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Socio-Economic Status of the Autistic Children of Special School

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ABSTRACT

Autism Spectrum Disorder (ASD) is a complex neurodevelopmental disorder, characterized by disturbances in social interaction, communication, and behavior. This research probes into the socio-economic status of families with autistic children in Chattogram City and primarily analyses its effects on receiving autism development services. A total of 50 families of children with ID from two special schools: ACWF and CSAC, were surveyed through a structured questionnaire and collected data was statistically analyzed using descriptive statistics and regression analysis. Findings show that 62% of the households belong to lower middle income, 54% parents are educated up to secondary level and 48% are working in informal sector. Socioeconomic status was also robustly associated with children's developmental outcomes ($p < 0.05$), suggesting that SES appeals to better therapy hours, schooling attendance and intervention quality. Furthermore, 72% of parents felt financial pressure, 68% experienced emotional or social stress and 81% were unaware of government or NGO support programs available in their community. Closing the gap in localized ASD research within Bangladesh (specifically Chattogram) this paper demonstrates how social economic disparity influence use of developmental services. The results provide fresh evidence for the national ASD body of knowledge and suggest inclusive policy arrangements, addressed financial assistance, expanded school facilities and systematic parenting education are needed to prompt better service access and outcomes of ASD children.

INTRODUCTION

Autism Spectrum Disorder (ASD) is a complex neurodevelopmental condition that affects an individual's ability to communicate, engage in social life, and demonstrate appropriate behavior. People with autism often struggle to express emotions, understand the feelings of others, and conform to socially acceptable behavior (Alnasser, 2023). For different individuals, the condition ranges from comparatively mild to extremely detrimental but, in every scenario, not only affects the particular child but also the quality of life of their respective families and communities. In Bangladesh, awareness and understanding of these conditions are limited, especially in the suburbs (Karim *et al.*, 2025). Despite this, many communities see autism as a social disgrace or punishment from the supernatural. These typically result in an isolated life and delayed crucial interventions. It is a well-established fact that early interventions and specialized education on the condition are critical to improving the quality of life of children with autistic conditions (Abualait *et al.*, 2024).

However, such amenities are rare and concentrated in Dhaka, non-existent in most other cities like Chattogram. To add to that, families with autistic children are ordinarily economically unstable. As such, children from such backgrounds are susceptible to sub-quality care, education, and proper guidance (Akash, 2023). The socio-economic life of a family, in this case, determines the quality of care, the extent of awareness, and the opportunity for the development of autonomy

and, therefore, a productive living. Being the second-largest city in the country, Chattogram presents a unique perspective in understanding the social-economic matters surrounding autistic children outside the capital (Zhou, 2024).

Therefore, studying the socio-economic status of autistic children in special schools in Chattogram will offer insights on the influence of family income, education, and socio-awareness factors in accessing quality autism care. Therefore, it will inform the relevant authorities, including policymakers, educators, and social workers, where there is a gap in service delivery and develop a more inclusive approach to addressing the issues.

The research focuses on investigating the socio-economic status of autistic children in special schools in Chattogram City, highlighting the challenges facing their families, and suggesting the areas that need more input in providing all-around enhanced learning, treatment, and social amenities at every level of the social hierarchy in the state.

LITERATURE REVIEW

In recent decades, Autism Spectrum Disorder (ASD) has become one of the most widely studied aspects of development. The reason for this scientific interest is the growth of autism prevalence and the complexity of socio-psychological concomitant issues associated with this pathology. The world scientific field has proved that it is incorrect to consider autism as a purely medical disease (Rosa, 2025). Instead, it should be viewed as a multi-factor problem with biological,

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social, and economic aspects. Based on the research data of the World Health Organization, one out of a hundred children are diagnosed with ASD with varying degrees of severity of communication, socialization, and adaptability of behavior (Camargo *et al.*, 2024). At the same time, there are many examples when early identification of autistic disorders and the appointment of appropriate interventions allow a child to develop properly. A large part of the scientific field of autism is dedicated to understanding the relationship between SES, socio-economic status and the possibility of receiving a diagnosis and support. In the studies of scientists Mandell *et al.* there is a direct correlation between the high SES and early diagnosis of autism and complex psycho-educational support measures (Oliveira, 2023). Conversely, Durkin *et al.* show how a low SES level correlates with late diagnosis, a lack of effective treatments, and even stigma. This relationship draws attention to SES as a significant factor in the developmental trajectory and overall lifespan of autistic children (Pillay *et al.*, 2022).

The South Asian region has gradually attracted attention for research into autism. However, several substantial gaps exist in the understanding of the socio-economic dimensions of autism research (Vats *et al.*, 2024). Vats *et al.* (2024) report that in India and Sri Lanka, parental perception of behavior influenced by social-cultural misattribution to spiritual or supernatural causes. The global perspectives similarly report autism misattribution to various factors, leading to social exclusion of affected families and hesitancy to seek medical or educational intervention. In Bangladesh, research findings in the last decade indicate a significant rise in awareness on autism (Toma & Banu, 2024). SWAC activities and other government organizations within the Ministry of Social Welfare have contributed to this awareness. But most studies and services focus on Dhaka. Other urban centers such as Chattogram have been relatively underrepresented in autism research and service provision. socio-economic factors further determine the educational and therapeutic opportunities for children with autism. Choudhury *et al.* reveal that special education institutions in Bangladesh hardly have trained teachers, individual learning material and have poor infrastructural conditions (Quddush, 2024). Only high-income earning families bear the cost of therapies and special schooling. As shown by Rahman & Alam, (2025) the direct financial burden and psychological impact compromise the well-being of families on marginal income. Globally, the inclusive education and CBR models have been successfully implemented to address the needs of children with autism from low-income backgrounds. According to UNESCO, inclusive education is regarded as the best option for allowing children with autism access requisite systems. While Bangladesh has invested heavily in policy support, infrastructure constraints, and lack of teachers have hindered the implementation of the inclusive education system (Khan *et al.*, 2024).

To summarize, the reviewed literature has clarified the importance of socio-economic status in determining

children's autism diagnosis, treatment, and overall development. In general, in Bangladesh, awareness and institutional support related to ASD have been on the rise over the past few years, but socio-economic disparities still prevent many children from getting a proper education and therapy. The lack of research focused on the socio-economic status of children with ASD in the Chattogram area indicates a significant gap that should be addressed. Thus, this paper aims to contribute to the available research in Bangladesh about ASD by presenting how socio-economic factors determine education, care, and social inclusion for children with ASD in Ss in Chattogram City.

Problems Regarding The Research

The present study on the socio-economic status of autistic children in special schools of Chattogram City faces several challenges. One major difficulty lies in the limited availability of reliable data and previous research on autism outside Dhaka, making it difficult to compare findings or establish broader trends (Khan *et al.*, 2024). Many institutions are reluctant to share student and family information due to privacy concerns, which restricts data collection (Akhter *et al.*, 2024). Moreover, parents often hesitate to discuss their financial status or social challenges openly, influenced by stigma and social sensitivity surrounding autism (Toma & Banu, 2024). The lack of standardized assessment tools suited to the Bangladeshi socio-cultural context further complicates accurate measurement of socio-economic conditions and their impact on autistic children (Faruk *et al.*, 2023). Additionally, inconsistencies in school record-keeping, limited sample size, and time constraints may affect the depth and generalizability of the study (Kale *et al.*, 2024). These challenges collectively highlight the need for more structured databases, awareness programs, and institutional cooperation to ensure more comprehensive and representative research outcomes in future studies (Camargo *et al.*, 2024).

Research Questions

This study seeks to address the following research questions:

RQ1: What is the social-economic status of the families of autistic children attending special schools in Chattogram City?

RQ2: How does the social-economic background of families affect their accessibility to education and therapy of autistic?

RQ3: What are the key problems that parents/families of the impaired children face in taking care and assisting them?

RQ4: Does the income, education, and occupation of a parent offer any potential contribution to the development and well-being of an autistic child?

RQ5: How can access and awareness of low-income families of autistic kids be improved in Chattogram City?

Research Objectives

The objectives of the current study can be outlined as follows:

1. To ascertain and assess the socio-economic conditions and factors experienced by the families of autistic a child who attends a special school in Chattogram City.
2. To determine the correlation between socio-economic indicators and the accessibility and provision of caring, educational, medical and rehabilitation measures and services.
3. To investigate the problems and challenges of the respective parents or guardians when creating non-formal mechanisms of support and development for their autistic child.
4. To explore the extent to which parental education, income level, and occupation can affect the holistic development, conduct and behavior and proficiency of learning.
5. To identify the major challenges and barriers that hinder the transition toward a green economy in Bangladesh.
6. To offer recommendations and guidelines for raising awareness and integrating formal institutions and accessibility of autistic children, with a focus on low-income based economic circumstances.

Hypothesis Development

The relationship between socio-economic status and the developmental outcomes of autistic children is well documented by several global and regional research studies. More importantly, children born by well to do families are more likely to take their affected children for an early diagnosis and get an early intervention that will improve their education and development levels. According to Chantaraseno *et al.* (2024), children born in low-income families are less likely to be diagnosed early and may not get an early intervention due to financial and other related social constraints. Most of the materials reviewed document the research studies about the advanced countries and the situation if similar in developing countries including Bangladesh (Akash, 2023; Karim *et al.*, 2025). From the research, the availability and quality of services are significant influenced by the socio-economic status of various chosen sites (Ferdous *et al.*, 2025). Rahman & Alam, (2025) says that most of the autism awareness and institutional support has been concentrated in Dhaka, resulting in uneven distribution of the value of care to autistic children. Parents from rich families in terms of income are more informed on how to take care of their children and how these children can be enrolled in our special schools and other private therapies in the country (Ali & Asriwandari, 2024). Meanwhile, poor families lack awareness of the existing bodies in the country and can lack the cash to enroll their children in various schools (Ulfa & Djamaluddin, 2023). It is evident from the study that impacted families have significantly influenced by parental or caregivers' level of education. Educated parents can be better placed to take their

children to special schools and other institution that can cater to their care and well-being. Occupational status and income play an important role in the overall treatment cost and education of autistic children (Alnasser, 2023). For some parents, their level of education can also determine their ability to identify symptoms and engage in parenting practices that can rectify the situation (Rosa, 2025). Thus, the following hypothesis has been raised for this study:

H1: There is a positive and significant relationship between the socio-economic status of families and the developmental outcomes of autistic children who are studying in special schools in Chattogram City.

H0: There is no relationship between the socio-economic status of families and the developmental outcomes of autistic children who are studying in special schools in Chattogram City.

MATERIALS AND METHODS

This research was a descriptive design and it focused on the social, economic, and cultural determinants that affect in the care, education and development children with autism spectrum disorder (ASD) Chattogram City. A mixed-methods design was used that allowed for a combination of quantitative and qualitative methods in order to capture the numbers with an understanding of context; in line with Creswell & Clark, (2017) advice for social research.

The study participants were the parents or guardians of children with autism who were attending two leading ASD agencies in Chattogram City, i.e., Autistic Children's Welfare Foundation (ACWF) and the Chattogram Society for Autistic Children (CSAC). These were chosen deliberately because of the name recognition and high number of children with ASD in their organization throughout the city. Convenient sampling technique was used to select 50 respondents, as they were the exact sub-group being sort for the study. The sample size was based on the total population of all the parents in the participating institutions, as well as consideration of what would be logistically feasible and serve to ensure good representation regarding socio-economic diversity. The authors' justifications for this one-sentence synthesis are so that they could explain: "Fifty parents were purposively selected to ensure representation of families from a wide range of socio-economic backgrounds affiliated with the two largest ASD institutions in Chattogram."

Information was gathered through structured questionnaire supplemented with SSIs. The questionnaire was constructed utilizing previous ASD socio-economic literature and content validity was tested by two disability studies experts. It consisted of 4 parts: demographic data, socio-economic status factors, access to educational and therapeutic facilities and the difficulties mothers face. A pilot study with five parents (not included in the sample) tested clarity and reliability and worded to a minor degree. The reliability of the scale scores was evaluated with Cronbach's alpha, which

generated an acceptable coefficient ($\alpha > 0.70$). Semi-structured interviews were conducted according to an interview guide that was designed to ensure uniformity and encourage the participants' spontaneous responses. Data sources for the primary information were questionnaire survey, observations by researcher and transcripts from interviews; secondary data-sources included books, journals, government publications and reports of non-governmental organizations (NGOs) on autism and disability in Bangladesh. The quantitative data were analyzed with descriptive statistics and correlation analysis that investigate association with socio-economic variables and the out-come of children. Focus group interviews were analyzed thematically to extract common parental social and economic challenges.

Ethical considerations were adhered to through an informed consent, voluntary participation in the research process, protection of the identities of respondents and files and keeping all data securely stored. When these ethical issues had been addressed, the researchers knew that any studies would comply with social research standards.

RESULTS AND DISCUSSIONS

The results and discussion section reviews the findings of the study on the socio-economic status of the families having autistic children in the special schools of

Chattogram City. It shows the profile of the respondents assessed through their demographic characteristics, economic background, and the resources accessed in terms of educational and therapeutic services in addition to the challenges in managing autism. Through a combination of quantitative structured questionnaires and semi-structured interviews, this section deliberates on how these socio-economic statuses affect ASD children in terms of developmental outcomes, care, and social participation. While discussing the findings, this section also links with other literature so as to indicate the achievement and challenges in autism and support services in Bangladesh.

Demographic Profile of the Respondents

It is important to have knowledge of the demographic background of respondents in order to understand results presented. The preceding section provides the basis of analyzing how socio-economic matters determine the lives of the above categories on autistic children. In this subsection, the study deals with the demographic characteristics of the respondents, including the ages, sex, and relationship of the parents, as well as the ages and sex of children. These details inform of any trends concerning education access or therapy and the general child development.

Table 1 shows the demographic profile of the

Table 1: Demographic Profile of the Respondents

Demographic Variable	Category	Frequency (f)	Percentage (%)
Respondent Relationship	Mother	30	60%
	Father	20	40%
Child Gender	Male	35	70%
	Female	15	30%
Child Age	3–5 years	18	36%
	6–10 years	20	40%
	11–18 years	12	24%
Age of Respondent	20–30 years	8	16%
	31–40 years	28	56%
	41–50 years	15	30%
	Above 50 years	1	2%

respondents in this study. The study surveyed 50 parents of autistic children from Chattogram Autism School and Training Institute and Chattogram Society for Autistic Children (CSAC). The majority of respondents were mothers (60%), reflecting their central role in caregiving for autistic children. Fathers accounted for 40%, which aligns with cultural norms where mothers are primary caregivers. A notable gender disparity was observed among the children, with males comprising 70% of the sample and females 30%, consistent with global trends showing higher autism prevalence in boys (Islam *et al.*, 2019).

The age of children varied widely from 3 to 18 years, with 76% diagnosed by age 5–10, indicating that early

intervention opportunities may still be underutilized. Most parents were aged between 31–40 years (56%), an age group likely to be actively engaged in managing both family and professional responsibilities. These findings provide context for interpreting socio-economic challenges, such as balancing work commitments with therapy schedules, financial strain, and the need for parental training programs.

Overall, the demographic profile highlights the key characteristics of families involved in special education programs in Chattogram, setting the stage for further analysis of socio-economic factors, access to services, and parental challenges in subsequent sections (Alnasser, 2023).

Socio Economic Status of Families

The socio-economic status of families plays a crucial role in determining access to education, therapy, and overall development for autistic children. This subsection examines family income, parental occupation, and

educational attainment to understand how economic and social factors influence the well-being and support systems for children with Autism Spectrum Disorder (ASD) in Chattogram City.

Table 2: Socio-economic Status of Families

Socio-Economic Variable	Category	Frequency (f)	Percentage (%)
Monthly Family Income (BDT)	Below 20,000	15	30%
	20,001–40,000	25	50%
	40,001–50,000	5	10%
	Above 50,000	5	10%
Father’s Occupation	Informal work	12	24%
	Small business	18	36%
	Service	15	30%
	Others	5	10%
Mother’s Occupation	Homemaker	35	70%
	Service	10	20%
	Others	5	10%
Father’s Education	No formal education	5	10%
	Primary	10	20%
	Secondary	22	44%
	Higher education	13	26%
Mother’s Education	No formal education	8	16%
	Primary	12	24%
	Secondary	18	36%
	Higher education	12	24%

Table 2 represented the socio-economic status of the families. The data suggests that 50% of families belongs to lower-middle income , earning between BDT 20,001-40,000, with only 10% crossing BDT 50,000 income. This indicates that financial resources are genuinely limited, which may act as a barrier to private therapies, specialized schooling, and consistent care of their autistic children . Fathers’ engagement in small businesses and informal work was 36% and 24% respectively, while mothers mostly were homemakers . This pattern often leads to one primary income source, intensifying the family’s vulnerability. Educational attainment data indicates the following: fathers 44% and mothers 36% had only secondary education, with fewer having higher education degrees. Prior studies suggest that parents’ education is positively correlated with their awareness of their child’s condition, early diagnosis and involvement in therapies, and education supply planning. In general, the data demonstrates that socio-economic limitations and low educational attainment heavily affect families’ capacity to provide adequate support for their children. Therefore, it is vital to provide affordable therapy services, parents’ training, and a more comprehensive institutional framework for supporting families struggling with poverty (Ali & Asriwandari, 2024; Camargo *et al.*, 2024).

Access to Education and Therapy

Access to appropriate educational and therapeutic services is critical for the development and social inclusion of children with Autism Spectrum Disorder (ASD). This subsection examines how children enrolled in special schools in Chattogram City utilize educational facilities, therapy services, transportation, and institutional support, highlighting gaps and disparities influenced by socio-economic factors.

Table 3 represent the status of access to education and therapy. A majority of children, 56% were enrolled in the Autistic Children’s Welfare Foundation, while the remaining are in the Chattogram Society for Autistic Children. Families live within 5-10 km from the school but must commute daily transport. Most common transport is private 40%, school-provided transport 30%, public buses by 5%, walking on foot by 10%. About half of the interviewer children have difficulties ensuring regular attendance; such factors may decrease therapy efficacy and skill learning. With regard to therapy, 40% attend speech therapy, 30% occupational therapy, 20% both, and 10% none. Social and institutional conditions contribute to the determination that local institutes are insufficiently developed. Deprivation is an overarching phenomenon of all social organizations. Chattogram City has institutionalized deprivation. Families are not

Table 3: Access to Education and Therapy

Access Variable	Category	Frequency (f)	Percentage (%)
School Enrollment	ACWF	28	56%
	CSAC	22	44%
Distance to School	Less than 5 km	15	30%
	5–10 km	30	60%
	More than 10 km	5	10%
Mode of Transportation	Walking	5	10%
	Private transport	20	40%
	School transport	15	30%
	Public bus	10	20%
Access to Additional Therapy	Speech therapy	20	40%
	Occupational therapy	15	30%
	Both	10	20%
	None	5	10%
Awareness of Govt./NGO Assistance	Aware	8	16%
	Not aware	42	84%

aware where to apply for government or NGOs aid. As to SES, it largely influences therapy receiving higher SES is associated with more consistent therapy attendance and private therapies; in contrast, low SES is associated with limitations in funds and logistics. To sum, education and therapy are unequally accessible in Chattogram City. Socio-economic and transportation factors, as well as institutional, are barriers to ensure proper care. Training programs for both families and practitioners, financial help, and widening therapy can improve developmental factors of the autistic child (Ali & Asriwandari, 2024; Rahman & Alam, 2025).

Parental Challenges and Social Issues

Parents of autistic children face multidimensional challenges that extend beyond financial constraints. Emotional stress, social stigma, and the burden of caregiving significantly impact family life. In this study, this subsection explores the major difficulties reported by parents and their perceptions of social acceptance and community support in Chattogram City. Following table represented the challenges of parents:

Table 4 explains the challenges and social issues faced by the parents of autistic children. The data shows that 80% of parents encountered financial difficulties. As many as

Table 4: Parental Challenges and Social Issues

Challenge / Issue	Category	Frequency (f)	Percentage (%)
Financial Strain	Yes	40	80%
	No	10	20%
Emotional Stress	Yes	33	66%
	No	17	34%
Lack of Awareness / Support	Yes	30	60%
	No	20	40%
Social Stigma	Yes	28	56%
	No	22	44%
Community Acceptance	Accepted	12	24%
	Partially accepted	20	40%
	Not accepted	18	36%
Parental Coping Strategies	Family support	25	50%
	Religious faith	15	30%
	Counseling / Training	10	20%

78% paid for therapy, while 56% covered school fees and 46% paid for transportation. In emotional terms, 66% of the surveyed parents experienced fatigue, 60% suffered

from anxiety and stress, and 40% had sleep problems. These data cannot be considered reliable, but, in the opinion of Akhter *et al.*, the proportion is not significantly

exaggerated. The social factor is also important. As many as 56% reported abuse or an unfriendly attitude, while 40% faced partial acceptance and 24% reciprocated. Such results suggest the significance of social problems, which create an even greater burden for families of people with autism. In terms of coping, more than a half turned to family support, whereas 30% of participants employed their faith. Only 20% studied the issue or passed a consulting program. Thus, there is potential in counteracting social isolation and stress among families raising children with autism in raising awareness and support projects (Rahman & Alam, 2025).

Relationship Between Socio-Economic Status and Child Development

Socio-economic factors such as family income, parental education, and occupation largely determine the outcome of children with Autism Spectrum Disorder Developmental delay vs Typical development. Notably, the mentioned socio-economic factors determine the financial base of the family and, subsequently, the ability

to secure education and therapeutic resources (Anderson *et al.*, 2024). Additionally, the factors determine the awareness level and the parental inclination to pursue the affordable early intervention options. Importantly, while children from higher-income families have no problem attending school, attain consistent therapy services, and programs specialized with their needs, children from lower-income families intermittently apply the services and follow-up with progress, leaving development lag behind (Ali & Asriwandari, 2024). Different levels of parental education determine the awareness and understanding comfortability of suitable treatment options for the child (Pillay *et al.*, 2022). The parental inclusion level determines the time availability and the correlation and school following. Both factors correlate with parental work and ensure dedicative participation of both in the child’s life. As a result, the following sub-section describes these factors in the context of Chattogram City, emphasizing the direct and indirect impact on the general growth, social attachment, and learnability of ASD children and the polarized state that

Table 5: Relationship Between Socio-Economic Status and Child Development

Socio-Economic Factor	Development Indicator	Observation / Frequency
Family Income	Regular school attendance	Higher-income: 90%; Lower-income: 55%
	Access to therapy	Higher-income: 85%; Lower-income: 40%
Parental Education	Awareness of autism & therapy	Higher education: 95%; Secondary/less: 60%
Occupation	Ability to afford therapy	Service/business: 80%; Informal work: 50%

establishes the need for equitable initiative intervention. Table 5 displays the relationship between socio-economic status and child development. The analysis clearly proves the high correlation between the socio-economic factors and the outcomes of children’s developmental issues. If a family had enough finance to maintain regular school attendance and benefit from several therapy services, such development was better in social and cognitive terms. However, if a family’s income did not allow for proper scheduling and only limited therapy was facilitated, the child’s developments were restricted. One of the determinants was parental education. A parent was one who most likely knew of autism if they had a proper background, meaning that the child’s issue could be identified as early as possible. Parents employed the most financial resources into proper care. Therefore, if a parent is employed, or even self-employed, doubtlessly more chances the child developed. Conversely, a parent who may take informal sorts of jobs barely employed, actively (Oliveira, 2023).

Hypothesis Testing

The study proposed the hypothesis that socio-economic status significantly influences the developmental outcomes, access to education, and therapy services for children with Autism Spectrum Disorder (ASD). To test this hypothesis, the collected data on family income, parental education, occupation, access to therapy, and

school attendance were analyzed using statistical methods, including cross-tabulation and correlation analysis.

H0 (Null Hypothesis): There is no significant relationship between the socio-economic status of families and the developmental outcomes of children with ASD.

H1(Alternative Hypothesis): There is a significant relationship between the socio-economic status of families and the developmental outcomes of children with ASD.

The analysis (Table 6) indicates statistically significant relationships between socio-economic factors and key developmental indicators for autistic children. Higher family income and better parental education were associated with increased access to therapy, regular school attendance, and greater parental awareness of autism. Similarly, occupational stability allowed families to allocate more time and resources toward their child’s care. Since the p-values in all tests are less than 0.05, the null hypothesis (H0) is rejected, and the alternative hypothesis (H1) is accepted. This confirms that socio-economic status has a significant impact on the developmental outcomes and access to education and therapy for children with ASD in Chattogram City.

The findings support previous studies (Faruk *et al.*, 2023; Oliveira, 2023; Ulfa & Djameluddin, 2023) that socio-economic factors strongly influence the quality of care

Table 6: Hypothesis Testing

Socio-Economic Variable	Development Indicator	Correlation / Observation	Interpretation
Family Income	School Attendance	$r = 0.62, p < 0.01$	Positive significant correlation; higher income → regular attendance
Family Income	Access to Therapy	$r = 0.58, p < 0.01$	Positive significant correlation; higher income → more therapy sessions
Parental Education	Awareness of Autism	$r = 0.65, p < 0.01$	Positive significant correlation; higher education → better awareness
Occupation	Ability to Afford Therapy	Chi-square = 12.34, $p < 0.05$	Significant association; stable jobs → better access to therapy

and developmental progress of autistic children. This underscores the need for targeted policies, financial support, and inclusive educational programs to reduce disparities and improve outcomes for children from lower socio-economic backgrounds.

Findings

The findings of the study regarding the socio-economic status of families with autistic children in Chattogram City can be summarized as follows:

1. The age of most mothers/fathers’ respondents was between 30-40 years (60%). The children were predominantly male (70%) and aged between 3-10 years. This aspect correlated with the generally recognized higher incidence of autism among male children. Most children were diagnosed after five years due to the absence of early diagnostic tools and specialists in the region.

2. The monthly income of families was divided equally between the lower-middle income group and the remaining 10% of families receiving more than BDT 50,000. The fathers were involved in small businesses and informal jobs while 70% of mothers were housewives. Only 44% of male parents and 36% of female parents had secondary education levels, highlighting the knowledge gap related to ASD.

3. The regular attendance of children with ASD in school was 5-10 km away, but most of them were divided equally between 56% ACWF and 44% CSAC. They could not attend the center due to lack of transportation and financial constraints. Only 16% of families knew about government or NGO assistance, and additional therapy was provided to 40% speech therapy, 30% occupational therapy, and 20% of both while 10% were provided no therapy.

4. 80% of parents faced financial strain while 66% felt emotionally strained; 46% felt dissatisfied due to the lack of space, and 56% were excluded based on stigma. The Coping strategy was family support, religious faith, Bible, and counseling or training programs.

5. The statistical average of family income, parental education, the stability of father employment was positively correlated with regular attendance, participation in regular therapy, and the overall development outcome of their child.

6. The statistical relationship between the socio-economic status and the development of ASD in Chattogram p was 0.04. Therefore, the null hypothesis assuming no relationship was rejected, meaning that SD has a direct impact on the children’s service and the developmental outcome of their children.

The study indicated that according to the socio-economic aspect, the disparity is a critical factor that determines whether the children will receive any development on attendance to school for the parents to live. This study aimed at furthering an equitable program, specifically highlighting the need for an inclusive session for the textbook program, counselling training program. A national awareness model for improving the level of development in all sectors socioeconomic groups of autistic children.

RECOMMENDATIONS

The results of our study on the socio-economic status of families with autistic children in Chattogram City make us contribute the following recommendations to enhance the quality of care, education, and development for children with Autism Spectrum Disorder:

1. Special schools and training centers Continue opening of special schools and training centers in Chattogram and areas closer to it in order to shorten travel distances for families living in suburban and rural areas. Hold consultation and training programs for adequate numbers of special education teachers in order to provide low teacher-student ratio for maximum in-depth observation of each child.

2. Sponsorship and scholarship’s introduction of financial aid programs with government and NGO sponsorship targeted at helping low-income families with payment for school, therapy, and transportation expenses. Scholarship programs or sliding-scale fee structures at private therapy centers to make necessary interventions available for all social categories.

3. Public campaigns on autism to minimize social stigma, increase understanding and community support towards families. Workshops and training programs for family members, caregivers, teachers, and parents of children with autism. Availability of therapists in schools or local community centers, especially in remote areas

with a shortage of service providers. Mobile therapy units and outreach programs to provide children unable to attend a therapy a center receive help.

4. Make policies focused on early diagnosis, education, and integrated efforts to let children with ASD be part of mainstream educational systems if possible. Promote collaboration of governmental, NGO, and private involved parties to create a central child autism care and development system.

5. Parental support Structure counseling programs for parents so that they could cope with emotional stress, manage registered behavioral problems, and plan the future of their children. Support groups to share experiences, trade strategies, and resources between register parents to reduce their isolation.

Bridge the socioeconomic gap and achievement inequities; make necessary care available for free or at a reduced fee for registered families to reduce the economic burden of ASD on them; shorten the travel distances for those who are suffering from the suburban home deficit in Chattogram. Only through a holistic approach, we will be able to alter the course of the disease towards a better inclusive place for autistic children in Chattogram to grow up.

LIMITATIONS

Despite the broad and comprehensive approach to the previously described aspects of the problem, the following limitations should be acknowledged: the relatively small size of the respondents was recruited for the quantitative study. More specifically, 50 families connected to special schools in Chattogram City, the ACWF and CSAC participated in surveys. Therefore, the generalization of such results is not relevant to all autistic children in Bangladesh, especially those who live in rural areas or receive the help of institutions. Finally, the ACWF and CSAC, located in the urban area, may differ in the possibilities they provide to families, parents, and children on their territory. The focus on parents was explained by the application of structured questionnaires and interviews that are grounded on the personal perception of children's conditions, which may indicate the potential desire to prove their problems or the lack of information about children's therapies and developments. Moreover, the one-time measurement limits the ability to assess potential changes in the families' socio-economic status or children's developments. The identified problems are not related to the level of institutions, as those parents who do not send their children to special schools and those whose children stay at home and go through communities were excluded. Thus, the application did not relate to the actual problem of families who struggle without institutional help. Access to therapy was the only measure used in the study. The above study did not measure the time and quality of therapies provided, and, in general, the measure is very general and does not show the true state of the appropriateness of therapy in specially built buildings for supporting autistic children.

CONCLUSION

This article investigated the socioeconomic condition of families with autistic children in Chattogram City, and how income, education level, and occupation history of parents influence the access to educational facilities, therapy support, and development services for their children. The results all indicate that the socioeconomic status of a family is a powerful and detectable boon or bane to the health care and developmental advancement in autistic kids. On a quantitative level, logarithm regression also showed higher SES may significantly increase the access of regular schooling, and therapy frequency including early intervention service; more than 85% of low-income families claimed that they did not have any knowledge about government or NGO (non-government organization) support program. Results also such pride that many parents are experiencing financial difficulty and psychological burdening, social stigma following this disease process barriers make it difficult to attain an early diagnosis as well as regular therapy to their children.

The study contributes to the literature by offering a localized set of empirical findings from Chattogram, where knowledge on the socioeconomic influences shaping ASD service use remains largely under-explored. Through the exploration of how SES disparities influence autism-related services utilization within this particular urban setting, the study contributes a unique locally grounded perspective to both national and global debates on ASD care access. The broader implications of such findings are that structural inequities have direct impacts on child developmental outcomes and family wellbeing. The study suggests piloting targeted cash transfer schemes for poor households, scaling up affordable therapy and other educational services, developing community-based initiatives to educate parents, and building public campaigns around existing government/NGO resources. This approach could not only lead to improved developmental pathways for children with ASD but would also increase parental well-being and mitigate socio-economic impediments to management of autism.

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