

Behaviors in Children with Language Developmental Disorders: Its Social Impact on the
Parents in Bangladeshi Context

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Dedication

I would like to dedicate this dissertation to my parents

Md. Abdul Gani and Mrs. Ruksana Yesmin

who always inspire me through their love and support.

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Declaration

I, Faria Fairoz Sapti, certify that the work presented in this dissertation is my original work and has not been published or accepted in substance for any degree. All the sources and their information used in this research has been acknowledged. The research work was carried out in the Department of English and Humanities, BRAC University, under the supervision of Lecturer Lubaba Sanjana, Department of English and Humanities, BRAC University. I, hereby, declare that this dissertation is the result of my independent investigation or work, except where otherwise stated.

Faria Fairoz Sapti

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Table of Content

Section	Title	Page Number
	Dedication	iii
	Acknowledgements	iv
	Declaration	v
	Table of Content	
	Abstract	1
Chapter 1	Introduction	2- 6
	1.1 Problem Statement	
	1.2 Purpose of the study	
	1.3 Central research Question	
	1.4 Significance of the study	
	1.5 Delimitation	
	1.6 Limitation	
	1.7 Operational Definitions	
Chapter 2	Literature review	7- 21
	2.0 Introduction	
	2.1 Language patterns	
	2.1.2 Phonological patterns	
	2.1.3 Morphological and syntactical pattern	
	2.1.4 Semantical pattern	

	2.1.5 Pragmatics	
	2.2 Common behaviors	7- 21
	2.3 Social aspect	
	2.4 Stigma	
	2.5 Obstacles faced by the parents	
	2.5.1 Social gathering	
	2.5.2 Treatment	
	2.5.3 Education	
	2.6 Signs and symptoms of SLD	
	2.7 Impact of positive behavior	
	2.8 Theories of Sociolinguistics	
	2.8.1 Piaget’s developmental stage theory	
	2.8.2 Vygotskian theory	
	2.8.3 Behaviorist Approaches to Autism	
Chapter 3	Methodology	22- 28
	3.0 Introduction	
	3.1 Research Design	
	3.2 Theoretical framework	
	3.3 Sampling	
	3.4 Setting	

	3.5 Instrumentation	
	3.6 Data collection procedure	22- 28
	3.7 Data analysis procedure	
	3.8 Obstacles encountered	
Chapter 4	Findings	29- 34
	4.0 Introduction	
	4.1 Parents' Survey	
	4.1.1 Parents feelings towards their atypical children	
	4.1.2 Parents' opinion regarding interaction	
	4.1.3 Parents' observation of their atypical child's behavior in relation to their relatives and friends	
	4.2 Teachers' interview	
	4.3 Class observation of the atypical children	
Chapter 5	Analysis	35- 42
	5.0 Introduction	
	5.1 Analysis of Parents' Questionnaire (Appendix A)	
	5.2 Analysis of Teachers' Interview (Appendix B)	
	5.3 Analysis of Class Observation (Appendix C)	
Chapter 6	Discussion	43- 44

	6.0 Introduction	43- 44
	6.1 Behaviors of children with language developmental disorder (LDD)	
	6.2 Parents' perception and problems	
	6.3 Societal barriers	
Chapter 7	Conclusion	45- 49
	7.0 Introduction	
	7.1 Summary of the findings	
	7.2 Contribution to research	
	7.3 Practical implication	
	7.4 Recommendations	
	7.5 Further studies	
	7.6 Conclusion	
	References	50- 57
	Appendix A	58-60
	Appendix B	61
	Appendix C	62

Abstract

Behavioral changes and variations are immense among the children with language developmental disorder. Among those behaviors, speech delay is most commonly observed. Due to language disorders, the atypical children carry different patterns of language, use different ways of interaction, which makes them “atypical” or in some case “disable” in the society (Kinnear, Link, Ballan & Fischbach, 2015). Association with stigma in raising atypical child creates difficulty in both parents and in children themselves. All the stigmas, negativities, shyness, ignorance make the life of the parents’ life difficult that are mostly associated with the atypical behaviors (O'Brien, 2007). This study found out that all the parents expect and fight for the equal treatment and positive behaviors so that their atypical children can lead a life like typical children of this society. This shows that they are not satisfied with the existing norms or behaviors of the society towards atypical children. To establish these statements, the researcher conducted a survey on the parents to identify their problems in raising atypical children. Moreover, to get a different dimension, the researcher also interviewed the teachers of an institute for atypical children and observed classes to monitor the behaviors and language usage of atypical children. This study therefore, aims to create an awareness among the society by addressing the sufferings of the parents of atypical children.

Behaviors in Children with Language Developmental Disorders: Its Social Impact on
the Parents in Bangladeshi Context

Every child goes through various types of developmental phases. They can be termed as cognitive development, social development that includes constructivism, Information Processing, language development and so on (Olusegun, 2015; Robertson, 2018). All these factors also determine the growth of mental health of a child. Besides, it has impact on the communication style, usage of language, changing social and affective needs and physical maturation. Whenever any of these are interrupted, it severely affects in both the physical and mental health of a child. Even when a child suffers from language developmental disorders, it does not only affect the child's language production, it hampers the child's communication and social styles, which are related to the mental health. Atypical language production gives rise to atypical behaviors, which later on hampers in establishing social connection with others. Moreover, it does not only affect the atypical child, the parents also face obstacles in raising an atypical child especially in Bangladeshi context. Although in 21st century parents are quite open and positive to accept the changes of their child, it is only applicable for the parents who are educated and mostly city dwellers. In the rural areas, parents are still stigmatized about autism and are often blamed for their atypical child. In Bangladesh, autism is still regarded something as unacceptable and completely disable for the society. Most people automatically presume that it is not curable and thus no treatment or school is needed for atypical children. That is one of the reasons for which, there are only few hospitals and schools for children with language developmental disorders or autism. There are different types of autism. However, in Bangladesh, all types of autism are treated in almost same way and there are no such specialized hospitals or therapist.

1.1 Problem statement:

There are very few studies in Bangladesh regarding language developmental disorders and related atypical behaviors. This study tries to shed light on this aspect. Besides, in Bangladesh, the society is still not open to accept the atypical behaviors and is quite stigmatized regarding this affair. This study also tries to identify the social impact on the parents such as dealing with hurtful comments, ignorance and stigma. Lastly, few opinions from the parents of the atypical children are included in this study to mitigate the pain and inequality by upholding their demands from the society.

1.2 Purpose of the study:

The purpose of this dissertation is to observe and study the behaviors of atypical children in terms of their morphological, semantical and syntactical features. Moreover, it will also observe and describe how the parents are facing problems in the society with their atypical child. It is to identify whether the parents are open to accept the changes or not, when they face any obstacles in finding proper school, caregivers, therapist and so on. Lastly, it aims to draw some recommendations given by the parents regarding their atypical child in order to ensure improved social behavior.

1.3 Central research questions:

The research questions for this study are-

1. How do the parents feel about their atypical child?
2. How do atypical children act in any kind of interaction/ communication with others?
3. How do the relatives or close friend behave with atypical children?

1.4 Significance of the study:

Autism has today become a common problem across this globe. “CDC increases estimate of autism’s prevalence by 15 percent, to 1 in 59 children” mentioned in their article that by the age of eight, every 1 in 59 children fall victim to ASD, which makes it to increase by 15% nationally. Moreover, the rate is increasing in every two years globally (2018). Similarly, language disorders has become an emerging problem across the whole world. Behavioral and mental health problems are also associated with this disorder and so the rate of autism is increasing day by day. This problem is acute mostly in children. In Bangladesh, the rate of behavioral problems among children is 14.6%. In the rural areas, the rate of psychiatric problem is 15% and in urban areas, the rate is 18% (Islam, et al., 2012). This clearly indicates that in this modern world children are at a great risk of developmental disorders, which is concurrent in this whole world. Hence, it is necessary to research on this aspect. Especially in Bangladesh, where the education rate is low and most people are financially unstable, more researches are needed to support them in case of raising a child with autism. The fact that, language development disorders are quite common among children with autism, most people of Bangladesh are not aware. They consider all sorts of autism as the same and thus many children suffer lack of proper treatment or therapy, which might have been potential to cure the exact problem among atypical children. Therefore, this research aims to raise awareness among the people of Bangladesh regarding language developmental disorders by drawing the patterns of behaviors among atypical children. Other than this, this study also sheds light on the sufferings of parents in order to raise atypical child, and collaborate opinions from the parents to ensure a friendly environment for the atypical children.

1.5 Delimitation:

Since the researcher collected data from a particular institute, which is located in the city, the condition of the remote places of Bangladesh might not be the same. Besides, the economic status and educational background also matter and vary in the upbringing of children with autism spectrum disorder. Thus, the research field is limited to only Dhaka city of Bangladesh.

1.6 Limitation:

The researcher could conduct survey among only 20 parents. Besides, the researcher only conducted survey in a particular institute. From one institute the researcher interviewed only five teachers and observed few classes in order to identify behavioral changes among atypical children. Therefore, few constructs of this study may vary from place to place. Besides, the researcher could not manage to get the permission to conduct survey in different organizations. Lastly, managing secondary data that specifically talk about the atypical children of Bangladesh are very few.

1.7 Operational definitions:

Definitions of some abbreviations used in this research are:

a) ASD:

The full form is Autism Spectrum Disorder. It is a range of similar conditions, including Asperger syndrome, that affect a person's social interaction, communication, interests and behavior (O'Brien, 2007; Teague, Newman, Tonge & Gray, 2018).

b) LDD:

The full form is Language Developmental Disorders. This collaborates different types of language disorders such as receptive and expressive, dyslexia, aphasia, articulation or phonological delays and so on that a child faces during its developmental phases (Wadman, Durkin & Conti-Ramsden, 2011).

c) SLD:

The full form is Speech- Language Disorder that addresses to decrease the challenges of using language including verbal, nonverbal and social communication problems (Camarata & Nelson, 2002; Wadman, Durkin & Conti-Ramsden, 2011).

d) SLI:

The full form is Specific Language Impairment that includes both problems with language and communication (Dominick, Davis, Lainhart, Tager-Flusberg & Folstein, 2007; Marton, Abramoff & Rosenzweig, 2005).

MLU:

The full form is Mean Length of Utterance. In linguistics, it is used to measure the utterances spoken by the child. Higher MLU indicates the higher the level of language proficiency (Evans, Gillam & Montgomery, 2018).

ZPD:

ZPD means Zone of Proximal Development. Psychologist Lev Vygotsky first introduces it. It is used to show the difference between what learners can do and what learners cannot do without help (Bodrova & Leong, 2015).

Chapter 2- Literature Review

By observing the language pattern of children, all the developmental phases such as cognitive, psychological, behavioral and social development can easily be traced. It is because through language, children expose and express themselves to the outer world. Hence, children who have language disorders can face serious problems in cognitive and psychosocial developments. Children who are diagnosed with speech and language disorders are at a huge risk of behavioral problems (Knight, 1921). However, neurodevelopmental immaturity is the prime cause of both language and behavioral disorders. These disorders are most often acute in preschool children. Therefore, early detection and providing a proper treatment can save these children from such disorders or at least they can keep pace with the society by overcoming their obstacles.

2.1 Language Patterns:

Atypical children have different language patterns in comparison with the typical developing children. They show discrepancies in terms of phonological, morphological, syntactical and semantical use of a language (Evans, Gillam & Montgomery, 2018). Apart from speech delays, these are the early signs indicating that a child may suffer from different language disorders including expressive and receptive disorders. This does not indicate that parents should be worried during the babbling or cooing phase of a child. Rather parents should be worried when a child does not utter any sound at all when they are supposed to make or miss any of the phases of typical language development. Thereby, parents should always remain conscious about their child's language production according to their ages. Any abnormality in the sound or language production should be reported to the doctor immediately without any delay (Busari & Weggelaar, 2004).

2.1.1 Phonological patterns:

It is known as "developmental phonological disorder" or in neurological term, it is also known as "dysarthria" or "dyspraxia". Phonological disorder means when a child fails to produce some or all sounds necessary for the speech or omit the potential end sound of a word that are supposed to be used at his or her age (Rvachew & Nowak, 2001). Generally, they avoid the critical consonant sounds of a particular word and misplace it with some unusual sounds. It is one of the most common features among young children those who are suffering from expressive language disorder. In many cases, receptive disorders include phonological difficulties in terms of understanding or processing difficult sounds. Depending on the age of the child, the symptoms are different. Speech that is considered normal for 2 years old may be considered problematic for 5 years old. Regardless of languages, nearly all children associate and develop speech sounds sequentially or by following a particular pattern. For example, in Bengali language sound system, "d", "b", "m" are produced early and easily in comparison with "r", "th", "ch". Similarly, in English sound system, "m," "b," and "p" are early pronounced whereas acquisition of these sounds, "sh," "th," "z," and "zh" requires maturation of age (Rvachew & Nowak, 2001). However, this does not mean that children would never be able to utter the difficult sounds. They will eventually acquire them with both of their cognitive and neurological development. On the other hand, the children with phonological developmental disorders tend to omit these sounds or misplace them with some unusual sounds no matter how old they become. In addition, they tend to omit the sounds frequently that are at the end of the words, also distortion or substitution of sounds are reported that the child of that particular age does not supposed to make (Evans, Gillam & Montgomery, 2018). This problem indicates some communication or interaction problems as well as academic problems. They may face problems in subject areas such as spelling or reading. In addition, due to their different use of sounds they are bullied by their peers and

thus become frustrated and ridiculed. As a result, they become less willing to participate in playing with peers or classroom activities (Dominick, Davis, Lainhart, Tager-Flusberg & Folstein, 2006; Knight, 1921).

2.1.2 Morphological and syntactical pattern:

Children with expressive disorder have limited amount of vocabulary range. Besides, they also face problems while acquiring new words, understanding complex words. They commit frequent vocabulary errors, which is not suitable according to their age. Moreover, they are slow in acquiring word combinations. They have restricted mean length of utterance (MLU) in terms of morphemes (Evans, Gillam & Montgomery, 2018). Although it may seem similar to that of typically developing children, atypical children fail to acquire the words that they were supposed to do according to their age. Frequent errors occurs in using verbs for instance verb endings, auxiliary verbs, and past tense marking of regular and irregular forms. They also commit errors while using functional words such as articles and prepositions, pronouns, slower rate of vocabulary development than that of typically developing children. Altogether they deficit in morphological awareness. In terms of grammar, they have problems in identifying and correcting grammatical errors including difficulties in identifying parts of speech. Besides, they have limited amount of grammar and sentence structure. They mostly use imperative or interrogative forms. They mostly omit auxiliary verbs or critical part of a sentence and use unusual word orders. Syntactical pattern includes problems in comprehending and using complex syntactic structures and the extensive use of simple, non-subordinated utterances in narratives. It also becomes difficult for them to comprehend and produce curriculum-related expository discourse (Evans, Gillam & Montgomery, 2018).

2.1.3 Semantical pattern:

This feature is applicable for the children with receptive disorder. They face difficulty in comprehending new words, particularly action words, vocabulary difficulties. They use more filler words than typically developing children such as "um" or "mm" to take up time while they search for a word or formulate thoughts. Along with the difficulty in monitoring comprehension, they also face difficulty in requesting clarification, understanding questions and following directions that they heard. In addition, they have poor organization of narratives and expository discourse that is the impact of ability to convey intended meaning (Vogindroukas, Papageorgiou & Vostanis, 2003). In terms of academic disciplines they show poor comprehension of narrative or expository text, particularly when it is necessary to draw inferences from literal content or when expository text (Evans, Gillam & Montgomery, 2018).

2.1.4 Pragmatics:

Atypical children face tough times in understanding others because they cannot express ideas, feelings, and personal experiences. Atypical children are mostly immature in relation to same-age peers. Although they may use similar pragmatic functions as typically developing peers, they may express them differently and less effectively. They face problems in initiating play with peers and so may play alone because they fail to initiate and sustain conversations. Moreover, they cannot use conversational turns properly in comparison to the same-age, typically developing peers. They use less flexible language, when attempting to tailor a message to the listener or when repairing communication breakdowns (Plumet & Veneziano, 2014). Besides, they also suffer from limited classroom discourse skills such as language productivity and complexity, self-monitoring, turn taking that depends on the context. It can be curriculum-related or non-academic peer interactions. In the classroom,

they face problems in comprehending and using synonyms and antonyms, multiple-meaning words, and figurative language for example, idioms, metaphors, proverbs, humor, poetic language etc. (Plumet & Veneziano, 2014). Furthermore, they face difficulty making relevant contributions to classroom discussions, uncertainty about what to say and what not to say and about when to talk and when not to talk, lacking cohesion while narrating a story or a fact, uses disruptive and scattered speech etc. (Knight, 1921).

2.2 Common behaviors:

The behaviors of atypical children are more or less similar in different parts of the world. However, there might be subtle differences among the common behaviors depending on both the culture and age. Based on parental report and professional speech and language intervention report, all atypical children had diagnosed with the history of potential language delays or language impairments. Most parents identify or report few problems that they notice in the behaviors of their atypical children. Among them less eye contacts, attention problems, social problems, anxious-depressed, aggressive behavior, withdrawn, eating and sleeping disorders, thought problems, temper tantrums, self-injurious behaviors are mostly seen. “Children with ASD and children with speech- language impairment (SLI) both have communicative impairments which may contribute to these behaviors” (Dominick, Davis, Lainhart, Tager-Flusberg, & Folstein, 2007, p. 148). Nevertheless, all these behaviors were reported to be present and noticeable in the children of very young age, mostly children of pre-school level. In case of, social and communicative deficits, the severity increases in the children who are suffering from different language disorders and ASD. Relating this aspect, teachers and parents reported about the behavioral problems that 50% of children with speech and language problems showed such behavioral problems whereas, only 12% of children showed these problems without speech and language disorders (Beitchman, Inglis & Schachter 1992). These behavioral issues act as a great barrier for the atypical children as

well as their parents in mixing up with the society, schooling or even to participate in playing games with other typically developing children. Hence, all the negative treatment that the atypical children receive from the society hampers their psychological and cognitive level largely or in some cases, these worsen their previous condition. Due to the discrepancies in language abilities, cognitive and academic functioning, emotional and social functioning among the typical and atypical children difficulties increases. They become more evident when these children start to grow up and cannot participate in the ordinary events of a society. Since language skills, play a vital role in social interaction; these children fail to communicate with others in the society and thus grow more emotionally vulnerable and slowly develops different behavioral problems (Odom, McConnell, & McEvoy, 1992). In a study of autism revealed that, “Children with ASD are often self-absorbed and seem to exist in a private world where they are unable to successfully communicate and interact with others” (Ferdous, 2016, p. 7).

2.3 Social aspect:

Children with language disorders show discrepancy in terms of behavior and so they have problems in socializing. It goes for both ways; the children have difficulties in expressing thoughts or may use different patterns, which the society cannot accept normally. This on the other hand affects atypical children emotionally. These difficulties may influence self-perception and awareness, academic performance, peer relationships, and social interactions. Furthermore, the impact of negativity that the child receives from society can result in serious emotional and mental breakdown (Cohen, Davine, Horodesky, Lipsett, & Isaacson, 1993). Children with speech and language disorders suffer through behavioral difficulties, including temper tantrums and attention deficits (Dockrell, Lindsay, Palikara, & Cullen, 2007). Besides, they demonstrate behavioral restrictions such as withdrawal, wariness, shyness, which can affect initiation of close relationships in adolescence (Fujiki,

Spackman, Brinton, & Hall, 2004). Hence, these behaviors affect social interaction that goes from playing with peers to schooling to other social relationships. Since they cannot comprehend or infer emotional reactions (Ford & Miloski, 2003), they fail to make social bonds and most of them try to keep themselves separated from socializing. They cannot judge properly or control their own emotional instincts or feelings (Brinton, Spackman, Fujiki, & Ricks, 2007); neither can they regulate their emotion such as monitoring, evaluating and modifying emotional reactions (Fujiki, Brinton, & Clarke, 2002). They have very poor social self-esteem (Marton, Abramoff, & Rosenzweig, 2005). Adolescents face difficulty in forming and maintaining close social relationships and thus they may be emotionally less engaged in their close relationships (Wadman, Durkin, & Ramsden, 2011). Another negative factor that the atypical children receive from the society is that they are always at a risk of bullying and other forms of abuse (Blood, 2014; Brownlie, Jabbar, Beitchman, Vida, & Atkinson, 2007). This makes them more introvert and they always remain in a fear of such mental trauma. For this reason, both the parents and the atypical children themselves prefer to maintain a gap in the society. Moreover, in Bangladesh where the society is more conservative and unaware of the mental health of children sometimes fail to identify the problems of a speech and language disorder child. Most of the parents and atypical children themselves go through mental trauma that is increased by the society. They pass their lives without receiving any nourishment or without addressing their special needs that they are supposed to receive from the society.

2.4 Stigma:

In speech and language disorder or any kind of Autism, disorder stigma signifies shaming and social exclusion of both the parents and children with ASD (Farrugia 2009; Gray 1993). This sort of stigma raises and influences stereotypes to prevail in the society. It forces both the parents and atypical children to believe and act accordingly as the stigma

develops. For instance, a very common prejudice in Bangladeshi society is, if the society heard that any parents are taking their children to the psychologist or psychiatrist, they instantly assume and comment on them that their child has gone mad and thus the child is now unfit for any kind of social work. Moreover, they also blame the parents for this situation. In Bangladeshi society, a common perception is, the child is suffering from disorders because their parents were sinners and they must have done something unethical (Ferdous, 2016). In an interview regarding stigma, many parents revealed that they are often regarded, as a “bad parent” and their atypical children is “the result of their bad deeds” (Armin & Fischbach, 2016). “Enacted stigmas are driven by the misconception that these families are bad parents with naughty children in public settings when the child on the spectrum exhibits atypical behavior” (Armin & Fischbach, 2016, p. 1).

All these stereotypes or stigma and the hurtful comments force the parents to separate themselves and the child from the society and keep themselves away from the eye of other person in the society as much as possible. These behaviors, comments and separation of parents are responsible in affecting the child more negatively. It hampers both their cognitive and emotional growth (Farrugia 2009; Gray 2002). Few factors such as “the discrepancy between the normal physical appearance of individuals and the reality of their disability; the distinctive, disruptive, and socially inappropriate behavior; the struggle to receive an accurate diagnosis; and the general lack of knowledge about the disorder” helps to build up stigma (Kinnear, Link, Ballan, Fischbach, 2016, p. 943). Besides, many parents had to deal with the hurtful comments such as “bad parents with naughty children”, “weird”, “psycho”, “freak”, “brat”, “crazy”, “odd”, “aggressive” and words such these that are driven by the stigma in a society for the atypical behaviors of the children (Armin & Fischbach, 2016). Sometimes these stigmas force the parents to consider themselves as guilty for their child and thus isolate or sometimes exclude themselves from family and friends. Thus, the atypical children

become a burden for the parents as well as for the whole society. In fact, in a study of stereotypes concerning competence in social roles showed that “Over 90 % of parents think that most or some (as opposed to only a few) of the general public believe that a child with ASD will never hold a job, marry, or live independently” (Kinnear, Link, Ballan & Fischbach, 2016, p. 946).

2.5 Obstacles faced by the parents:

It is quite clear by now that raising a child with some disabilities is not an easy task in any society. Parents have to endure and sacrifice many things in order to raise an atypical child. It goes from leaving their jobs to abandon their relatives, family and friends. They have to fight every single to nourish and nurture their special child and to learn their behaviors to ensure comforts for them (Plumet & Veneziano, 2014). Although both the parents have equal duties to their children, mothers in many societies have to work harder since she is the first closest person for the atypical child (Home & Webster, 2006). In fact, we are also aware that fathers in many cases abandon both the mothers and their atypical child, since they blame the mothers for it and deny taking the responsibilities to raise an atypical child.

2.5.1 Social gathering:

Parents themselves suffer from “ambiguous loss” as they are the very person who has to deal with the atypical behaviors of their child (O'Brien, 2007). Since everyone wants a healthy child, and an atypical child does not meet their expectation. Moreover, the society adds to their distress by embarrassing, making hurtful comments, shaming and depriving the atypical child from their rights. Since the atypical children, shows some behavioral problems, the parents prefer to detach themselves from any social gathering. The parents fear that the hurtful comments or unnecessary questions about their child will affect their child emotionally. Parents report that they have to hear “naughty children” in almost all public

places despite knowing the fact that the child has some behavioral disorders (Lyonsa & Roulstone, 2018). Even in their own apartments while sharing the common spaces such as elevator, terrace and play ground; the parents had to go through with the hurtful comments or most cases others show annoying attitude towards their atypical child. In Bangladesh, most of the parents prefer to avoid any kind of social gatherings such as wedding or birthday ceremonies. According to them, it is hard to manage their atypical child in public due to their aggressive and stubborn nature and also, they at the same time do not want to encounter with the negligence or annoying attitudes of others (Islam, et al., 2012).

2.5.2 Treatment:

As it has been mentioned earlier that people of Bangladesh has this notion of perceiving any disorder related to behavioral and mental health as complete madness. That is why, most parents in Bangladesh feels a sense of insecurity while taking their children to any therapist or psychiatrist. Moreover, due to the lack of proper knowledge on speech and language disorder, most parents do not know whether any treatment exist in Bangladesh or not. Besides, there are only few hospitals, which provides the services for speech and language disorder patients (Islam, et al., 2012). Along with it, financial issue is another obstacle faced by the lower or middle-income families of atypical child. Unfortunately, many families in Bangladesh think that this sort of disorder is not curable at all. Therefore, they do not prefer in “wasting” the money unnecessary on treating or schooling the atypical child because they will never be able to fit in the society like a typical developing child. Such misconceptions leads the family of atypical children in utter disappointment and they have to fight every day to overcome these obstacles (Ferdous, 2016).

2.5.3 Education:

Just like treatment, educating the atypical child is difficult as well for the parents in Bangladesh. Firstly, there are not ample amount of schools that provides education to the special children. Secondly, the parents are also stigmatized in admitting their children to schools. Then again, financial status of the parents is also a big issue in this regard. Even it is the same phenomenon for the developed countries as well. The Canadian journal published a report on educational levels of atypical child, where only 48% children held a 4 to 5 year high school diploma and only 5% could successfully held a university degree (Willinger, et al., 2003). The reasons are quite simple, because it is hard to find suitable teachers to educate the atypical children as well as the resource that needs to invest in this sector is not sufficient. Being an under developed country, Bangladesh is facing the same problem. Here most of the schools are relying on both local and foreign donations. Besides, the lack of awareness among the parents is another obstacle in terms of providing education to the atypical children (Ferdous, 2016). Moreover, the ordinary schools do not want to admit the atypical children sue to their cognition and behavioral immaturity. That is why, parents find themselves in utter disappointment and pain while admitting their children in different schools.

2.6 Signs and symptoms of SLD:

The Signs and symptoms of spoken language disorders (SLD) may be different in terms of culture, age and context. It also vary across individuals, depending on the language domain(s) affected, severity and level of disruption to communication. The above literature that discusses common behaviors and the characteristics of language patterns such as phonology, morphology, syntax and pragmatics are the primary signs to diagnose a child with SLD. However, the parents should keep in mind that in any kind of language disorder age is a big issue. Besides, metalinguistic awareness is another fact that influences both the spoken

and written language abilities of a child (Camarata & Nelson, 2002). Moreover, in many cultures, children are taught not to speak loudly or talk between any adults and not to talk at all in any kind of social gathering. They consider these as manners. Therefore, identification of SLD vary across cultures. In addition, not all children who has speech delays will suffer from SLD. Although the signs are quite tough to predict before pre-school or most specifically before the age of 3, it is necessary to keep track and monitor their daily activities by exposing them to different speech activities. The children who has family history of SLD, cognitive delay, social communication difficulties should take in special consideration and thus assess on a regular basis. Many children develop SLD in their middle school. Thereby, they should be assessed at least periodically at their critical school ages (Camarata & Nelson, 2002).

2.7 Impact of positive behavior:

If the atypical child receives positive behavior from the parents and as well as from the society, there is a chance that they may develop their condition. The interaction process can make strengthens their cognitive, behavioral and emotional levels. In this way, they can learn to control on their behavior. On the other hand, locking the children in some certain place will lead their mind towards their weakness and point their incapable behaviors. Therefore, it is strongly recommended that parents should overcome their shyness and guilt in order to take the attempt of socializing their atypical child. The atypical children will started to feel good about themselves when they receive positive treatment from others and keep themselves away from mental distress (Lyonsa & Roulstoneb, 2018). Parents should admit their children to school and get counseling services whenever need without any hesitation. Sometimes, if the SLD children are given therapies at an early detection, there is a hope that they can completely recover from it. Parents should consult and collaborate with professionals, caregivers and supervise the activities of the atypical children. The more the

atypical children are given to talk the fast they will be able to progress (Busari & Weggelaar, 2004).

2.8 Theories of Sociolinguistics:

There are many sociolinguistics theories that can be easily identified in a typical child's behavior but would remain absent in the atypical child's behavior. Through these theories, the traits of atypical children are distinguishable. Besides, using these theories different interventions can be designed to lessen the problems of children with ASD.

2.8.1 Piaget's developmental stage theory:

Based on the Piagetian stage levels the behaviors of typical children varies completely with the atypical or children with ASD in overall performance. Besides, long-term cognitive deficits enables the atypical children in symbolic thinking. On the other hand, in typical children it does not emerge until the sensorimotor stage ends (Morgan, Cutrer, Coplin, & Rodrigue, 1989). The difference in behavior and thinking hampers the atypical children in the process of socializing. Moreover, according to Piaget's stage levels children are able to perform activities based on certain age levels. However, when a child fails to do that it refers to the fact that the child does not understand either the different substances or unable to express them in their own language (Smith, 1982). Since, autism spectrum disorders includes cognitive deficits, mental retardation, interwoven; it affects many aspects of thinking and learning. That is why, it is expected that the educational interventions should be individualized based on the special needs and relational condition of the atypical child. These concepts are similar to the joint attention and the theory of mind since they discusses the components of cognition, communication and social understanding (Kesselring & Müller, 2011).

2.8.2 Vygotskian theory:

The Vygotskian theory applies in terms of teaching the atypical children. Zone of Proximal Development (ZPD) a termed used by Lev Vygotsky is generally used to study the mental development of children. Since it is related to education, the teachers can manipulate this zone of atypical children and teach them accordingly. This is also helpful in discovering the potentials of atypical children through peer interactions and different play activities. Since most of the atypical children failed to receive valuable input from the broad society, manipulating their ZPD would be helpful technique to teach them. Vygotsky termed disability as a “social aberration” as it is a challenge for children’s changing social, environmental relations (Bodrova & Leong, 2015).

2.8.3 Behaviorist Approaches to Autism:

Behaviorist always emphasize in the importance of learning or receiving information from the environment. In case of almost every living being if they are rewarded for a certain behavior, they tend to repeat that behavior and thus form a habit in themselves. Similarly, if a child with autism are rewarded each time they adopt or try to perform a new skill, they are encouraged to perform it afterwards repeatedly. Thus, that child formed this behavior as a habit. For example, a child who is rewarded whenever she looks at the therapist may gradually learn to make eye contact on her own. If a child is taught to make an eye contact with the therapist and if hat child is rewarded every time for her attempt then this will eventually form a habit. Then the child will practice and apply this particular behavior on their own, as it will become a habit (Paul, 2008). However, some researchers and therapists believe that the treatments that are begun early and if the behaviors are practiced regularly including home and every other places, then it will bring a fruitful result and be more efficient. Various interventions can be applied based on the behavioral and speech language

therapy. Therefore, if an atypical child is taught to adopt particular behaviors in order to socialize, then this will eventually decrease their differences and symptoms, sometimes profoundly even though autism has no cure (Bertin, 2016).

Chapter 3 – Methodology

This chapter contains methodology that has been used in order to research for this paper. In addition to that, this chapter will also contain research design, theoretical framework, sampling, setting used for the survey conducted, instrumentation that has been used, data collection procedure, data analysis procedure and the obstacles encountered while conducting the survey. Both the parents of atypical children and the teachers provided their valuable opinions regarding the topic, which helped in entire data collection procedure for this research.

3.1 Research Design:

This study deals with the behaviors that atypical children receive from the society. Hence, the researcher selected an institute where the atypical children can receive both education and therapies. The survey question was designed based on the central research questions, which was used to conduct survey on the parents. In addition, an interview questionnaire was also prepared to extract the teachers' opinion regarding the atypical children. Besides, a checklist was designed for observing the class was also followed to observe the behaviors of atypical children. The researcher avoided Likert scale and collected responses through simple close-ended questions to make the parents feel relax while participating on the survey. Moreover, few questions were designed to draw out opinions from both the parents and teachers regarding the atypical children, added a qualitative dimension to this research.

3.2 Theoretical Framework:

Atypical behaviors includes discrepancies from the behaviors of typical children such as, perseveration on specific activities, adherence to strict daily rituals, aloofness, and echolalia (repeating words, phrases, or sentences). Sometimes-atypical behaviors are

identified as the loss of previously established abilities (Simms & Schum, 2000). In Bangladesh, the behaviors are no less different in the atypical children. The children are also diagnosed with these types of common phenomenon. The progress of their language skills is quite noticeable in comparison to the typical children since, they failed to acquire what they were supposed to acquire at a particular age. Furthermore, their comprehending may also vary from other children. Thus in many cases, atypical children may have both expressive and receptive disorders (Ferdous, 2016).

All these unusual, unfamiliar behaviors of the atypical children heavily influenced the society, and thus they shape some misconceptions, which later on give to rise to different stigmas. The word stigma in fact quite tightly related and evolved around the atypical children and their families. Due to the atypical behaviors, children are quite differentiated in the society while practicing common social norms and hence they fall victim to discrimination and separation. Since stigma is widely associated with the families of atypical children, this automatically makes the parents to become ignorant while providing education or treatment to their children (Armin & Fischbach, 2016). The unfortunate reality is that the parents even failed to realize that early detection and treatment could completely cure their children from this disorder.

3.3 Sampling:

This paper is designed to show the behaviors of atypical children and how they have been perceived in the society of Bangladeshi context and thus create awareness in the society regarding this. Hence, the questionnaire was prepared in a way that can extract the information about this particular agenda. Therefore, the participants were both the parents and atypical children. The researcher asked the principal to give some children who grew up with atypical behaviors so that the researcher can observe their behaviors and language

pattern during class observation. Besides, the researcher also confirmed whether all the parents of these atypical children came from the similar economical background to make a survey on them. To take opinions from third person perspective, the researchers also felt the necessity to ask few questions to the teachers through an interview. The interview was conducted based on 5 interview questions. The questions were close-ended questions. However, the teachers were encouraged to give their opinions that are related to the questions. The researcher collected responses from total 20 different parents with the help of the survey questionnaire. However, the researcher did not ask any questions directly to the children, she only observed the children during their class by following a checklist. There were in total 20 children in the class. The researcher only observed their behaviors in terms of the morphological, semantical and syntactical features. Moreover, the common behaviors of the atypical children such as their interaction patterns or responding styles with others in the class were also observed.

3.4 Setting:

The researcher conducted a survey in an institute for atypical children, which is a pre-school. The survey was conducted on the parents of atypical children. The setting was very formal. During the survey, the researcher was not present in order to avoid influence on the parents. The survey was done during the counseling session for the parents in the presence of the principal of the institute. Besides, an interview of the teachers also took place in the teachers' room to observe the issue from a third person perspective.

3.5 Instrumentation:

For the survey, the researcher prepared a questionnaire carrying 16 questions. There were 3 central research questions. The survey questions were divided and categorized under each of the central research questions. Survey question number i-v fall under central research

question 1, question number vi-x fall under central research question 2 and question number xi-xv fall under central research question number 3. The last question in the survey questionnaire was a general question. This question was designed to extract the opinion from the parents regarding their atypical child. This was the only open-ended question in the survey questionnaire. The rest of the questions were close-ended questions. While designing the questions researcher felt to keep it simple and so avoid Likert scale just to make the parents feel relax. Besides, the researcher also kept the questions of survey and interview in both Bangla and English language so that the parents and teachers might not face any problems to understand the questions. In addition to the survey questionnaire, the researcher also observed six classes in that particular institute by following a checklist. Each class was an hour long. The researcher observed how the atypical children response and participate in the class, how they talk to others and how they ask for anything. In this process, the observer noted down some of the behaviors of the atypical children along with this their morphological, semantical and syntactical features were also detected. After each class observation, the researcher interviewed 5 teachers separately. The interview questions were also close ended. However, the teachers were encouraged to provide their opinions behind choosing a particular answer. This was done to provide a third person perspective to the research to make it more effective and clearer.

3.6 Data Collection Procedure:

To collect data from the parents, the researcher went to the institute for atypical children. The researcher first seek permission from the head of the institute to conduct the survey in their school. For this, the researcher had to show the questionnaire to the principal prior to the survey in order to make sure whether any of the questions are offensive. After careful consideration, the principal allowed to conduct the survey. However, the principal did not allow the researcher during the survey so that the parents can answer the questions

without any influence or interruption. Therefore, the researcher handed over the survey questionnaire to the principal. The next day, the principal conducted the survey on behalf of the researcher in one of the counseling classes for the parents. After that, the researcher collected the responses from the parents and then the researcher fixed an appointment with the principal in order to observe classes and to conduct interviews with the teachers. The principal allotted six different class schedules and allowed the researcher to observe six classes. Then after each class each teacher were interviewed and, in this way, total six teachers were interviewed. In this case, the principal was very cooperative and helped the researcher to conduct both the survey and interview and also let the researcher observe classes. In the class, the parents also sit with their children. The institute provides this opportunity so that the parents can help and teach their own children at home or beyond class time. The parents were also welcoming and the observation was quite successfully done. The researcher noticed few distinguished features of the atypical children in terms of their language usage and carefully noted them down.

3.7 Data Analysis Procedure:

The data was collected by one set of questionnaire for the parents, along with interview with six teachers and six class observations within the same institute for atypical children. However, the questionnaire represents two types of data both quantitative and qualitative. There are graphical representation of the data in this research. The first 15 questions in the survey questionnaire represents quantitative data of the survey and the last question represents qualitative data of the study. Since, this research is concerned with both the behaviors of atypical children and the impacts of society on them, both quantitative and qualitative data are necessary for a vivid and detailed study on this topic. For this reason, the researcher interviewed few teachers and observed the classes in order to extract more information. Along with quantitative research, qualitative research is also very important

especially in case of presenting opinions. According to, Wyse (2011), qualitative research extracts and interprets the underlying reasons, opinions, and motivations from any survey on any topic. Moreover, it also provides insights into the case in order to direct towards the potential quantitative research. Furthermore, it also develops ideas or helps to build up hypotheses. Qualitative Research is also used for extracting the deeper meaning from the problem, which has been expressed through opinions (Wyse, 2011). Besides, it can easily provide insights simply by answering the questions, which in other case gets difficult even for an experimental research. Goldsmith, Bankhead & Austoker (2007), argued that, qualitative questions are more effective than experimental studies in answering questions in this regard (p. 263). In addition to it, quantitative research includes mathematical figures along with an experimental design or qualitative research to collect information more accurately (Mackey & Gass, 2005, p.2). In this way, the researcher draws the conclusion, which supported the topic by both quantitative and qualitative research to prove the argument.

3.8 Obstacles Encountered:

During the whole process of conducting the survey, the researcher encountered some problems. Firstly, it was difficult to find an appropriate institute for atypical children since, there are a very few institutes for them. The next problem was even though there were few institutes found but managing the permission was tough. Many institutes did not allow conducting survey because they do not want to violate their clients' privacy. Moreover, it is a very delicate issue in Bangladesh and Bangladeshi parents are generally shy and hesitant to talk about their atypical children and disclosing their information towards any strangers. However, the researcher managed one institute to conduct the survey and interview. In order to avoid influence on the parents the head of the institute did not allow the researcher to be present during the survey. Though it helped in one way, then again it also created some

problems. The parents could not understand few questions and the head of the institute was also unable to make them understand the question. Moreover, many parents were still stigmatized and out of their shyness did not answer few questions honestly and hid their true opinions. These created few confusions in the survey. Nevertheless, since the survey was conducted anonymously most of the parents could answer questions without any worry and it made the survey close to accurate. Besides, the researcher planned to interview the teachers as well to cross check parents' opinions and observed few classes herself to make the research authentic.

Chapter 4 – Findings

This chapter comprised the findings of all parents who took part in the survey and the teachers who took part in the interview. This chapter briefly provides data that the researcher collected from the survey on the parents, the interview on the teachers and from the class observation of atypical children. The data collection procedure has been divided into three categories.

1. Parents' survey
2. Teachers' interview and
3. Class observation of the atypical children

4.1 Parents Survey

Total 20 parents took part in the survey. They answered 16 questions among them one question was an open-ended question and the rest were close-ended questions.

4.1.1 Parents feelings towards their atypical children:

The first central research question was, “How the parents feel about their atypical child?” Under this question, there were five-survey questions that the parents answered. Among them, the first question was that if any social gathering made them felt uncomfortable with their child. Five parents responded positively that the social or family gathering make them uncomfortable due to the atypical behaviors of their children. The second was that if their relatives or friends ever made them felt shy or criticized them about their atypical child. Only 2 parents responded with “yes” and the rest of them said “no”. However, the researcher also felt that the parents might be uncomfortable even to admit the troubles they go through to mix up in the society with their atypical child and so they might hesitate to answer the question properly. Therefore, the open-ended question was provided to find out their expectation and troubles they go through in leading their life with atypical children. To

answer this question all the 20 parents responded that they seek for the equality for their children in the society where no one will ever criticize or make them felt uncomfortable for being atypical and accept them normally in every institutions of the society. Moreover, the researcher found out that 3 mothers wrote about separation and 1 of them wrote about divorce just because of their atypical children to answer the open-ended question. They also requested that such discriminations and acquisitions on the parents should be discarded by the society to make their and their atypical child's life comfortable. Besides, other respondents also talked about the reluctance in spending money for their atypical children to provide schooling and treatment. The parents also informed that their in laws claimed the mothers to make this issue an excuse to roam around outside the house. Thus, they expect from both the family and society to be more understanding about this issue and to respect and assist them in every sector so that they can provide a better life for their atypical children.

The next question was if the parents ever felt that their child is delaying for speech production and except for 1 parent all the 19 parents responded that they did notice about their child's speech delay. The next two questions were designed to identify the parents' positivity to send their atypical child to school or therapist. Here also the maximum parent responded with "yes" that they do feel positive or willing to send their atypical child to school or therapist since they all admitted them in a school and sometimes go to the therapist if needed or recommended.

4.1.2 Parents' opinion regarding interaction:

The second central research question was that "How do your child act in any kind of interaction/ communication with others?" Under this question, there were again five survey questions. The first question was to identify if their children feel comfortable to play with other typical children. Here 16 parents responded positively that their children feel

comfortable playing with other typical children and 4 parents responded that their children do not feel good or willing to play outside with other typical children.

The second question was, “Do your child feel happy to see guest arriving at your home?” 13 parents reported that their child feels uncomfortable when any guest arrives at their place. The third question was if the atypical child ever tried to start a conversation with the guests. Here total 15 parents reported that their child has never tried to start a conversation with guest and the rest 5 parents reported that sometimes their child did.

The next question was to identify whether their atypical child ever tried to seize attention of their parents if the parents are busy or if they needed something. Except for one parent, all the 19 parents said that their children tried to make eye contact or tried to seize their attention but it is limited for the parents only.

The last question was if their atypical child ever grew stubborn for something. Among 20 parents, only 6 parents responded that their child grew stubborn at times and the rest declined the fact.

4.1.3 Parents’ observation of their atypical child’s behavior in relation to their relatives and friends:

The third central research question was, “How do your relatives or close friend behave with your child?” This question was also further broken down to find out the exact obstacles that the parents face from the relatives or society. The first question was if their relatives ever got irritated at their child’s behavior. 12 parents responded positively that their relatives or friends got irritated at their child’s behavior at times and 8 parents replied in the negative.

The second question was, “Do the children of your relatives or friends ever make fun of your child?” 16 parents responded that their child was made fun of by their relatives’ or

friends' child. Then the next question was to know if the parents were ever ignored due to their atypical child by their relatives or friends. All most all the parents responded that they were ignored for their atypical child in the society. Then the most obvious question was if any of their relatives or friends make any hurtful comments regarding their child. Similarly, among 20 parents 15 of them admitted that they had to deal with the hurtful comments made by their relatives or friends also respond this question. The last question was, "Have you face any obstacle while getting your child admitted to any typical school?" It was designed to identify what the society, as a whole perceives atypical child. Besides, to identify the facilities for children with ASD in any typical school. 12 parents replied that they had difficulties while admitting their children in any typical school due to the comprehending style of the atypical children.

4.2 Teachers' interview

5 teachers were interviewed separately and given a small and simple survey question at the same time to fill up. The first question was, "Do you have to be very patient while teaching the atypical children?" among 5 teachers 3 teachers said they have to be very patient and 2 teachers said they do not have to be that much because according to them teaching children by nature requires a bit more patience.

The second question was, "Is it more stressing teaching the atypical children rather than the typical children?" To answer this question 3 teachers agreed that it is more stressing and 2 teachers answered in the negative.

Then the next question was to identify the behaviors of atypical children in class and so it was asked if the children grew stubborn at times. Among 5 teachers 4 of them replied positively and said that sometimes it becomes really tough to handle them.

The fourth question was, “Do you think that supportive environment can have any positive effects on the children?” All the 5 teachers think that supportive environment can help to make better condition and can improve communication style of the atypical children. Then they were asked to provide few examples that how they could ensure a positive environment for the atypical child. Most of them suggested to be supportive to the atypical child and indulge them as many different activities as the parents could for example painting, crafting, sports and so on so that in this process they might overcome their shyness or clumsiness and learn to behave properly from other typically developing children.

The last question was if the atypical child ever expressed any behavioral problems in the class. All the 5 teachers responded positively that the children expressed many behavioral problems in the class while interacting with them as well as with their peers. When it was asked to the teachers to provide few examples or to give some details on it, maximum teachers pointed few things that includes not responding to any questions, not interacting with others, echolalia, interrupting in the class with unnecessary topics or claims.

4.3 Class observation of the atypical children

Total 6 classes were observed based on a checklist. The classes that were observed were mostly preschool students. At this stage, generally the typical children are seen very agile and enthusiastic. However, here it is opposite. The children did not seem to be responsive or talkative. They did not ask anything to their teachers. In most cases, they did not even respond to their teachers’ questions. Even if some of them did, the responses were irrelevant and they responded after a long time. Then the teachers had to repeat again to keep them back in track. They get distracted easily also. Sometimes they interrupt the teachers by adding or asking irrelevant or completely out of context questions. They were repeating exactly the same thing the teacher said sometimes without understanding them properly.

Most importantly not a single student used a full sentence to respond or to ask questions.

They only use phrases. The sentences were fragmented and repeated quite a few times while they were answering or even in asking questions. Most often they only nod or move their hands to answer any question.

Chapter 5- Analysis

This chapter comprises the analysis of parents' questionnaire, teachers' interview and class observations. The main focus of the researcher was to identify the behaviors of atypical children and the impact of atypical behaviors on the parents that receive from the society. Therefore, the researcher analyzed the data from parents' perspective and identified few behaviors by observing the class. Moreover, the researcher also felt the necessity to analyze the teachers' perspectives as well to draw out a third person perspective to make this study more authentic. Graphical representation has been shown to draw out the results clearly from both the survey and interview.

5.1 Analysis of Parents' Questionnaire:

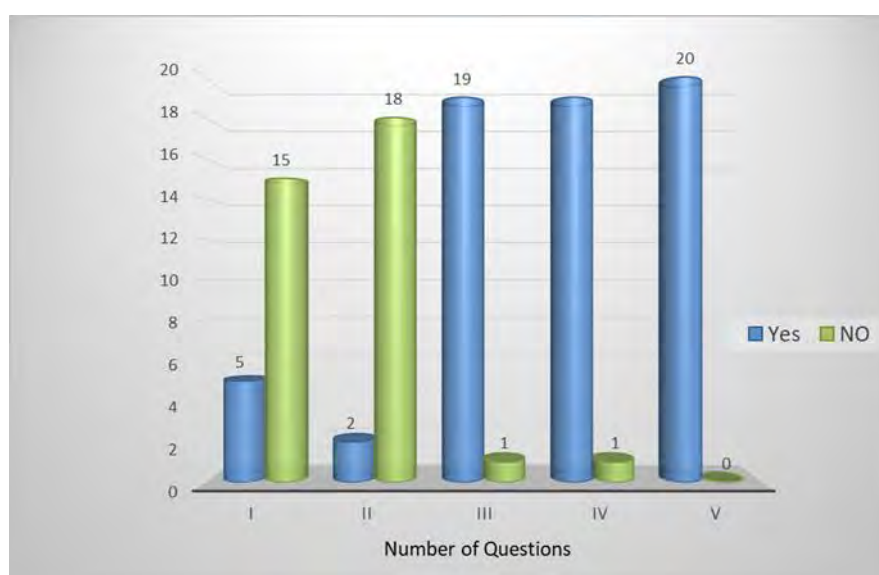


Figure 1: Questions regarding parents' feelings regarding their atypical children

Although, the graph shows that maximum parents responded that the social gathering, events or their family members or friends do not make the parents feel uncomfortable; it again contradicts with their own opinion that they provided in the open-ended question. From the open-ended question the responses are quite clear and vigilant to the fact that how every

time the parents have to fight for their atypical child just to ensure that they receive equal treatment from everybody in the society. In addition, in a survey of the Colombia University on the parents of child with autism spectrum disorder (ASD), they revealed that about “98%” parents reported that they face difficulties while raising a child with ASD. Moreover, it was found that “95%” parents and family are stigmatized about autism and thus made the parents more uncomfortable to deal in the society. Lastly, “85%” parents admit that they had to deal with hurtful comments from their family and friends (Harandi & RL, 2016). Although it is a context of the US, it is much more similar in Bangladeshi context as well, where the education and facility providers are much lower than the US. This made clear that almost every parent in Bangladesh, became the victim of criticism, ignorance or blamed for their atypical child at least for once in their life time either in their own family or among relatives or friends or in the society as a whole.

From figure 1 it is clear that in this 21st century the parents of atypical children of Dhaka city are positive and willing to take their atypical children to the therapist or doctors. Although previously the scenario was opposite, when the parents used to hide or locked, their atypical children in the houses just to avoid societal shame (Ferdous, 2016). Besides, almost all of them could successfully identified potential speech delay among their children, though they could not identify that it was a sign of language developmental disorder.

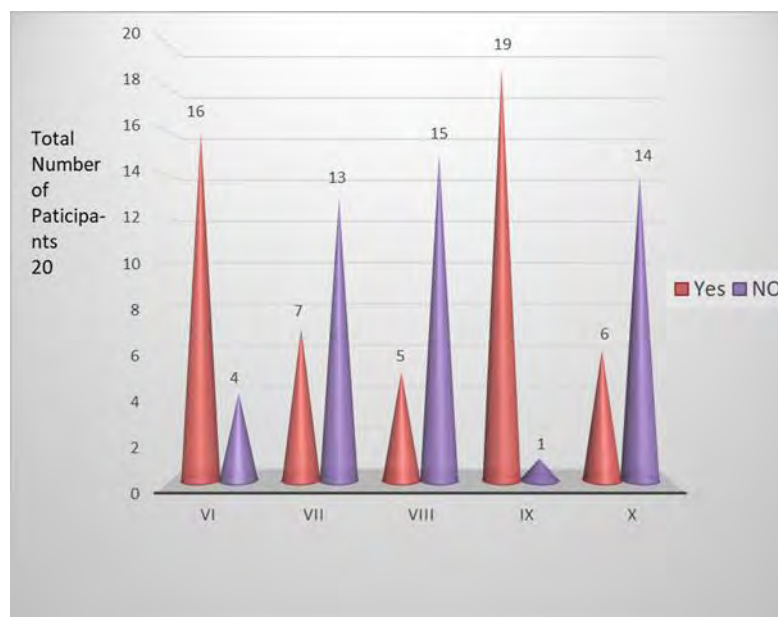


Figure 2: Questions about Parents' opinion regarding interaction

Although the parents responded that, their child feel comfortable or willing to initiate playful activities with their peers, it is not the usual case for maximum atypical children. In most cases, it was found that children with language disorders are “at risk in relation to psychological and social well-being”. Since language is the prime medium of communication or interaction due to the atypical behaviors of a child, they do not feel comfortable to mix with typical developing children because they are often criticized for their atypical behaviors (Lyonsa & Roulstoneb, 2018). The researcher also felt that the parents of Bangladesh felt uncomfortable to admit both their child’s atypical behavior and to share their problems openly outside to anyone even though they were being assured to keep their information as confidential and will not be revealed. This makes also clear that atypical children feel uncomfortable themselves to interact any outside members rather than their closest family members (Gray, 1993; Jones & Schwartz 2014; Kinnear, Link, Ballan & Fischbach, 2015).

Besides, it also explicitly explains that the child with language developmental disorders generally do not start a conversation on their own especially with guests whom they are not familiar with. Moreover, except for the parent the child never tried to seize attention of others and even in some cases, the child never tried to seize the attention of their own parents (John & Sandon, 2016).

Lastly, the parents even felt shy or uncomfortable to claim the factual characteristics of their atypical children (Gray, 1993). Many researchers found the atypical children to be “stubborn” and “contain some behavioral problems those who have potential language developmental disorders” (Donahue, Cole & Hartas, 1994). Through this question, it is also clear that 70 % of the parents whom are surveyed are still ashamed and feel uncomfortable to accept the changes of their atypical children.

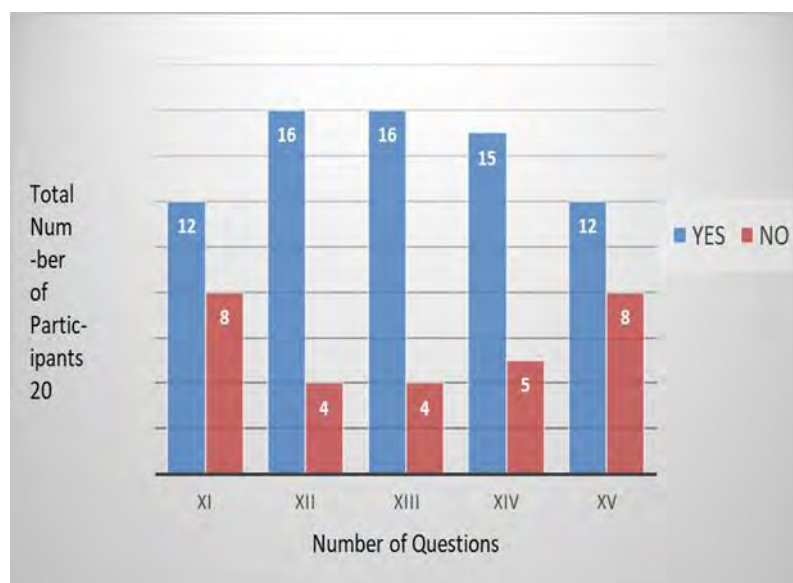


Figure 3: Questions regarding relatives and friends

From this graph, it is clear that the parents of atypical children were being criticized, ashamed and had to deal with hurtful and negative comments. It also proves that our society has less tolerance to accept any atypical behaviors and so it is quite normal for the parents to

grow uncomfortable in any gathering. Besides, in Bangladesh parents had to face problems while admitting their children to any typical school. Since, there are less schools designed for atypical children, many atypical children are deprived of the light of education. Moreover, many typical schools were ignorant to take atypical children for not having proper teachers.

During the survey, the researcher found out that many parents responded to the open-ended question by seeking acceptance of their child in the society and beg not to discriminate them for their atypical behaviors. In addition, two mothers of the atypical children reported that they had to separate from their in laws house and from their husband as well just to receive services from the therapist and admitted their children to a special school. These responses make clear that in the society of Bangladesh it becomes difficult for the parents to raise atypical children.

5.2 Analysis of Teachers' Interview:

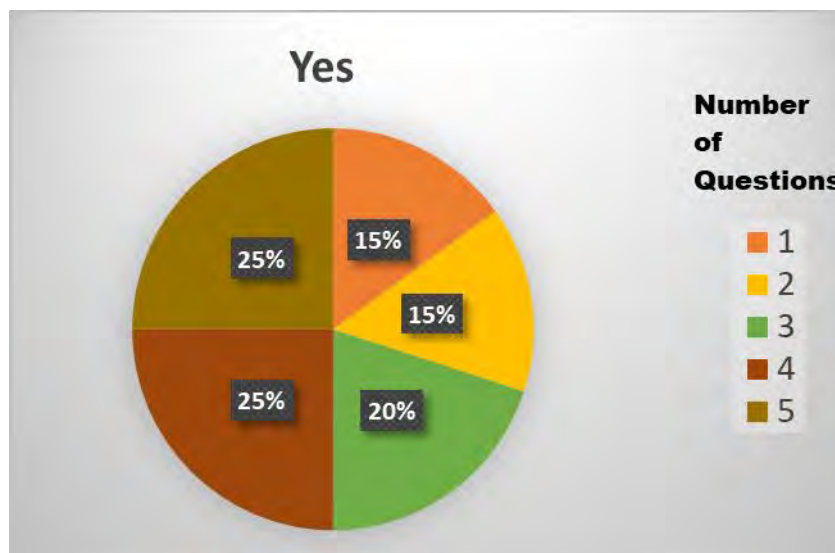


Figure 4: Interview questions of the teachers

From the figure 4, it is clear that teaching atypical children require more patience. Due to different receptive and expressive skills, teaching an atypical requires different techniques and needs to have a lot more patience (Low & Lee, 2011). Moreover, teaching the atypical children is somewhat stressing because they have to use different methodologies and try constantly to hold the attention of atypical child hence, it is a tough task to do (Low & Lee, 2011).

Besides, all most all teachers agreed that atypical children do grow stubborn at times. It has been found that growing stubborn is a common nature of atypical children (Donahue, Cole & Hartas, 1994; Ford & Milosky, 2003; Harandi & RL, 2016; Knight, 1921). Sometimes, teaching sign languages to the atypical children becomes also distressful because they face difficulty communicating nonverbally, such as through hand gestures, eye contact, facial expressions and so on. However, it is a quite normal behavior of the atypical children because all most every one of them have problems with concentrating on a particular thing (Ferdous, 2016). Whereas, due to shyness the parents felt uncomfortable to share the behaviors of the children and that is why most of them answered “no” to this question.

On the topic of impact of positive environment on the atypical children maximum teachers agreed. They emphasize that without pressuring the atypical children about behaving in a particular manner, the children will be able to develop those behaviors automatically and unconsciously among themselves. On the other hand, caging the atypical children at home can worsen the condition (Paul, 2008). Therefore, it is needed to bring them to school and socialize them with others as much as possible. Moreover, in the West modeling the typically developing child to teach and overcome the problems of atypical child has been a common practice there, which has been used for “more than four decades”. Besides, “peer modeling serves as one of the theoretical cornerstones of inclusion and related innovations” in this aspect (Jones & Schwartz, 2004, p.187). Therefore, it is obvious that socializing atypical

children can help them to overcome their behavioral problems to a great extent. Since every teacher agreed on this point, which also supports the hypothesis of Les Vygotsky that considers environment as one of the crucial sources of language development known as the “Zone of Proximal Development (ZPD)” (Bodrova & Leong, 2015). Again, this opinion matches with the behaviorist perspective, which emphasizes on the “role of parental and social supervision and approval in language learning” (Bertin, 2016).

However, there are parents who cannot accept the atypical manners of their child and thus prefer to keep them inside home and hide them from the society as much as they could. This hampers very badly the mental health of the child. Besides, by nature atypical children are reluctant to communicate with others and if they are not being motivated or encouraged to talk to others or to get mix with others, they will never be able to learn to socialize again (knight, 1921). Sometimes, it is proven that the atypical children who are taken to outside and motivated to interact with others develop much of the normal behaviors that they adopt from the environment (Lyonsa & Roulstoneb, 2018). There is no chance to ignore the significance of socializing or schooling the atypical child.

Behavioral problems such as growing stubborn, echolalia is very common across the whole world among atypical children (Donahue, Cole & Hartas, 1994; Knight, 1921). Although echolalia seems irritating at the first place, it is an important sign for the atypical children because it shows that the children are trying to learn from the context. Sometime they repeat or mimicry without comprehending the context but their constant approach to learn will help them at some point (Lightbown & Spada, 2006, p.10). From the perspective of theory of mind, it can be said that it helps the children to understand someone else’s perspective other than their own (Miller, 2006). According to Piaget, by the preoperational stage of cognitive development of children who are 2-7 years, start understanding that other people share different viewpoints than their own. Since, atypical children lacks this feature,

they failed to do so and thus they show these sort of behavioral problems (Shulman & Capone, 2010).

5.3 Analysis of Class Observation:

Since children with ASD have “highest level of anxiety”, they prefer “less closeness and more conflict in attachment relationships and more inhibited attachment behaviors” (Teague, Newman, Tonge, & Gray, 2018). Therefore, the children in the class did not respond like a typical child. Furthermore, Echolalia is a very common feature in their interaction process in the class. Besides, they use only one tense and cannot identify any difference between the tenses. Mostly they answer or use future tense in their speech (Steensel & Heeman, 2017). It also proves that they have severe attention deficit problems.

Consequently, the teachers have to be very patient since almost all the children have attention deficit problems. The teachers need to repeat the same thing for quite a few times. They also have to use many gestures as well to make the children understand what they are saying. For this reason, the teachers allow parents to teach both the parents and children to learn sign language in the class. Besides the basics of academic subjects, the teachers also teach them “social initiations” or “turn taking”. The teachers try to practice these skills through role-play with the peers. All these are helpful in building up the behaviors of the atypical children. For instance, the teachers “select a skill that is naturally reinforced and occurs throughout the day such as, asking for a drink and initiating play” (Whitby, Lyons & Baxter, 2015). Through the practice, the behaviors become a habit and the atypical children are naturally able to implement them in a similar situation (Kim, Yang & Hwang, 2001).

Chapter 6- Discussion

This chapter includes the general observations of the researcher based on the findings and analysis on the behaviors of atypical children with language developmental disorders. Moreover, this chapter will also describe about the social impact or barriers and the perception of the parents of atypical children in Bangladeshi context.

6.1 Behaviors of children with language developmental disorder (LDD):

In terms of behaviors, the atypical children are likely to be most vulnerable due to their different process of using language in expressing and receiving. They face problems while interacting with others in the society and sometimes with their peers. They tend to be more bullied by their peers in class or during play. Hence, they are hesitant to talk to others. Furthermore, the atypical children do not show enthusiasms like the other typically developing children do. However, the behaviors can be corrected if proper exposure is given to them. The most helpful component among them could be socialization, which can be activated or practiced through play activities in schools and at home. Then again, it is proven that if the children are taught the skills of socialization, they can improve their behavioral problems to a greater extent (Charlop, Lang, & Rispoli, 2018). According to the sociological theories, the more the children are kept inside a house the less they get exposure from the environment and so they can never be able to observe or adopt the natural behaviors of society (Cruttenden, 1979). Hence, almost every researcher emphasizes on the socialization process of any atypical children.

6.2 Parents' perception and problems:

In Bangladesh, parents feel shy about their atypical children and fear the hurtful comments coming from the society. Although the condition is improving day by day, the lower income or less educated parents could not overcome the stigma or societal barriers.

They face problems in their own family. Sometimes the mothers have to separate from their in laws house or go through divorce just because they are blamed for their atypical child. In case of, providing treatment or schooling many families avoid them since they consider that their children has gone completely insane and it would be a waste of money and time to spend on that child. If parents do not cooperate and understand the problems of atypical child, the atypical child can never overcome their barriers or problems in order to lead a normal life. In order to educate the atypical child parents must realize the transition phase of their atypical children. Although in every society, it remained a challenging sector for both parents and atypical children (Lee, McCoy, Zucker, & Mathur, 2014).

6.3 Societal barriers:

The society never stopped bullying whether they are highly educated or coming from a very upper-class family. Based on the levels of education and wealth, the styles of bullying vary but the society never stopped bullying. In all most every society, the parents were blamed for their atypical child and had to go through hurtful comments. Even in many cases in Bangladesh, the society restricts or mock when they see the parents taking their atypical children to school, therapist or hospitals. Sometimes the parents of typically developing children forbid their children to play with any atypical child fearing that the atypical child may hurt their children. This sort of notion makes the parents of atypical child disappoint and dissatisfied and they only hope that the society should treat their children with equity and not consider them as different. Their expectation from the society is to make a way for the atypical children so that they can participate in every different societal event just as every typical child does.

Chapter 7 – Conclusion

Since the rate of autism is increasing day by day, it is high time that we should change our concepts regarding autism. We need to build a friendlier environment so that the people with ASD can participate in every occasion of society without being mocked or looked down upon. There is a saying goes that, “It is society that disables us, not our impairments.” Social constrictions about traditional autism thinking has become a challenge in cognitive and social developments. It affects badly to the people who are living and dealing with disability. The negative attitudes and assumptions about disability are building an ignorance between both the disabled and non-disabled people. However, easy acceptance of the new disability paradigm may be helpful in mitigating the inequality from the society. It requires a genuine awareness and positive attitudes to overcome the unequal power relationships prevailing in this society regarding autism.

In Bangladesh, autism is still perceived as a curse and considered as something punishment of the parents for their misdeeds. Although, the city people has come out from this notion successfully, people of remote rural areas are still suffering from this superstition. However, people no matter from rural or urban areas of Bangladesh, even today mock at the people with ASD, ignoring them and depriving them from their rights. Sometimes they need to go through mental and physical abuse, due to societal ignorance.

7.1 Summary of the findings:

Atypical children varies from the typical developing children in terms of behaviors, communication styles, language usage and suffers from the deficits of comprehending certain things. They have differentiated linguistics features than the typically developing children. That is why; it becomes tough for them to cope up with the society and even with their own peers. Moreover, mockery, ignorance and restrictions worsen their condition. In Bangladesh,

parents feel shy about their atypical children and fear the hurtful comments coming from the society. Even the parents feel obstacles while taking their atypical children to school, therapist or hospitals. They feel uncomfortable even to mix with their own family members or attending any kind of social gathering. Besides, there are only few studies conducted in Bangladeshi perspective regarding LDD. In addition, the number of specialized schools and hospitals are also very few in Bangladesh. Due to it, not every parents cannot manage to provide proper treatment, schooling to their atypical children specially the lower income people. Another most significant aspect is, lack of awareness regarding autism in the society. Many parents do not know the exact procedure that they need to provide in up bring their special children. Besides, people in the society consciously or unconsciously hurt the atypical children or their parents. All these negative notions can be lessened if there are sufficient amount of awareness is given to the whole of society. Types of autisms, its early signs, diagnosing procedures, atypical behaviors, up bringing strategies and all these should be discussed among the mass media to raise awareness in the society.

7.2 Contribution to research:

The aim of this research is to identify the behavioral changes among children with language developmental disorders. Moreover, to identify the social impact on the parents while raising their atypical children. Almost all the parents shared that they expect positive treatment from the society and easy acceptance. This clearly indicates that although parents are positive about their atypical children, they face obstacles in every spheres of different societal occasion. The parents feel uncomfortable and shy to disclose or share problems regarding their atypical children with others even with teachers and doctors and they tend to hide symptoms. It is because of they feel guilty and shy to express or disclose atypical behaviors of their children. That is why; the parents during survey tried to hide few things that later on revealed by the teachers of their children. Therefore, this research aims to

mitigate the distance created by the society regarding autism. It is to make them aware beforehand and also to let the parents know that atypical behavior is nothing to feel shy about. Instead of feeling shy, they should try to socialize their atypical children more that can possibly bring good results in their children's behaviors.

7.3 Practical implication:

The survey was conducted to identify mainly the social prejudices that the parents are going through regarding their atypical child. Even in the survey, they feel uncomfortable to reveal their problems and disclosing their child's atypical behaviors. However, teachers during interview expressed and clear many facts regarding autism and its problem in Bangladesh. The findings revealed that though parents are positive to send their atypical children to the schools, their other family members are not positive about it. Besides, they can only admit their children to special schools and not in the ordinary ones. Since there are only few special schools, more schools and therapist should be made available to serve both the atypical children and their parents. Besides, further researches focusing on LDD based on Bangladeshi perspective is needed. Therefore, the practical implication of this research can actually be counted as a minimum contribution to this genre.

7.4 Recommendations:

The recommendations are mainly drawn from the parents and only a few is given by the researcher herself.

- The parents expect cooperation for their atypical children from every level of the society. So that their children might not face difficulties and consider themselves as someone different from the ordinary society.
- They also expect that their atypical children should receive well behaviors and from their peers, neighbors and teachers so that the children might not get hurt mentally.

Since, different behaviors sometimes worsen the condition of the children whereas positive treatment can improve their mental condition.

- Besides, the parents also want from the society not to ignore their atypical children and ensuring equal rights for them. For this, they mentioned that if every person in the society cooperate them from their own position then this could be possible in Bangladesh.
- Besides, teaching every children about autism and teach them how to behave with them because many atypical children fall victim to their peers' mockery primarily. That is why; the parents of atypical children are sometimes afraid to let their children play with other typically developing children.
- Sometimes unintentional comments also affects both the parents and children's mental health. Many parents consider that without their God and parents there is none to look after them. Therefore, it is our duty to ensure that they are not helpless or outsider just because they are disable. At least if everyone in the society cooperates and show positive behaviors then the atypical child and their family can flourish. As a whole society, we need to learn to think for them and act accordingly.
- Government should take the initiate to establish special schools, hospitals and therapy centers especially for the lower income people. Since, their children are the sufferers, who cannot manage to admit or treat their atypical child.
- Last but not the least, treating atypical children just like other typical children is our duty. We need to cooperate them in every spheres of their life, we need to give time for them to understand, be patient and always behave nicely. We need to remember that positive behaviors can make them lead their life smoothly. Therefore, in every school, there should be the management of admitting atypical child. In this way, ordinary children from the very beginning will learn to behave with them and

consider them as a part of our society and not someone as fearful or to make fun about.

7.5 Further studies:

This research was only conducted in one specialized school for the children with LDD. Besides, the sample size is also small. Therefore, the researcher prefers to conduct similar studies in other schools of Dhaka and out of Dhaka cities in Bangladesh with a larger sample. The researcher aims to provide authentic researches on this aspect by cross checking data across the whole of Bangladesh.

7.6 Conclusion:

ASD influence in the family's social functioning. Lower rate of educational level and awareness make autism more problematic. Almost all parents reported having difficulty raising their child with Autism. Besides, having financial problems is another reason behind deficits of proper treatment and schooling. In Bangladesh, though the modern parents are open with the changes of their atypical child, other family members, neighbors or society as a whole are not as cooperative as they should be to make their life easier. Besides, there is lack of sufficient amount of schools, teachers, therapist and hospitals that specifically deal with language developmental disorders. Sometimes these stereotyping and exclusion leads separation or divorce among the parents of atypical children. As a result, individuals with ASD still experience stigma, which is profound. Then again, the need for public awareness such as educating the public about the behaviors associated with ASD can be helpful in increasing public understanding, tolerance, and acceptance. That is likely to decrease the inequalities prevails in the society. To sum up, everyone's joint steps can make this world a better and smooth place for both the atypical children and their parents.

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Appendix A

Questionnaire for the parents

1. Does any kind of social or family gathering make you feel uncomfortable with your child? (কোন প্রকার সামাজিক বা পারিবারিক অনুষ্ঠানে আপনি কি আপনার বাচ্চাকে নিয়ে অস্বস্তি বোধ করেন?)	Yes(হ্যাঁ)	No(না)
2. Does your relatives or friends make you feel shy about your child? (আপনি কি নিকট আত্মীয় বা বন্ধু দ্বারা আপনার বাচ্চা নিয়ে অস্বস্তি বোধ করেন?)	Yes(হ্যাঁ)	No(না)
3. Have you ever felt that your child has speech developmental delay? (আপনার কি কখনো মনে হয়েছে যে আপনার বাচ্চার স্বাভাবিক সময়ের চেয়ে কথা বলতে দেরি হচ্ছে?)	Yes(হ্যাঁ)	No(না)
4. Do you feel positive to take your child to the therapist? (আপনি কি আপনার বাচ্চাকে চিকিৎসকের কাছে নিতে আগ্রহী?)	Yes(হ্যাঁ)	No(না)
5. Do you feel good about sending your child to school? (আপনার বাচ্চাকে স্কুলে নিয়ে যেতে আপনি কি আগ্রহী?)	Yes(হ্যাঁ)	No(না)

6. Do your child feel comfortable while playing with other children? (আপনার বাচ্চা কি ভাল বোধ করে অন্য বাচ্চাদের সাথে খেলতে?)	Yes(হ্যাঁ)	No(না)
7. Do your child feel happy to see guest arriving at your home? (আপনার বাচ্চা কি বাসায় অতিথি দেখে খুশি হয়?)	Yes(হ্যাঁ)	No(না)
8. Do your child ever try to start a conversation with your relatives or friends other than you and your partner? (আপনার বাচ্চা কি কখনো নিজ থেকে আপনারা ব্যতীত অন্য কোন অতিথি বা কার ও সাথে নিজ থেকে কথা বলা শুরু করে?)	Yes(হ্যাঁ)	No(না)
9. Do your child try to seize attention of you while you are busy with something? (আপনি যখন ব্যস্ত থাকেন তখন কি আপনার বাচ্চা আপনার দৃষ্টি আকর্ষণ করতে চেষ্টা করে?)	Yes(হ্যাঁ)	No(না)
10. Do your child ever grow stubborn for something? (আপনার বাচ্চা কি বেশিরভাগ সময় কোন জিনিস নিয়ে আপনার অবাধ্য হয়ে যায়?)	Yes(হ্যাঁ)	No(না)
11. Do your relatives/friends ever get irritated at your child's behavior? (আপনার কোন নিকট আত্মীয় বা বন্ধু কি কখনো আপনার বাচ্চার উপর বিরক্ত হয়েছে?)	Yes(হ্যাঁ)	No(না)

12. Do the children of your relatives/friends ever make fun of your child? (আপনার বাচ্চা কি তার কাছের মানুষ দ্বারা উপহাসের স্বীকার হয়েছে?)	Yes(হ্যাঁ)	No(না)
13. Have you ever been ignored from your relatives/friends about your child? (আপনার কোন নিকট আত্মীয় বা বন্ধু কি কখনো আপনাকে এড়িয়ে চলার চেষ্টা করে?)	Yes(হ্যাঁ)	No(না)
14. Do any of your relatives/friends make any hurtful comments regarding your child? (আপনার কোন নিকট আত্মীয় বা বন্ধু কি কখনো আপনার বাচ্চাকে নিয়ে বাজে মন্তব্য করেছে?)	Yes(হ্যাঁ)	No(না)
15. Have you face any obstacle while getting your child admitted to any typical school? (আপনি কি কখনো কোন সমস্যায় পড়েছেন আপনার বাচ্চাকে সাধারণ স্কুল এ ভর্তি করার সময়?)	Yes(হ্যাঁ)	No(না)

16. How to ensure an improved social behavior? Please share your opinion. (সমাজে অন্যদের কাছ থেকে কেমন আচরণ আপনি আশা করেন? আপনার অভিমতটি তুলে ধরুন।)

Appendix B

Teachers' interview questions

1. Do you have to be very patient while teaching the atypical children? (আপনাকে কি অতি ধৈর্য ও যত্ন সহকারে বাচ্চাদের পড়াতে হয়?)
2. Is it more stressing teaching the atypical children rather than the typical children? (বিশেষ চাহিদা সম্পন্ন শিশুদের পড়ানো কি তুলনা মূলক আরও বেশি কষ্টদায়ক ও পরিশ্রমের কাজ?)
3. Do the atypical children become stubborn at times? (ক্লাসে কি কখনো শিশুরা অবাধ্য হয়ে উঠেছে?)
4. Do you think that supportive environment can have any positive effects on the children? (আপনার কি মনে হয় সহায়তা মূলক পরিবেশ শিশুদের শিক্ষা গ্রহণের ক্ষেত্রে অনেক বেশি উপকারি?) Can you share that how a supportive environment can be created? (কি করে বিশেষ চাহিদা সম্পন্ন শিশুদের জন্য একটি সহনশীল পরিবেশ গড়ে তোলা যায়? আপনার অভিমতটি তুলে ধরুন।)
5. Do they express any behavioral or communication problems in the class? (শিশুরা কি ক্লাসে কখনো অন্যদের সাথে আচরণে বা কথোপকথনে কোনো সমস্যা দেখিয়েছে?) What are the most common ones that they show or express? Please provide some examples. (এ সকল সমস্যা গুলো কি কি? অনুগ্রহ করে কিছু উদাহরণ উল্লেখ করুন।)

Appendix C

Class observation checklist

1. What Types of behaviors that they express or show during class?
2. How do they respond or answer to any questions that are been asked in the class?
3. Do they ask any questions? If they do then what are the patterns of their questions?
4. What types of communication impairments can be found among the students?
5. How teachers react to their behaviors?
6. What are the strategies or techniques they follow to teach or to communicate with the atypical children