus group discussions were carried out with families of children with ASD and key community stakeholders such as special educators, teachers, and parents of typically developing children. This qualitative data was triangulated to explore the experiences, life impact, and unmet needs of raising a child with ASD. Key findings suggest that raising a child with ASD puts a tremendous strain on families due to competing commitments, often leading to initial social withdrawal with later reintegration into social networks. Second, the impact is multidimensional, involving the personal sphere but also extending into the wider community with negative experiences of discrimination. Third, parents actively respond to these challenges through a range of approaches with help from existing and new social support networks and health care providers. Fourth, professionals from the health, education, and religious sectors have a low awareness of the unique needs of families living with ASD which leads to a considerable economic and emotional burden on families. Finally, as a consequence of these experiences, several unmet needs can be identified, notably for supporting increasingly isolated families and the limited access to multidisciplinary evidence-based services for ASD.

Gray (2006) has been examined how the parents of autistic children coping with autism. This paper reports the results of a longitudinal study of parents coping with autism over a period of approximately a decade. The research method for the study was based on ethnographic methods that emphasized in-depth interviews and participant observation. The sample for this study consisted of parents (mothers and nine fathers) of children with autism. The instrument for the interviews consisted of questions concerning: the child's medical history and referral experience, the child's present symptomatology, the effects of the child's problems on the parent's well-being, the effects of autism on the family's social life, parental coping strategies, illness conceptualization and the parents' expectations for the future. Coping strategies changed from the time of the initial study, as fewer parents coped through reliance on service providers, family support, social withdrawal and individualism and relatively more parents coped through their religious faith and other emotion-focused strategies. The results tentatively support previous research on coping that indicates that aging is linked to the use of more emotion-focused coping strategies.

Gupta and Shinghal (2005) had drawn their attention to the stress levels and coping strategies used, in the families of children with autism. Differences in the stressors perceived and coping strategies adopted by the father, mother and siblings of a child with autism have been discussed. Given that pre-intervention parental stress levels predict the success of early intervention programmes and determine the prognosis, the paper highlights the importance as well as the lack of providing psychosocial support to the families of children with autism. The authors have illustrated various ways of delivering effective support services for parents. The article progresses from child centred, professional dependence for service delivery to developing strategies that are family centred and encourage active participation of parents of children with autism themselves. The paper also draws attention to the prevailing scenario of autism in India.

Hall (2008) examined the adaptive behaviors of children with Autism Spectrum Disorder (ASD), their family support networks, parental stress, and parental coping and the relationships among these variables. Autism is the fastest growing diagnosed developmental disorder. When parents receive a diagnosis of autism for their child, mothers and fathers are affected differently. The costs to families of children with autism are personal, social, and affect family finances and day to day living. Parents of a child with autism are at high risk for increased stress levels. The child's socially unacceptable behaviors and communication problems contribute to parental stress. Available and accessible support services for children with autism, their caregivers, and families are often inadequate to address the increasing numbers of children being diagnosed with autism. The purpose of this study was to examine the adaptive behaviors of children with Autism Spectrum

Disorder (ASD), their family support networks, parental stress, and parental coping and the relationships among these variables.

Ingersoll (2008) discussed the role of social imitation in autism. He said that, individuals with autism exhibit significant deficits in imitation skills. This article reviews the importance of imitation in typical development, focusing on the social function of imitation and its role in the development of social communication skills. Second, it reviews evidence suggesting an association between imitation deficits and social communication impairments in children with autism. Third; it discusses limitations of the current method for teaching imitation that targets only the learning function of imitation. Finally, it describes a new imitation intervention designed to teach the social use of imitation in young children with autism.

Islam et al. (2013) examined that, autism is one of the most common development disorders in the world, which affects about one in every 150 kids. It is a lifelong disability with no known cure at this time. It affects the way a person communicates and relates to people around him. They face problem to communicate with other people. Speech disorder is one of the most common complexities of autistic children. Most of the children are unable to speak like normal children. They speak repeated, meaningless word, which is very harmful for their communication skills. Now a day's computer plays an important role for teaching. So we proposed a method which increases the speech ability of autistic children by an interactive computer game. Our game helps autistic children to improve his verbal communication ability. As children likes to play computer games, so our game will be the perfect way to teach new words to autistic children or increase their fluency of known words. We provide a module with that helps children to also learn mathematics. Their progress can be evaluated through our game module.

Mancil and Boyned (2009) carried out a study on 'Paternal stress on autism'. They examined that, according to previous researchers, parents of children diagnosed with Autism Spectrum Disorders(ASD) consistently report more stress than parents of typically developing children or children with other developmental disorders (e.g., Down syndrome). This has peaked interest in the field in a related area, that being, identifying the coping strategies parents use to deal with the stressors of rearing a child on the autism spectrum. The available literature on coping strategies primarily has focused on interviewing parents to find out what strategies they currently use and if these are effective, which has resulted in mixed findings. A selected synthesis of the stress literature pertaining to coping strategies is provided to highlight the high levels of reported stress already experienced by families of children with ASD and what strategies the parents report aid them in coping with the stress. This literature review is presented for two purposes: (a) highlight relevant findings and methodological issues with current research, and (b) discuss implications for researchers and practitioners working with children with ASD and their families who exhibit increased levels of stress.

MD et al. (2009) conducted a study on 'Helping Families for Caring Children with Autistic Spectrum Disorders'. Many families are directly involved in caring of their children with the lifelong autistic spectrum disorders. Sometimes, they are the victims of their children's behaviors. The family, including siblings, may have to explain the children's behaviors to others. Their mothers have poorer mental health with difficulties in family adaptability and cohesion. Its burden is not just limited to psychological aspects but on the quality of life, economic aspects, and parent-child relationship. This is a narrative review of some of the aspects that families of children with autistic spectrum disorders are facing.

Wolfberg et al. (2012) carried out a study on 'Including Children with Autism in Social and Imaginary Play with Typical Peers'. This examined that, Peer-play experiences are a vital part of children's socialization, development, and culture. Children with autism face distinct challenges in social and imaginary play, which place them at high risk for being excluded by peers. Without explicit support, they are likely to remain isolated from peers and the consistent interactive play that encourages developmental growth. This article focuses on the theory and use of Integrated Play Groups (IPGs), which offer a comprehensive, research-based intervention that helps children on the autism spectrum engage in play with typical peers in regular social settings. The article examines

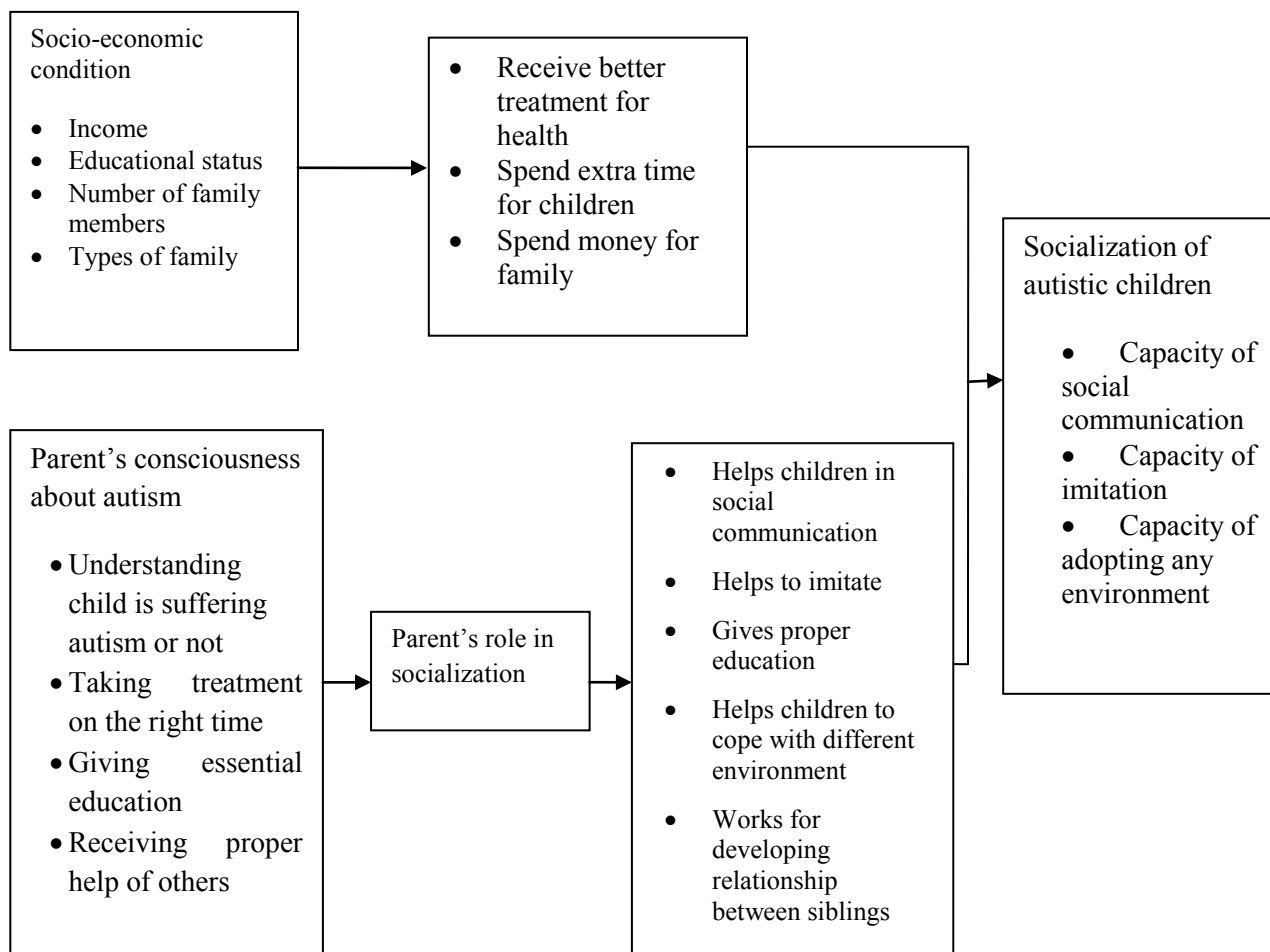
the nature of play and the developmental and socio-cultural problems it presents for children with autism. The authors describe IPGs, focusing on their conceptual design and the interventional approach to them called guided participation. They highlight innovative uses of IPGs for older populations and discuss Integrated Teen Social Groups. They summarize research and development efforts and discuss the implications of IPGs for the future.

4. THEORETICAL FRAMEWORK

Sociologist Charles Horton Cooley defined an important term of socialization, and that is “Looking-glass self”. Cooley advanced the belief that we learn who we are by interacting with others. Our view of ourselves, then, comes not only from direct contemplation of our personal qualities but also from our impressions of how others perceive us. Cooley used the phrase looking-glass self to emphasize that the self is the product of our social interactions. The process of developing a self-identity or self-concept has three phases. First, we imagine or how we present ourselves to others—to relatives, friends, even strangers on the street. Then we imagine how others evaluate us (attractive, intelligent, shy or strange). Finally, we develop some sort of feeling about ourselves, such as respect or shame, as a result of these impressions. (Cooley, 1902 cited in Schaefer & Lamm, 1999) These phases are important for the self identity of children. But in autistic children, these self identities develop after a long time of natural process and with others.

Environmental, cultural, and socioeconomic factors may also have an impact on whether a parent receives a diagnosis. Implications for professional awareness and increased accuracy of diagnosis are also suggested (Daley, 2004). On the other hand, when family members don’t aware of their children then proper treatments are not possible in right time.

Sociologist George Herbert Mead continued Cooley’s exploration of interactionist theory. Mead developed a useful model of the process by which the self emerges, defined by three distinct stages: the preparatory stage, the play stage, and the game stage. During the preparatory stage, children merely imitate the people around them, especially family members with whom they continually interact. During the play stage they began to pretend to be other people. In Mead’s third stage, the game stage, the child of about age eight or nine no longer just plays roles but began to consider several tasks and relationships simultaneously (Schaefer & Lamm, 1999). Children with autism categorized as high imitators verbalized to the experimenter significantly more than children categorized as low imitators (Ingersoll, 2008). Family helps children to increase imitation capacity and at the same time other agents of socialization help out in imitation.

Conceptual Framework:**Methodology:**

The main objective of the study is to know the role of family in socializing autistic children. The research design of this study is descriptive. Here quantitative study is conducted for generalization and prediction. Research technique of this study is Survey and it has been carried out through semi-structured questionnaire. This study conducted on Chittagong City of Bangladesh. We selected eight different autistic schools to collect data and the schools are a) Nishpap Autism Foundation, b) Dream Star Autistic School Academy, c) Autistic Society School d) Shishu Bikash Autistic School, e) Spectra School of Autism, f) Matrisneha Autistic School for Child with Autism, g) Innocent Special School for Child with Autism, h) Autistic Children Development School. Here in this study we collected data from the 78 parents who have 01-20 years of autistic children and admitted their children in these schools. To meet the purpose of the study data analyzed from the primary sources.

5. DATA ANALYSIS

Table 1 Sex of the respondents

Sex	Frequency	Percentage
Male	11	14%
Female	67	86%
Total	78	100%

Table 01 shows 14% of the respondents are male and 86% of the respondents are female. These male and female respondents are fathers and mothers of the autistic children.

Table 2 Age of the respondents-

Age	Frequency	Percentage
20-29	16	21%
30-39	43	55%
40-49	17	22%
50+	02	02%
Total	78	100%

Here in Table 02 indicates the age of the respondents and 21% of the respondents' ages are lies between 20-29 years, 55% respondents age between 30-39, 22% respondents age between 40-49 and 02% respondents age above 50 years.

Table 3 Family member of the respondents-

Family Member	Frequency	Percentage
03	12	15%
04	27	35%
05	18	23%
06	14	18%
07+	07	09%
Total	78	100%

Table 03 shows that, 15% of the respondents consist of 03 family members, 35% of the respondents consist of 04 family members, 23% of the respondents consist of 05 family members, 18% of the respondents consist of 06 family members, 09% of the respondents consist of 7 and above family members in their family.

Table 4 Types of Family of the respondents-

Types of Family	Frequency	Percentage
Nuclear Family	66	85%
Joint Family	12	15%
Total	78	100%

Table 04 represents the types of family. 85% of the respondents belong to nuclear family and 15% of the respondents belong to joint family.

Table 5 Children of the respondents-

Children	Frequency	Percentage
01	18	23%
02	30	39%
03	22	28%
04	08	10%
Total	78	100%

Table 05 shows the percentage of the children of the respondents, here 23% respondents have one child, 39% have 02 children, 28% respondents have 03 children, 10% respondents have 04 children.

Table 6 Educational status of the parents-

Educational Status	Father		Mother	
	Frequency	Percentage	Frequency	Percentage
No Education	00	00%	00	00%
Primary	00	00%	09	12%
Pre-S.S.C.	07	09%	05	06%
S.S.C.	05	06%	14	18%
H.S.C.	19	24%	21	27%
Graduate	17	22%	24	31%
Post- Graduate	30	39%	05	6%
Total	78	100%	78	100%

Here in Table 06 indicates the educational status of the parents of autistic children. 00% of the parents have No education, 00% of the father have Primary education and 12% of the mothers have Primary education, 09% of the fathers have Pre- S.S.C education and 06% of the mothers have Pre-S.S.C education, 06% of the fathers have S.S.C and 18% of the mothers have S.S.C, 24% of the fathers have H.S.C and 27% of the mothers have H.S.C, 22%% of the fathers have Graduation and 31% of the mothers have Graduation, 39% of the fathers have Post Graduation and 06% of the mothers have Post Graduation.

Table 7 Monthly income of the Families-

Income	Frequency	Percentage
1000-20000	11	14%
20000-40000	38	49%
40000-60000	18	23%
60000-80000	04	05%
80000-100000	02	03%
100000+	05	06%
Total	78	100%

Here in Table 07 we can see the monthly income of the families of autistic children. 14% of the respondents' monthly family income lies between 1000-20000, 49% of the respondents monthly family income lies between 20000-40000, 23% of the respondents monthly family income lies between 40000-60000, 05% of the respondents monthly family income lies between 60000-80000, 03% of the respondents monthly family income lies between 80000-100000, 06% of the respondents monthly family income above 100000.

Table 8 Have you both earn money (Wife & Husband)

Both earn money	Frequency	Percentage
Yes	14	18%
No	64	82%
Total	78	100%

Table no. 08 presents that 18 % of the respondents or both father and mother of autistic children earn money in the family, 82% of the respondents or both father and mother of autistic children don't earn money in the family.

Table 9 Age of Autistic Children-

Age of Autistic Children	Frequency	Percentage
1-5	11	14%
6-10	39	50%
11-15	21	27%
16-20	07	09%
Total	78	100%

Here in Table 09, 14% of autistic children's age between 1-5, 50% of autistic children's age between 6-10, 27% of autistic children's age between 11-15, 09% of autistic children's age between 16-20.

Table 10 Problems associated with Autistic children-

Problems	Frequency	Percentage
Telling and understanding words	25	32%
Intellectual problem	13	17%
Abnormal behaviour	11	14%
Mental problem	07	09%
Don't communicate with others	08	10%
Too much anger	06	08%
Others	08	10%
Total	78	100%

Table 10 shows the problems associated with autistic children, here 32% have the problem of Telling and understanding words, 17% have the problem of Intellectuality, 14% have the problem of abnormal behaviour, 09% have the problem of mental problem, 10% have the problem of, 08 % have the problem of too much anger, 10% have others the problem.

Table 11 Reasons responsible for autism

Reasons	Frequency	Percentage
By born	18	23%
Mothers problem	10	13%
Fever to convulsion	11	14%
Wrong treatment	06	08%
Mother taken too much medicine	06	08%
Children taken too much medicine	04	05%
Others	11	14%
Don't know	12	15%
Total	78	100%

Table 11 shows the reasons responsible for autism, here 23% of the autistic children have autism by born, 13% of the autistic children have autism because of their mother problem, 14% of the autistic children have autism because of Fever to convulsion, 08% of the autistic children have autism because of taking wrong treatment, 08% of the autistic children have autism because their Mother taken too much medicine, 05%, of the autistic children have autism because these Children taken too much medicine, 14% of the autistic children have autism for others reasons, 15% of the autistic children don't know the reason of their autism. The parents of autistic children think that these are the reasons of their children's autism.

Table 12 When you understood your child is autistic?

Age	Frequency	Percentage
6 Months	15	19%
1 Year	12	15%
2 Years	25	32%
3 Years	18	23%
4 Years	3	04%
5 Years	3	04%
6 Years +	2	03%
Total	78	100%

Table 12 shows that, 19% understood that their child is autistic at the age of 6 months, 15% understood that their child is autistic at the age of 1year, 32% understood that their child is autistic at the age of 2years, 23% understood that their child is autistic at the age of 3years, 04% understood that their child is autistic at the age of 4 years, 04% understood that their child is autistic at the age of 5years, 03% understood that their child is autistic is autistic at the age of 6 years or above.

Table 13 What did you do to overcome this problem?

Steps	Frequency	Percentage
Regular consultation with doctors	40	51%
Admitted to school	34	44%
Family care	04	05%
Total	78	100%

Table 13 shows that, what the parents did to overcome this problem of disorder. 51% of the respondents regularly consult with doctors, 44% of the respondents admitted their children in the school, 05% of the respondents giving proper family care to overcome this problem.

Table 14

School, education, religion and imitation	Yes		No	
	Frequency	Percentage	Frequency	Percentage
Does your autistic child go to school regularly?	66	85%	12	15%
Is there any idol persons in his/her school?	55	71%	23	29%
Do you give your children Religious education?	57	73%	21	27%
Do you follow religious rules and regulations?	78	100%	00	00%
Does he/she have the interest of imitation?	62	79%	16	21%
Are you conscious to develop your child's imitation capacity?	72	92%	06	08%
Does your child adjust any kind of environment?	29	37%	49	63%
Does your child communicate socially?	31	40%	47	60%
Is he/she interacting with their peer group?	48	62%	30	38%
Does his peer group well behaved with them?	41	53%	37	47%
Does their peer group want to play or communicate with them?	42	54%	36	46%
Do the joint family's members take care of them equally?	07	58%	05	42%
Do you give extra time to take care of your child?	62	79%	16	21%
Do you take your child in social program?	72	92%	06	08%
Do you play role to improve sibling's relationship?	58	74%	20	26%
Do you sometimes anger with your child?	52	67%	26	33%
Did you get any help from any organization in taking care of your autistic child?	08	10%	70	90%
After taking your child in special school does he/she have any improvement?	67	86%	11	14%
Do you think that you have enough knowledge on autism?	29	37%	49	63%
Do you have any interest to know more about autism?	71	91%	07	09%
Does our society receive autistic children normally?	10	13%	68	87%
Do you think that our society is knowledge less about autism?	54	69%	24	31%
Do you think governmental and non-governmental mass awareness should be increase?	78	100%	00	00%

We can see in the Table 14 that, 85% autistic children go to school regularly and 15% don't go to school. 71% autistic children have idol persons in his/her school and 29% don't have. 73% of the parents give their children Religious education and 23% don't give. Here 100% follow religious rules and regulations. 71% autistic children have the interest of imitation and 29% don't have the interest of imitation. 92% parents are conscious to develop your child's imitation capacity and 8% are not. 37% autistic children can adjust in any kind of environment and 63% can't adjust. 40% of the autistic children can communicate socially and 60% can't communicate. 62% autistic children

interact with their peer group regularly and 38% don't interact. 53% autistic children's peer group well behaved with them and 47% of the autistic children's peer group never well behaved with them. 54% autistic children's peer groups want to play or communicate with them 46% autistic children's peer groups don't want to play. Here we found 12 joint families among 78 respondents. 58% joint family's members take care of the autistic children equally and 42% don't take care of them. 79% of the parents give extra time to take care of your children and 21% don't give extra time. 92% take their children in the social programs and 08% don't take. 72% play role to improve sibling's relationship and 28% don't play any role. 67% sometimes show anger with their children and 33% don't show. 10% parents get help from any organization in taking care of your autistic children and 90% don't get. 86% have improved after taking in special school and 14% haven't improved. 37% parents think that they have enough knowledge on autism and 63% think that they have not enough knowledge on autism. 91% have interest to know more about autism and 9% don't have any interest. 13% parents said that society receive autistic children normally and 87% parents said that society don't receive autistic children normally. 69% think that our society is knowledge less about autism and 31% don't think so. 100% think that governmental and non-governmental mass awareness should be increase for the development of autism. This Table clearly evaluated the role of family in socializing autistic children.

Table 15 How do you help them to adjust with any kind of environment?

Steps	Frequency	Percentage
Counseling	27	35%
Help them	15	19%
Repeatedly tried to convince	14	18%
Encourage them	08	10%
Taught them	07	09%
Others	07	09%
Total	78	100%

Table 15 shows how the parents help their children to adjust with any kind of environment, here 35% of the respondents help their children to adjust though counseling, 19% of the respondents help their children to adjust though help them, 18% of the respondents help their children to adjust though repeatedly tried to convince, 10% of the respondents help their children to adjust though Encourage them, 09% of the respondents help their children to adjust though Taught them, 09% of the respondents help their children to adjust though Others way.

Table 16 How you help your child in social communication?

Steps	Frequency	Percentage
Counseling	20	26%
Giving chance to interact with others	14	18%
Taught though love and care	11	14%
Influence them to talk	07	09%
Take them to the social programs	06	08%
Others	12	15%
Don't do anything	08	10%
Total	78	100%

Table 16 shows how parents help their children in social communication. 26% parents help their children in social communication though counseling, 18% help though giving chance to interact with others, 14% helps taught though love and care, 09% influence them to talk, 08% take them to the social programs, 15% help in other ways and 10% don't do anything.

Table 17 What kind of special qualities he/she have?

Qualities	Frequency	Percentage
Drawing pictures	11	14%
Dancing and singing	11	14%
Play and operate computer and mobile games	09	12%
Praying Salat	07	09%
Recitation	05	06%
Imitation	05	06%
Others	09	12%
Don't do anything	21	27%
Total	78	100%

Here in Table 17 presents the special qualities of autistic children. 14% have the quality of drawing pictures, 14% have the quality of dancing and singing, 12% have the quality of play and operate computer and mobile games, 09% have the quality of praying Salat, 06% have the quality of recitation, 06% have the quality of imitation, 12% have others quality, 27% Don't do anything.

Table 18 How does you taught them in the family?

Steps	Frequency	Percentage
Though love and care	18	23%
Though counseling	17	22%
Though first-hand/ training	15	19%
Though showing photographs	13	17%
Though forcing	04	05%
Others	04	05%
Don't taught them anything	07	09%
Total	78	100%

Table 18 presents the steps how the families taught their autistic children. 23% taught them though love and care, 22% taught them though counseling, 19% taught them though first-hand/ training, 17% taught though showing photographs, 05% taught though forcing, 05% taught though other ways and 09% don't taught them anything.

Table 19 With which person do they want to stay long time?

Persons	Frequency	Percentage
Mother	29	37%
Father	17	22%
Sister	08	10%
Both father and mother	07	09%
Grandfather	06	08%
Brother	04	05%
Others	07	09%
Total	78	100%

Table 19 presents that, 37% autistic children want to stay long with their mother, 22% autistic children want to stay long with their father, 10% autistic children want to stay long with their sister, 09% autistic children want to stay long with both of their father and mother, 08% autistic children want to stay long with their grandfather, 05% autistic children wants to stay long with their brother, 09% autistic children want to stay long time with others.

Table 20 What kinds of step you take to protect your child?

Steps	Frequency	Percentage
Always look after them	32	41%
Always stay with them	27	35%
Don't permit them to move	07	09%
Don't take any step	12	15%
Total	78	100%

Table 20 shows the steps taken by the parents to protect their children. 41% always look after them, 35% always stay with them, 09% don't permit them to move and 15% don't take any step.

Table 21 In which TV program he/she is addicted most?

TV Program	Frequency	Percentage
Watching dance and song	18	23%
Watching Cartoon	14	18%
Watching movie	07	09%
Watching advertisement	06	08%
Watching drama	06	08%
Watching sports	04	05%
Others	04	05%
No addiction on TV programs	19	24%
Total	78	100%

23% of the autistic children have the addiction of Watching dance and song, 18% of the autistic children have the addiction of Watching Cartoon, 09% of the autistic children have the addiction of Watching Movie, 08% of the autistic children have the addiction of Watching advertisement, 08% of the autistic children have the addiction of Watching drama, 05% of the autistic children have the addiction of Watching sports, 05% of the autistic children have the addiction of others TV programs, 24% of the autistic children have no addiction on TV programs.

6. CONCLUDING REMARKS

Autism neurological disorder increasing day by day and it is a lifelong disorder that many families' children have this problem. Our data presents that families are important in socializing their autistic children, we found that most of our respondents are mother, most of the respondents age between 30-39 years and it is 55%, about 35% have 4 members in their family, 85% of the families are belong to nuclear family, highest educational status of fathers have post-graduation (39%) and mothers have graduation (31%), 49% families monthly income lies between 20000-40000, 18% parents both earn money, most of the autistic children's age between 6-10 years (50%), the main problem associated with autism is telling and understanding words, 23% parents think that their children's is by born (23%), 32% understood that their children are autistic at the age of 2 years. Most of the parents take their children to the doctors to overcome this disorder (51%), 85% autistic children go to school regularly, 71% autistic children has idol person in their school, 73% autistic children has religious education, 100% families follow their religious rules and regulations, 79% autistic children have interest in imitation, 92% families conscious in developing their children's imitation capacity, 63% autistic children can't adjust in any kind of environment, 60% children can't communicate socially, 62% children interact with social groups, most of the peer group well behaved with them, 54% peer groups want to play with them, 54% joint family members take care of them, 79% parents give extra time to their children, 67% parents sometimes show anger on them, 86% autistic children improve after joining special school, only 37% think that they have enough knowledge on autism, 87% think that our society don't take autistic children normally, 100% parents think that mass awareness is important for increasing consciousness on autism. Some autistic children have special qualities like sing, dancing, drawing; some have the addiction of TV programs. Mainly families suffer for this problem and the families have to give extra time to their autistic children. Family or parents are directly involved with taking care of their children. Autistic children have low adjustment or adaptation capacity so the families have to help them. These autistic children have many others problems too, such as-problem in social communication, problem in weakness, lack of imitation capacity, mental problems, practical and intellectual problems. To solve these problems families have to come forward, if the families are not conscious then they can't take proper steps to improve their children. Proper care, love and well behaviour can reduce this kind of disorders. If the families bring up their children with their own values, beliefs, norms and thinking then their children's socialization will be easier. Only a family- combination of parents, grandparents, siblings can make a beautiful life of a children though proper care. So, the role of family is most important in socializing the autistic children.

References

- [1] Bashir et al, (2014). Challenges Faced by families of Autistic Children, *International Journal of Interdisciplinary Research and Innovations*, 2(1), 64-68.
- [2] Bhan, S. (1995). Parental Role in the Life of a Special Child Disabilities and Impairment. *An Interdisciplinary Research Journal*, 9(1), 37-43.
- [3] Chandramuki et al. (2012). Attitudes of Parents towards Children with Specific Learning Disabilities, 23(1) Retrieved from: <http://dcidj.org/article/viewFile/47/60>
- [4] Daley, T.C. (2004). From Symptom Recognition to Diagnosis: Children with Autism in Urban India. *Social Science and Medicine*, 58, 1323-1335.
- [5] Divan, G. et al. (2012) Challenges, Coping Strategies, and Unmet Needs of Families with a Child with Autism Spectrum Disorder in Goa, India. *International Society for Autism Research*, 05,190-200.
- [6] Gibran, K. (1986). *The Prophet*. Jaico Publishing House, New Delhi.
- [7] Gray, D. E. (2006). Coping over time: the parents of children with autism, *Journal of Intellectual Disability Research*,50(12), 970-976.

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- [8] Gupta, A. and Singhal, N. (2005). Psychological support for families of children with autism. *Asia pacific Disability Rehabilitation Journal*, 16 (2), 62-83.
- [9] Hall, M.R. (2008). *The relationship among adaptive behaviors of children with Autism Spectrum Disorder, their family support networks, parental stress and parental coping*, Dissertation (PhD), University of Tennessee.
- [10] Ingersoll, B. (2008). The social role of imitation in autism: Implications for the treatment of imitation deficits. *Infants and Young Children*, 21(2), 107-119.
- [11] Islam, M. M, Amin,A. B. M and Biswas, P. (2013), .Increasing Speech Ability of the Autistic Children by an Interactive Computer Game, *Global Journal of Computer Science and Technology Software and Data Engineering*, 13(09).
- [12] Mancil, R. G. and Boyd, A. B. (2009). Parental Stress and Autism: Are There Useful Coping Strategies? *Education and Training in Developmental Disabilities*, 44(04), 523-537.
- [13] MD, A.G. et al. (2009). Helping Families for caring Children with Autistic Spectrum Disorders. *Archives of Iranian Medicine*, 12 (5), 478-482.
- [14] Schaefer, R.T. and Lamm, R..P.(1999) *Sociology*. Sixth ed. Tata McGraw- Hill Publishing Company Limited, New Delhi.
- [15] Shepard, J. M. (1974) *Basic sociology: Structure, Interaction, and Change*. Harper & Row Publishing Company Limited, New York.
- [16] Shriver, E.K. (2005). Autism Overview: What We Know. *National Institute of Child Health and Human Development*, 5(May), 1-16.
- [17] Wolfberg, P; Beutel, B. K and DeWtt, M. (2012) Including Children with Autism in Social and Imaginary Play with Typical Peers M, *American Journal of Play*, 5(1), 55-79.