

Socialization challenges and experiences of children with autism spectrum disorder: a qualitative study in Gopalganj district, Bangladesh

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Abstract

Socialization plays an important part in the developmental process of a child, impacting their communication, relationships, and overall functionality in society. At the same time, children with autism spectrum disorder (ASD) face major barriers in socialization because of their verbal and non-verbal communication skills, limited interests, and repetitive actions. The purpose of this research was to understand the socialization difficulties and experiences of children with ASD in Gopalganj, Bangladesh in relation to the other socio-cultural factors as well as the influence of family, school, and the community on their social development. A qualitative research design was used and data were gathered through a series of in-depth interviews using purposive sampling with 30 parents, seven teachers, and four healthcare and therapy professionals, as well as through participant observations of children with ASD. The results show that children with ASD in Gopalganj encounter negative stigma, ignorance, and the absence of adequate institutional aids that fuel their social isolation. In spite of such barriers, parental effort, supportive and responsive teaching, and community participation are found to be significant enablers of socialization. These findings highlight the urgent need for targeted policy interventions, the expansion of special education and therapeutic services, and community-level awareness campaigns to combat stigma and foster inclusive environments. Ultimately, this study emphasizes that meaningful social integration of children with ASD is achievable through collaborative, informed, and compassionate efforts.

Keywords: Autism spectrum disorder, socialization, inclusion, special education, Gopalganj, Bangladesh.

Introduction

Socialization is a crucial developmental process that enables individuals to acquire social norms, communication skills, and behavioural patterns essential for societal integration. For children, early socialization occurs within families, schools, and peer groups, shaping their ability to interact and form relationships. Yet, children with ASD often face significant challenges in this process due to difficulties in communication, restricted social interactions, and sensory sensitivities (American Psychiatric Association [APA], 2013). These challenges can lead to social isolation and limited opportunities for meaningful engagement, particularly in developing countries such as Bangladesh, where awareness and support services for ASD remain inadequate (Hossain et al., 2021).

Autism spectrum disorder is a neurodevelopment condition characterized by deficits in social communication and repetitive behaviours, affecting approximately one in 100 children worldwide (WHO, 2023). However, its prevalence in Bangladesh remains uncertain owing to limited research and diagnostic facilities (WHO, 2023). In Bangladesh, studies suggest an increasing prevalence of ASD; nevertheless, the lack of comprehensive data limits effective policy and intervention strategies (Islam et al., 2020). In recent years, awareness about ASD has increased in Bangladesh, particularly in urban areas where specialized schools and support services are more available (Islam et al., 2020). Children with ASD in rural areas, such as the Gopalganj district, face additional barriers, including societal stigma, insufficient specialized education, and a lack of professional support services (Ahmed et al., 2022). These factors contribute to their exclusion from mainstream social and educational settings, further impeding their socialization and overall development.

Despite growing research on autism in Bangladesh, most studies focus on clinical and educational perspectives, with limited exploration of the socialization experiences of children with ASD in rural contexts (Rahman & Sultana, 2021). This study aims to fill this gap by examining the socialization experiences of children with ASD in the Gopalganj district. Using a qualitative research approach, it explores the role of families, schools, and communities in shaping the social interactions of children with ASD. The findings will provide valuable insights into the challenges and opportunities for improving the social integration of children with ASD in Bangladesh and contribute to policy recommendations for inclusive education and community-based support.

Literature Review

Bashir et al. (2014) explained that ASD is a multi-faceted and heterogeneous class of disorders of the brain which develops during the first three years of life. It involves restrictions in social behaviour, communication, and interaction with others, as well as other areas of development that exhibit deficits and require an intervention. Sultana et al. (2021) carried out a study on the socioeconomic status of families with autistic children in Bangladesh and found that of the ASD pupils aged 11 to 15 years, 75% had between two to four brothers and sisters and 95.55% of them did not have any health coverage for either themselves or their parents. Parents of children with ASD have been educated to the level of secondary school.

For their part, parents who were confronted with children with ASD have a high level of distress in coping with challenging behaviours such as teaching basic skills to enhance a child's ability and readiness for life, how to talk, and most importantly, how to keep the child safe from harm. Parents and children understood the benefit of this, without the fear of negative evaluation or harassment. This could be particularly relevant to children with ASD who struggle socially (Williams White et al., 2007).

Children with ASD face familial neglect and social exclusion in their lifetime. A study by Rahman et al. (2019) found that children's neural impairments have a significant impact on their

social life where they are being treated differently and being excluded from society. The family members try to avoid social programmes with ASD children and people also treat ASD children differently, paving the way for the negligence of ASD children in society. The parents think that autism is a precursor to social exclusion and that this problem is an indicator of social discrimination. Nazneen (2015) conducted a study on the impact of special education on children with ASD in Bangladesh and found that there are no coordinated curricula, screening tools or intelligence scales for ASD children. Therefore, various schools employ their self-developed study content. The study also found that those who have studied special education benefitted from that. However, the progress rate is very low.

Carter et al. (2005) noted that students with autism have social language problems. Tierney et al. (2014) stated that children with autism face challenges with emotive and nonverbal comprehension alongside difficulties in eye contact, cues, speech prosody, and even reciprocal conversations, including topic maintenance, turn-taking, and greetings. We also know that social communication deficits contribute to social isolation and decrease the chances of social engagement (Miller et al. 2015). There are behavioural challenges associated with children who have difficulties with the functional use of communication. Moreover, children become frustrated when trying to communicate their needs and feelings (Carter et al., 2005; Jones et al., 2009). Blumberg et al. (2013) found a direct association between the rating of autistic severity and the financial burden and employment instability of the parents as a result of the child's condition.

Nealy et al. (2012) interviewed several mothers with autistic children and identified shared experiences by all of them: (a) the emotional reverberation of autism (i.e., stress, guilt, and anxiety); (b) the social effects of autism (i.e., limited time socializing with peers, difficult relationship with spouses, strained relationship with children, and parental siblings); and (c) the stark negative impact of autism on finances. Baron-Cohen et al. (1985) pointed out that the social difficulties faced by children with ASD are as a result of their inability to relate to other people's perspectives. Baron-Cohen et al. (2001) explained how those challenges of perspective could result in an absence of emotional response or a mind-business state. In Bangladesh, it has been predicted that autism is an underestimated, yet significant health problem.

The focus of Md. Arif Uddin Khan's research (2015) is on the socioeconomic factors – income, education, type of family – relating to families with children who suffer from autism, while also looking at the level of parents' awareness of autism. Its primary rationale is to analyze the family's role in the socialization of children with autism with reference to Bangladesh. Over the past few years, ASDs have become increasingly evident in developing countries such as Bangladesh. Children with autism suffer from profound deficits in social communication, including speech and language and the development of appropriate oral imitation skills. Parents with autistic children are known to shoulder enormous responsibilities when it comes to their socialization due to the accompanying antisocial features of the condition. In children with autism, self-identities emerge after a very long natural process of interaction with other people. Parents facilitate children's imitation and subsequently other socializing agents also encourage imitation. Moreover, cultural, social and economical conditions may also play a role in the diagnosis of the child.

Axpe et al. (2019) explored how different parental styles affect their children's socialization. A sample of 1224 subjects was selected through random sampling from eight secondary schools in the Spanish Autonomous Community of the Basque Country (ACBC). Of these, 1010 (84.9%) were living with either their nuclear family or their extended nuclear family, and 21 (1.8%) were living in a parental alternation arrangement. Parents' strictness was gauged in this study using the EEN-H subscale of the Parenting Styles and Dimensions Questionnaire (PSDQ). Out of the 10

items in the EEN-H, only seven were used for this study. The validity estimates were consistent with those of other studies, indicating good composite reliability. Findings suggest that family strictness is an outcome of the combination of affection/communication and strictness. The proportion of both dimensions differs by gender, with maternal dimensions having a greater influence on family socialization. Two models were proposed in which a mother's affection-communication and father's strictness together formed a maternal primitive style; a third model proposes that these two variables created the parental style.

In Bhandari's (2019) study involving the socialization of a child with autism in Nepal, he brings to notice the fundamental gaps due to lack of awareness and education relating to autism, which results in impaired social communication skills such as delayed language or imitative behaviour. The study also found that siblings with autistic brothers or sisters participate actively in the process of their socialization. According to the findings of Ketcheson et al. (2016), the improvement of motor skills was beneficial in promoting social participation for some children with ASD. The study also encourages further investigation in order to validate these results and study them from a more long-term perspective.

Gray (2006) examined how parents of autistic children manage difficulties with autism. This paper describes the findings of an almost decade-long study on how parents cope with autism. This study was conducted using ethnographic techniques involving extensive interviews and some degree of participant observation. As the person matures from childhood to teenage years, there are increasingly greater social expectations and problems which result in the individual changing the degree of social interaction. The social intervention should also change. Social skills training, play dates, and after-school activities with other children are helpful in dealing with these problems. The younger the child is when the social aspect is addressed and the more active the parent is in dealing with the social problem, the more beneficial it will be for the child and his life during adolescence and adulthood.

Methodology

Research Design

The qualitative method was chosen for this study because it is best suited to explore the in-depth, complex, and subjective experiences of children with ASD and their social environment. Given that the research focuses on understanding the socialization challenges and experiences of children with ASD—shaped by socio-cultural factors, family dynamics, educational settings, and community interactions—a qualitative approach allows for a rich, contextual, and nuanced understanding of these realities.

Study Area

The study area was Gopalganj, a district of Bangladesh. Three autism schools, namely Mini Jhini Autism School at Muksudpur Upazila, Agrabami Autistic School at Kotalipara Upazila, and Barna Pratibandhi School at Gopalganj Sadar Upazila were selected.

Data Sources and Data Collection Instruments

Both primary and secondary data were used for this study. Primary data were collected from parents of ASD children, teachers and healthcare professionals through in-depth interviews. Secondary data were collected from a literature review that included published articles, books, prospectuses from autism centres related to ASD and socialization.

Participant Selection and Sampling Method

The sample comprised 30 parents of ASD children, seven teachers and four healthcare professionals. Participants for this study were selected using purposive sampling, a non-probability sampling technique commonly used in qualitative research to identify and select individuals who are especially knowledgeable about or experienced in a phenomenon of interest. This method was chosen to ensure that the data collected would be rich, relevant, and specific to the research objective—understanding the socialization challenges and experiences of children with ASD.

The study included a diverse group of key informants who play direct roles in the social development of children with ASD. These included the following:

- Parents or primary caregivers of children with ASD,
- Teachers working in inclusive or special education settings,
- Healthcare and therapy professionals such as child psychologists, speech therapists, and occupational therapists, and
- Community members or volunteers involved in ASD-related support activities.

Participants were identified through local schools, therapy centres, hospitals, and community organizations in Gopalganj that work with children with special needs. The inclusion criteria required that participants have direct and sustained interaction with children diagnosed with ASD and possess experiential knowledge relevant to their socialization processes.

Ethical Consideration

Ethical consideration for the research was maintained strictly during this study.

Findings

Demographic Profile of Parents Children with ASD

The respondents were between 30 to 38 years old, and they are well qualified (i.e., have bachelor's or master's degrees). Most of the respondents were housewives. In addition, some respondents were involved in various types of occupation such as teachers, doctors, and business persons, among others. Their incomes ranged between Tk. 30,000 to Tk. 40,000. Most of the respondents have one or two children. They were diagnosed as ASD at between two to five years old years and are receiving speech and occupational therapy.

Socialization Challenges

It was found that most of the children tend to play alone and remain quiet most of the time at home. However, when their parents engage them in specific activities, they interact with them, but the frequency is not satisfactory. In social settings, the children tend to isolate themselves. Crowded places, loud noises, or sudden changes in routine upset them; hence they withdraw from the environment. When they are overwhelmed by any of these factors, they prefer to retreat to a corner.

“My child often engages in solitary play and exhibits minimal verbal communication at home. He responds to specific tasks when instructed by his parents, but spontaneous interaction is rare. In unfamiliar or crowded environments, such as markets or family gatherings, he appears overwhelmed and seeks isolation, often retreating to a quiet corner.” (Respondent 1)

Most of the children struggle to communicate verbally. They often speak in short phrases and repeat the same sentences at length. For this reason, their children find it difficult to make friends. As they do not understand the social cues, they cannot engage in the usual play activities with other children. They tend to avoid eye contact with others, which makes bonding with peers more difficult.

“My daughter primarily communicates through echolalia, repeating short phrases she has heard, often from television. She struggles to initiate or maintain interaction with peers, and her inability to interpret social cues prevents her from participating in group play. Eye contact is infrequent, which further hampers her ability to establish peer connections.” (Respondent 3)

The study also found that relatives, neighbours, and teachers respond to an ASD child’s behaviour in various dimensions. Some of them understand the situation and react accordingly. However, in most cases, the relatives and neighbours become frustrated and react in a negative way (i.e., calling them abnormal and other verbal abuse). The teachers at school were found to be very supportive and try to engage them with structured routines. The parents try to use visual aids and social stories to help them understand social cues. They practice various methods i.e., turn-taking and playing games at home to encourage interaction.

Parents’ Experiences and Coping Mechanisms

According to the respondents, the biggest challenge in raising a child with ASD is dealing with social stigma. The respondents have to contend with people staring or making comments when their children exhibit unusual behaviour in public. People always do not understand their behaviour, and this could be isolating. Moreover, lack of access to resources such as specialized healthcare in the district makes it difficult to receive the support which they need.

“One of the most challenging aspects of raising a child with ASD is managing public perception. Our child’s behaviors, such as sudden vocalizations or resistance to changes in environment, often attract negative attention. The absence of adequate specialized healthcare in our locality further limits our access to essential services.” (Respondent 2)

According to the respondents, the community is not particularly supportive towards the ASD child’s condition. People are often unaware of autism and its effects, making it difficult to find places where the children could be accepted without judgment. Despite the limited resources, most of the parents enrolled their children in special education schools which provide some support. Most of the parents also visit private healthcare professionals both in Gopalganj, Khulna and Dhaka; However, owing to the high costs involved, it was found to be difficult to afford over the long term.

“Although we have enrolled our child in a special education institution, therapeutic services are not consistently available in our district. We are compelled to travel to Khulna or Dhaka for professional consultations, which imposes a significant financial burden. Additionally, community members often lack awareness about autism, making social inclusion difficult.” (Respondent 2)

The respondents pleaded for more awareness and training for parents and teachers to support their children better. They also emphasized special education resources and therapies which should be more accessible, as well as programmes to integrate children with ASD into regular schools and society.

“Despite limited local resources, we try to ensure our child receives appropriate support. We have relied heavily on private services and have educated ourselves through online resources. We strongly advocate for increased awareness initiatives and teacher-parent training programs to enhance the support network for children with ASD.” (Respondent 3)

Teachers’ Background Information

The respondents were well qualified in ASD education. They have attended several workshops on the teaching of ASD children and have between five and 10 years of experience in this field.

Teachers' Socialization in School

According to the respondents, children with ASD tend to have difficulty in forming relationships with their peers. They often prefer solitary activities. However, with structured support, they can engage in one-on-one interactions or small group activities.

“Students with ASD in our school often gravitate toward solitary activities. However, structured interventions, such as one-on-one engagement and guided group play, have proven effective in promoting interaction. One student who was initially non-verbal now participates in classroom discussions with support.” (Respondent 13)

The ASD children often have trouble in focusing during group activities and can be distracted easily. For enhancing the social skills of ASD children, teachers use visual schedules, role-playing to help them. They also focus on encouraging peer interactions through structured playtime.

“We employ visual schedules and social stories to facilitate understanding of social expectations. Activities such as role-playing and turn-taking games have been particularly beneficial in developing cooperative behavior among students with ASD.” (Respondent 13)

The respondents also found that, with consistent support, some students have improved in their social interaction. Those students have begun to understand social cues better and engage in cooperative activities with peers.

“We have observed notable progress among students who receive consistent support. Over time, these students begin to interpret basic social cues and participate in peer-led group tasks. Peer modeling, combined with teacher facilitation, has been instrumental in enhancing their social engagement.” (Respondent 17)

Institutional Support and Challenges as perceived by the Teachers

The special educational institutions for ASD children have a resource room and a few specialized teachers. These institutions also receive occasional support from external therapists. According to the respondents, the parents of ASD children are very supportive and work closely with them. They communicate regularly through meetings and give feedback relating to their children.

“Our institution is equipped with a limited resource room and a small number of trained personnel. While we occasionally receive support from external therapists, the frequency is insufficient. Parent-teacher collaboration remains a strong point, as regular meetings help us monitor and adjust student plans.” (Respondent 13)

The respondents also emphasized the need for more trained staff, specialized learning materials, and more individualized educational plans for each child with ASD. They also suggested that more collaboration with therapists and psychologists would be beneficial.

“We have established effective communication channels with parents, which aid in the delivery of continuous care. However, we advocate for increased investment in training, greater access to psychologists, and structured collaboration with therapy professionals to enhance institutional capacity.” (Respondent 17)

Healthcare and Therapy Professionals' Opinions

According to healthcare and therapy professionals, children with ASD typically face challenges in continuing conversations and adjusting to social norms such as turn-taking and sharing. To them, the main challenges in providing therapy to ASD children in Gopalganj include lack of trained professionals, limited awareness among families, neighbours, and relatives, and the scarcity of resources for specialized therapies. Despite these difficulties, they are providing therapies such as applied behaviour analysis (ABA) and speech therapy, focusing on building communication skills and social interactions.

“Children with ASD often struggle with pragmatic communication, including turn-taking and maintaining conversations. Our therapeutic approach includes speech therapy integrated with visual prompts and ABA techniques. However, lack of family awareness and trained local professionals poses a major challenge.” (Respondent 19)

“There is a significant scarcity of ASD-specialized services in districts like Gopalganj. Therapy is often delayed due to lack of early detection. Parental involvement is critical, as they are instrumental in reinforcing techniques at home and providing feedback during therapy sessions.” (Respondent 20)

They also discussed the roles of parents and caregivers in therapy session. To them, parents and caregivers are most vital role player in reinforcing social skills at home. They are also involved in therapy by practising techniques with their children and providing consistent feedback to therapists.

“Social skills training in a structured setting and peer-mediated interventions have shown promising outcomes. Nevertheless, continuity of therapy remains an issue due to high costs and limited availability. Collaboration between parents and therapists is essential to achieve sustained improvement.” (Respondent 21)

The respondents also recommended the use of structured social skills training by means of which children learn specific social behaviours in controlled settings, as well as peer-mediated interventions where children with ASD practise with typically developing peers.

Discussion

The findings of this study reveal significant socialization challenges faced by children with ASD in Gopalganj District, Bangladesh. Parents reported that their children struggle with verbal communication, often speaking in short phrases and repeating sentences, making it difficult for them to engage with peers. Social isolation is a common issue, with children preferring solitary activities and avoiding eye contact, which further complicates their ability to form friendships. In social settings, children with ASD tend to withdraw, especially in response to loud noises, crowded places, or sudden changes in routine. The lack of understanding among relatives, neighbours, and the broader community exacerbates these challenges, often leading to stigmatization and negative reactions toward ASD children. While some individuals show empathy, many perceive these children as abnormal, creating a socially isolating environment for both the child and their parents. Teachers, on the other hand, were found to be relatively more supportive, employing structured routines and visual aids to facilitate social interaction, though challenges remain in integrating these children fully into regular school settings.

The study also highlights the struggles of parents in coping with the stigma and limited access to specialized healthcare and education services. Many parents reported facing judgmental attitudes in public spaces, making social outings stressful and isolating. The financial burden of seeking specialized therapies and education outside the district further adds to their difficulties. Despite these challenges, parents actively seek ways to support their children, using strategies such as visual aids, role-playing, and structured games at home. However, their efforts are constrained by a lack of awareness in the community and inadequate institutional support. Teachers working with ASD children reported that while structured interventions such as role-playing and visual schedules help improve social skills, children still struggle with group activities and peer interactions. Although some progress is observed in children receiving consistent support, the lack of trained professionals, specialized learning materials, and individualized education plans limits the effectiveness of educational interventions.

Healthcare and therapy professionals further reinforce these concerns, citing the scarcity of trained therapists and specialized resources as major barriers to providing effective interventions. While therapies such as ABA and speech therapy play a crucial role in developing communication and social skills, the accessibility and affordability of these services remain a significant issue. Professionals emphasized the critical role of parents in reinforcing therapy at home, highlighting the need for greater parental training and involvement. Additionally, structured social skills training and peer-mediated interventions were recommended as effective strategies to help children with ASD integrate better into society.

Overall, the findings indicate that while there are efforts to support children with ASD in Gopalganj, these are insufficient owing to social stigmatization, financial constraints, and a lack of specialized resources. Greater awareness programmes, more trained professionals, and improved institutional support are essential to fostering a more inclusive environment. Additionally, integrating ASD children into mainstream education with proper support systems, increasing collaboration among schools, therapists, and parents, and enhancing community understanding of ASD could significantly improve the socialization experiences of these children. Addressing these challenges requires a multi-sectoral approach, combining education, healthcare, and community engagement to create a supportive environment for children with ASD and their families.

Conclusion

This study delves into the socialization challenges and experiences of children with ASD residing in Gopalganj District, Bangladesh, focusing on the obstacles to communication, peer relationships, and social participation. The results indicate that children with ASD frequently experience deficits in both verbal and non-verbal communication, which hinders their ability to make friends and engage in social activities. Numerous children are passive, over-sensitive to surrounding stimuli, and experience exclusion because of ignorance and lack of understanding from relatives, neighbours, and the community. Parents of children with ASD experience social stigmatization, and financial, and emotional strain in their efforts to support the child in every possible way. Despite employing structured interventions using visual aids, role playing, drama therapy, and other methods, many teachers and health professionals are overwhelmed by a lack of trained staff, money, or institutions willing to provide the necessary support. To improve the socialization experiences of children with ASD, a multi-dimensional approach is necessary. Increased public awareness, specialized training for teachers and caregivers, and enhanced access to therapy and educational resources can lead to a more comprehensive and supportive environment. Strengthening collaboration among parents, educators, and healthcare providers will ensure that children with ASD receive consistent support, both at home and in institutional settings. Additionally, policies aimed at improving special education, expanding therapy services, and reducing societal stigma are crucial. By fostering an inclusive society with greater acceptance and support for ASD children, they can be empowered to develop social skills, build meaningful relationships, and integrate more effectively into their communities.

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Appendix 1: Questionnaire for Parents of Children with ASD

1. Name (Optional):
2. Age:
3. Gender:
4. Educational qualification:
5. Occupation:
6. Family income (Optional):
7. Number of children:
8. Age of the child with ASD:
9. Diagnosis year of ASD:
10. Type of therapy/intervention received:
11. How does your child interact with family members at home?
12. Does your child have difficulty making friends? If yes, what are the main challenges?
13. What kind of behaviours does your child exhibit in social settings (e.g., school, playgrounds, family gatherings)?
14. Does your child struggle with communication (verbal or non-verbal) in social situations? Please explain.
15. Have you noticed any specific triggers that cause social withdrawal or distress in your child?
16. How do others (relatives, neighbours, teachers) respond to your child's social behaviours?
17. What strategies have you used to help your child improve social interactions?
18. What are the biggest challenges you face in raising a child with ASD?
19. How supportive is the local community towards your child's condition?
20. What kind of educational and healthcare support have you received for your child?
21. Have you encountered any stigma or discrimination related to your child's condition?
22. What improvements do you think are needed in the community and institutions to support your child better?

Appendix 2: Questionnaire for Teachers and Special Educators

1. Name (Optional):
2. Age:
3. Gender:
4. Highest level of education:
5. Years of teaching experience:
6. Have you received any special training in ASD education? (Yes/No)
7. How do children with ASD interact with their peers in school?
8. What challenges do they face in classroom participation and group activities?
9. What strategies do you use to enhance their social skills?
10. How do other students perceive and interact with children with ASD?
11. Have you noticed any progress in their social behaviour over time?
12. What kind of institutional support is available for children with ASD in your school?
13. What additional resources do you think are necessary for better inclusion of ASD children?
14. How do parents collaborate with teachers in improving socialization skills?

Appendix 3: Questionnaire for Healthcare and Therapy Professionals

1. Name (Optional):
2. Age:
3. Gender:
4. Profession (Doctor/Therapist/Psychologist):
5. Years of experience with ASD patients:
6. Type of services provided to ASD children:
7. What are the most common socialization difficulties observed in children with ASD?
8. How do therapy and interventions help in improving their social skills?
9. What role do parents and caregivers play in therapy sessions?
10. What kind of social training techniques do you recommend for children with ASD?
11. What are the main challenges in providing therapy to ASD children in Gopalganj?