



ORIGINAL ARTICLE

Health Care Seeking Behavior among the Parents for their Autistic Children

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Abstract

Background: Autism Spectrum Disorders (ASD) are increasing alarmingly in recent times. **Objective:** The purpose of the present study was to find out the pattern of health care seeking behavior of the parents for their autistic children. **Methodology:** This cross-sectional study was conducted at Centre for Neurodevelopment and Autism in Children at Bangabandhu Sheikh Mujib Medical University, Dhaka from January to December 2013. The respondents were the parents of autistic children who came to the centres with their children. **Results:** About 61(66.3%) cases were in 2 to 6 years of age. Among the siblings, 8(8.7%) had autism and relatives of 8(8.7%) children had other developmental disorder. It is revealed that 67(72.8%) consulted specialist doctor, 23(25%) attended special teacher in scientific center. As many as 65(70.7%) were aware about autism and 80(87%) knew about the services provided at scientific centers. About 36(39.1%) had barriers to attend scientific centers. Lack of awareness (18 out of 36) was the most important barrier. Majority of the parents (79.3%) attended regularly to the health care centers for follow up. **Conclusion:** In conclusion raising awareness, dissemination of information, knowledge about autism including its risk factors and decentralization of health care facilities can overcome the impediment of getting appropriate health care. [*Journal of Current and Advance Medical Research, July 2022;9(2):83-90*]

Keywords: Health care seeking behavior; parents; autistic children

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Introduction

Autism spectrum disorders (ASDs) are a group of developmental disabilities characterized by atypical development in socialization, communication and behavior¹. The symptoms of ASDs typically are present before 3 years and are accompanied by abnormalities in cognitive functioning, learning, attention and sensory processing. These conditions include autistic disorder (i.e. autism), Asperger's disorder and Pervasive Developmental Disorder-not otherwise specified (PDD-NOS).

Autism is a lifelong neurodevelopmental disorder characterized by early onset of impairments in social interaction, communication and unusual stereotype behavior. Autism (i.e. autistic disorder) often is classified with two related, although less severe, developmental disorders, Asperger's disorder and pervasive developmental disorder-not otherwise specified². These three constitute the autism spectrum disorders (ASDs). Diagnosis of ASDs is based exclusively on developmental pattern and behavioral observation³.

Parents of children with developmental disabilities face challenges placing them at risk for high levels of stress and other negative psychological outcomes⁴. Parenting a child with autism may pose additional stressors related to the child's challenges in communicating, difficult behaviors, social isolation, difficulties in self-care and lack of community understandings.

Several studies reported increased psychological distress, including depression, anxiety and components of stress, such as decreased family cohesion, increased somatic complaints and burn out, among parents of children with autism and related autism spectrum disorders (ASDs) in comparison to parents of typically developing children or parents of non-autistic children with mental retardation or other developmental Disabilities⁵.

Parents usually notice signs in the first two years of their child's life⁶. The signs usually develop gradually but some autistic children first develop more normally then regress. Early behavioral or cognitive intervention can help autistic children gain self-care, social and communication skills. Although there is no known cure there have been reported cases of children who recovered⁷. Not many children with autism live independently after reaching adulthood, though some become successful⁸. An autistic culture has developed, with

some individual seeking a cure and others believing autism should be accepted as a difference and treated as a disorder.

The autism-spectrum conditions are diagnosed by the presence of social and communication difficulties, alongside unusually strong, narrow interests and /or repetitive and stereo-typed behavior in ICD-10. In childhood autism, language delay is an invariably present and cognitive ability may extend into the below average range (intellectual disabilities)⁹. Autism forms the core of the autism spectrum disorders. Asperger's syndrome is closest to autism in signs and likely causes; unlike autism, people with Asperger's syndrome have no significant delay in language development. PDD-NOS is diagnosed when the criteria are not met for a more specific disorder. Some sources also include Rett's Syndrome and childhood disintegrative disorder which share several signs with autism but may have unrelated causes, other sources combine ASD with these two conditions into the pervasive developmental disorders¹⁰. According to National Autistic Society of the United Kingdom, Pathological demand avoidance syndrome belongs and is increasingly being recognized as belonging to the autistic spectrum⁹.

In Bangladesh, number of children are now diagnosed as being autistic making it an important emerging public health problem. The diagnosis of autism has increased six fold over the past decade in Bangladesh¹¹. To date there is no cure for autism. Though there are existing scientific intervention programs that benefit autistic children a lot if started early nevertheless these programs are expensive and demands continuous involvement of the parents for developing full potential of the child. So searching for any preventive measure is need for health care seeking behavior of parents for autistic children.

Autism has some unknown etiology with profound consequences for the patients and their families¹². The importance of prevention is highlighted because of the fact that pediatric management of autism in children is also problematic in that there is no medical cure and no consensus regarding the best intervention strategy. Bangladesh, a developing country with many major child health problems still to overcome, is no further that this new emerging child health problem of autism¹³. The worsening situation is that in a resource poor country like Bangladesh; developmental disorders like autism takes severe toll on the affected family and society in the long run¹⁴.

Therefore, it is indeed a necessity to find out the pattern of health seeking behavior of parents for their autistic children attending specialized centers for autistic children. Thus this present study was undertaken to find out the pattern of health care seeking behavior of the parents for their autistic children.

Methodology

Study Settings and Population: This was a cross-sectional study on health care seeking behavior of the parents for their autistic children attending Centre for Neurodevelopment and Autism in Children, BSMMU, Dhaka and Shishu Bikash Kendra, Dhaka Shishu Hospital Dhaka. The study was conducted for a total period of twelve months commencing from January 2013 to December 2013. The study was undertaken at Centre for Neurodevelopment and Autism in children at Bangabandhu Sheikh Mujib Medical University, Dhaka and Shishu Bikash Kendra, Dhaka Shishu Hospital. The Centre for Neurodevelopment and Autism in Children is situated at Shahabag, Dhaka. It is located at the western side (opposite to main road) of BIRDEM and northern side of national Museum, Shahabag, Dhaka. The centre is located on the premises of Bangabandhu Sheikh Mujib Medical University (BSMMU), block 'E' where a multi-disciplinary and multi-agency team provides comprehensive and tertiary level services to children with disability and their families under one roof. In addition to that, it has also established a 'day care centre' in a 'healing and autism friendly environment'. It aids these children to achieve their rights and enjoy equal opportunities in all aspects of their lives. Awareness about autism and disability are promoted here. The SBK of Dhaka Sishu Hospital is located at Sher-e-Bangla Nagar, Dhaka, Bangladesh. It is located on the southern side of Agargaon, Shyamoli road, Near Shishu Mela of Dhaka city. The centers provide health care to the diagnosed autistic children. Almost all kinds of scientific intervention health care facilities are available in these centers for autism and other developmental disorder. The respondents were the parents of autistic children who came to the centres with their children. Exclusion criteria were parents attended the centres with disability other than autism or parents with severely sick children or parents who denied or hesitate to be a study subject and to give interview.

Study Procedure: Literature review was simultaneously going beginning from January till the final report was written. The first three months were spent for topic selection, development of

protocol and approval of the protocol by the board. The subsequent months were spent for questionnaire development and pre-testing, data collection, compilation and analysis, report writing, printing and submission of the report. Purposive sampling technique was adopted in this study. A semi-structured questionnaire was developed in English and then translated in to Bangla. The questionnaire was developed using the selected variables according to the specific objectives. Pretesting was done on October 2013 at Angels care special school for autism, Mohammadpur, Dhaka. The questionnaire was finalized after necessary modification based on the finding of pretesting. The data were collected after having permission from the authority of Centre for Neurodevelopment and Autism in Children at Bangabandhu Sheikh Mujib Medical University, Dhaka and SBK, Dhaka Shishu Hospital, Dhaka. A brief introduction was given to the respondents by the interviewer at the beginning of face to face interview. After explaining the whole procedure written consent was taken from the respondents. The investigator collected data through face to face interview (commonly mother). The research was conducted in full accord with ethical principle. At the end of each day of data collection, individual questionnaire was edited through checking and rechecking for completeness and consistency. At the end of the day of data collection period, individual interview schedule was filled completely.

Statistical Analysis: Completeness, consistency and correctness were checked as much as possible to reduce error. The data entry started immediately after completion of data collection. A code plan was developed for each and every question; the variable was defined for single observation with the value and value description according to the data type. The coded sheet was re-checked for data quality. Computer reduces the risk of human error and release time for a more thorough data processing. After editing and coding, the coded data were directly entered and analyzed by the computer with the help of SPSS (Statistical Package for Social Sciences) version 19.0 software. An analysis plan was developed keeping in view with the objective of the study. For analyzing data some descriptive statistics like mean, median, mode and percentage were used. In order to find out association between variables, Chi-square and Fisher's exact test (where chi square test is not applicable) were done.

Ethical Consideration: Formal permission was taken from relevant authorities of study places. The respondents were briefed properly about the nature and purpose of the research before the interview.

Informed written consent of parents was obtained. All data were kept strictly confidential, not harmful in any way for the respondents. Respondents were assured and briefed that they could abstain from answering question from the questionnaire at any time. The respondents were assured that they would not be deprived from health service if they withdraw their consent from the study.

Results

A total of 92 self-motivated respondents having child with diagnosis of autism were interviewed by specific semi-structured questionnaire. Maximum respondents 61(66.3%) respondents belonged to 2-6 years of age which was followed by 17(18.5%) at 7 to 10 years. More than 2/3rd of the respondents 76(82.6%) were male whereas 17.39 % respondents were female. Out of 92 respondents, 84(91.30%) cases were Muslim and 8(8.7%) cases were Hindu. It was observed that 70(76.1%) respondents were from nuclear family and 22(23.9%) cases were part of joint family. As much as 57(62%) mothers were graduate and 57(62 %) were post graduate. Maximum number of fathers of the autistic children were post graduate 44(47.8%) cases and graduate 40(43.5%) cases. Three fourth 75(81.5%) of the mothers of the autistic children were housewives. More than half 54(58.7%) fathers were service holder and 34(37%) were businessmen. Almost 2/3rd 69(75%) of the respondents were from urban area while 23(25%) were from rural area. It was observed that 1/3rd of the respondents 34(34%) had monthly income between 5000-10000 taka per month, 30(32.6%) were having income between 20000-25000 taka (Table 1).

Table 1: General Information regarding Socio-Demographic Characteristics (n=92)

Variables	Frequency	Percent
Age Group Autistic Children		
• 2 to 6 Years	61	66.3
• 7 to 10	17	18.5
• 11 to 14	12	13.0
• 15 to 18	2	2.2
Gender		
• Male	76	82.6
• Female	16	17.4
Religion		
• Islam	84	91.3
• Hindu	8	8.7
Family Type		
• Nuclear	70	76.1
• Joint	22	23.9

Variables	Frequency	Percent
Educational Status of Mother		
• Primary	2	2.2
• SSC	5	5.4
• HSC	21	22.8
• Graduation	57	62.0
• Post-Graduation	7	7.6
Educational Status of Father		
• Primary	4	4.4
• SSC	1	1.1
• HSC	3	3.3
• Graduation	40	43.5
• Post-Graduation	44	47.8
Occupational Status of Mother		
• Housewife	75	81.5
• Service	14	15.2
• Business	3	3.3
Occupational Status of Father		
• Cultivation	1	1.1
• day laborer	1	1.1
• Service	54	58.7
• Business	34	37
• Others	2	2.2
Residence		
• Urban	69	75.0
• Rural	23	25.0
Family Monthly Income		
• 5000-10000	34	37
• 10000-15000	11	12
• 15000-20000	14	15.2
• 20000-25000	30	32.6
• >25000	3	3.3

It was observed that 85(92.4%) respondents completed EPI vaccination and the rest 7(7.6%) cases partially completed it. It was revealed that 76(82.6%) mothers did not work during pregnancy and the rest 16(17.4%) cases were working mothers. As much as 65(70.7%) mothers were in the age group of 21 to 30 years during pregnancy followed by 18(19.6%) cases in 31 to 40 years and 4(4.3%) cases were in above 40 years' group during that time. Maximum parents 82(89.1%) didn't have the history of consanguineous marriage. Only 10(10.9%) of them were having consanguineous marriage. Most of the mothers 90(97.8%) were non-smoker. Out of 96 fathers, 39 never smoked, 24 cases were irregular smokers, 21 cases were regular smokers and the rest 8 were past users. It was observed that only (8.7%) siblings of the respondents were autistic. It was observed that 8.7% siblings had other developmental disorder (Table 2).

Table 2: Different Factors contributing to autism (n=92)

Variables	Frequency	Percent
Status of EPI Vaccination		
• Completed	85	92.4
• Partially Completed	7	7.6
Working Status of the Mother during Pregnancy		
• Working Mother	16	17.4
• Didn't Work	76	82.6
Age of Mother During Pregnancy		
• <20 Years	5	5.4
• 21 to 30 Years	65	70.7
• 31 to 40 Years	18	19.6
• >40 Years	4	4.3
Consanguineous Marriage		
• No	82	89.1
• Yes	10	10.9
Smoking Habit of Mother		
• Never	90	97.8
• Past user	1	1.1
• Irregular	1	1.1
Smoking Habit of Father		
• Never	39	42.4
• Past user	8	8.7
• Irregular	24	26.1
• regular	21	22.8
Autism In Other Siblings		
• No	84	91.3
• Yes	8	8.7
Other Developmental Disorder in the Sibling		
• No	8	8.7
• Yes	84	91.3

It is very important to diagnose the Autism during the age of the children. The parents should aware about the normal activities of the children. Delay of diagnosis leads to improper treatment. Some parents ignore the activities. In this study, it was observed that 53.3% parents noticed abnormality at 1 to 3 years and 41.3% parents noticed it at age group 4 to 6 years. Almost 2/3rd 65(70.7%) cases of the children were diagnosed between 4 to 6 years of age followed by 17(18.5%) in the age group 1 to 3 years. About 67(72.8%) cases started scientific treatment at the age of 4 to 6 years, 14(15.2%) cases between 1 to 3 years, 4(4.3%) cases at 7 to 9 years, 4(4.3%) cases at 12 years above and 3(3.3%) at 7 to 9 years of age. The study revealed that more than half 56(60.9%) cases of the children went for instant health care (Table 3).

Table 3: Actual Practice for Health Care Seeking Behavior of the Parents of Autistic Children (n=92)

Variables	Frequency	Percent
Age of Noticing Problem		
• 1 to 3 Years	49	53.3
• 4 to 6 Years	38	41.3
• 7 to 9 Years	5	5.4
Age at Diagnosis of Autism		
• 1 to 3 Years	17	18.5
• 4 to 6 Years	65	70.7
• 7 to 9 Years	3	3.3
• 10 to 12 Years	3	3.3
• More than 12 Years	4	4.3
Age to start scientific treatment		
• 1 to 3 Years	14	15.2
• 4 to 6 Years	67	72.8
• 7 to 9 Years	4	4.3
• 10 to 12 Years	3	3.3
• Above 12 Years	3	4.3
Seek Instant Care		
• No	36	39.1
• Yes	56	60.9

Study showed that 46(50%) of the respondents got information on autism from mass media, 23(25%) from doctor,17(18.5%) from friends and 6(6.5%) from neighbors. Almost 2/3rd (70.7%) of the respondents were informed about autism. It was observed that 80(87%) respondents knew the services provided at specialized centers. Data revealed that 36(39.1%) of the respondents faced barriers to seek health care for their autistic babies, rest of them 56(60.9%) didn't face any difficulties. The study showed that 18(50%) respondents didn't seek immediate care due to lack of awareness. The other important reasons were social stigma 5(13.9%), misguidance 5(13.9%), information 3(8.3%), financial constraint 3(8.3%) cases (Table 4).

Table 4: Information on Autism and Barriers for Seeking Health Care

Variables	Frequency	Percent
Sources of Information About Health Care Centres		
• Doctor	23	25
• Friends	17	18.5
• Neighbor	6	6.5
• Mass media	46	50
Information on autism		

Variables	Frequency	Percent
• Not known	27	29.3
• Known	65	70.7
Information About Service Provided at Scientific Centers		
• Not known	12	13
• Known	80	87
Barriers to Seek Health Care		
• No	56	60.9
• Yes	36	39.1
Reasons for delay/Types of Barriers		
• Information	3	8.3
• Accompanying person	1	2.8
• Financial constraint	3	8.3
• Misguided by others	5	13.9
• Unwillingness of family members	1	2.8
• Social stigma	5	13.9
• Awareness	18	50

All the parents become anxious when they notice that their children are performing some abnormal activities. Out of 92 parents, 36(39.1%) did not seek instant medical care. As many as 24(26.1%) cases faced no barriers but 12(13%) cases had problems to do so. Total 56(60.9%) respondents did seek instant health care. Out of 24(26.1%) had barriers and 32(34.8%) faced no difficulties to seek health care facilities. The difference was not significant (p=0.36, Fishers exact test=0.39). Out of 92 respondents, 53(57.6%) mothers were graduate and above. Out of them 31(33.7%) faced no barriers and 25(27.2%) had difficulties to seek health care. Total 39(42.4%) mothers were with educational qualification up to HSC; 36(39.1%) of them faced barriers in seeking health care. The difference was not statistically associated (p=0.668, Fishers exact test=1.668) (Table 5).

Table 5: Seeking Instant Health Care and Barrier Faced (n=92)

Variables	Barriers		Total
	No	Yes	
Instant Medical Care*			
• No	24(26.1%)	12(13.%)	36(39.1%)
• Yes	32(34.8%)	24(26.1%)	56(60.9%)
Educational Status of Mother**			
• Up to HSC	25(27.2%)	14(15.2%)	39(42.4%)
• Graduate and above	31(33.7%)	22(23.9%)	53(57.6%)

Chi-square test was performed to see the level of significance; *p value=0.36; **p value=0.668

Discussion

Autism spectrum disorders (ASD) are part of a broad spectrum of neurodevelopmental disorders known as pervasive developmental disorders, which occur in childhood⁹. They are characterized by impairments in social interaction, verbal and nonverbal communication and the presence of restricted and repetitive stereotyped behaviors. At the present time, the etiology of autism spectrum disorders is largely unknown, but genetic, environmental, immunological, and neurological factors are thought to play a role in the development of autism spectrum disorders¹⁵. Currently increasing research has focused on the connections between the immune system and the nervous system, including its possible role in the development autism spectrum disorders.

This study was aimed to assess the pattern of health care seeking behavior of the parents for their autistic children. A total of 92 respondents attending Centre for Neurodevelopment and Autism in Children, BSMMU, Dhaka and SBK, Dhaka Sishu Hospital, Dhaka were selected to conduct the study. The respondents had variation in types of health care seeking behavior. Overall findings of the study have been discussed in the following order.

Socio-demographic characteristics: This study showed maximum 66.3% children were in 2 to 6 years of age, 18.5% were in 7 to 11 years, 13.0% were in 12 to 16 years and only 2.2% were more than 17 years. The average age was 6.03±3.76. This finding is not consistent with Schieve et al³ This Study found 59.4% were in age group 4 to 10 years and 40.6% were in age group 11 to 17 years. This study found majorities (82.61%) autistic children were male and 17.39% were female. This finding was somehow similar with the study conducted by Durkin et al¹⁶ which depicted that among the children 73.0% cases were male and 27.0% cases were female. Another study Glasson et al¹⁷ study showed 75.0% cases were male and 25.0% cases were female. Findings indicated that 70.0% of the respondents belonged to nuclear family; rest 23.9% were from joint family. Maximum 34(37%) cases had monthly income between 5000 to 10000 Taka, 30(32.6%) between 20000 to 25000 taka, 14(15.2%) between 15000 to 20000 taka, 11(12.0%) between 10000 to 15000 taka and 3(3.3%) had income over 25000 taka per month. The results obtained from preceding two paragraphs, commensurate with the study conducted by Thomas et al¹⁸ where autism is higher in boys (4 times) and in middle income group. Out

of 92 respondents, 84.4% of the respondents were Muslim and rest 8.0% were Hindu. As many as 57(62%) cases of mothers were graduate, 21(22.8%) completed HSC and 7(7.6%) cases were postgraduate. Among the fathers, 40(43.5%) were graduate and 47(47.8%) were postgraduate. It was observed that 75(81.5%) mothers were housewives and 14.0% were service holders. Fathers were service holder in 54.0% cases and engaged in business in 34.0% cases. Almost 2/3rd 69(75%) respondents resided in urban area whereas rest 23(25.0%) lived in rural area.

Factors Contributing to Autism: Majorities (92.4%) of autistic children completed EPI vaccination and the rest 7.6% had partial or incomplete vaccination. Among the mothers, 65(70.7%) were in the age group of 21 to 30 years during pregnancy. Significantly 18(19.6%) of total were in 31 to 40 years' age group and 4(4.3%) were above 40 years' group. This finding did not commensurate with the study conducted by Grace et al¹⁹ where 19.0% of the mothers were in 21 to 30 years of age group and 70% of the mothers were in 31 to 40 years' age group. Out of 92 cases, 10(10.9%) of the respondents were having consanguineous marriage which was not consistent with the study by Bittles²⁰ where the percentage of consanguineous marriage was 2.3% cases. It was observed that out of 92 mothers, 90 never smoked. Out of 96 fathers, 39 never smoked, 24 fathers were irregular smokers, 21 were regular smokers and the rest 8 were past users. About 76(82.6%) mothers did not work during pregnancy. The respondents had siblings 8(8.7%) who were autistic. It was found that the autistic children had relatives (10.1%) with other developmental disorder was This finding was somehow consistent with the study conducted by Tolstein and Rosen-Shiedley²¹ which mentioned that siblings were at risk of being autistic in 10.0% cases. Another study by Bolton et al²² suggested 2.9% concordance of autism among the siblings.

Actual health care practice of the parents for their autistic children: It was observed that 49(53.3%) parents noticed abnormality at 2 to 6 years followed by 38(41.3%) at age group 4 to 6 years. Almost 2/3rd 65(70.7%) of the children were diagnosed between 4 to 6 years of age followed by 17(18.5%) in the age group 1 to 3 years. This finding somehow did commensurate with the study conducted by Paul²³ which stated that the detection of abnormality by the family members happened during first 3 years of life and the diagnosis was confirmed in age group 3 to 6 years. Nearly 3/4th of the children started to get scientific treatment at 4 to

6 years of age followed by 14(15.2%) at 1 to 3 years. After noticing the abnormality 56(60.9%) of the respondents did seek instant health care.

Information on autism and barriers for seeking health care: Mass media was the prime source 46(50%) of getting information from regarding autism and 23(25%) came to know about it from doctor, 17(18.5%) from friends and 6(6.5%) from neighbors. Out of 92 respondents, 65(70.7%) were informed about autism. Among the respondents, 80(87%) knew information about the services provided at specialized center. The number of the respondents faced barriers to seek health care for their autistic babies was 36(39.1%), rest of them 56(60.9%) didn't face any barrier. Study showed that 18(50%) respondents didn't seek immediate care due to awareness. The other reasons were social stigma 5(13.9%), misguidance 5(13.9%), lack of information 3(8.3%), financial constraint 3(8.3%). According to the Autism Speakers²⁴ awareness, education, financial constraints are the main issue to overcome to seek medical care for autistic children.

Information on Autism and the Initial Health Care Providers: More than half 53(71.6%) of the respondents knew the information on autism and out of them 26(35.1%) attended local doctor, 15(20.3%) opted for traditional treatment. 21(28.4%) respondents didn't know about autism. Out of them 8(10.8%) consulted local doctors and 7(9.5%) went to private clinic and hospitals. The difference was not statistically associated ($p=0.6$, Fishers exact test =2.66).

Seeking Instant Health Care and Barrier Faced: Out of 92 parents, 36(39.1%) did not seek instant medical care. Among them 24(26.1%) faced no barriers but 12(13%) had problems to do so. Total 56(60.9%) respondents did seek instant health care. Out of 24(26.1%) had barriers and 32(34.8%) faced no difficulties to seek health care facilities. The difference was not significant ($p=0.36$, Fishers exact test=0.39).

Limitation of the Study: In most studies there are some limitations; this study was no exception either. In spite of researcher's endeavor, the following limitations could not be overcome while conducting the study. As sample size is small, the findings of the study may not represent the whole population of Bangladesh. Sampling was done purposively due to limited time and number of respondents' availability. A larger sample size and in depth interview could provide more reliable information. Many of the respondents replied to

question from their memories, which might cause recall bias. The study was confined to only two hospitals due to limitation of time and administrative convenience.

Conclusion

In conclusion, the parents of the autistic children ultimately realize that original way of health care is the modern scientific care not the traditional approach. This study shows significant number of respondents admitted that they faced barrier for health seeking behavior due to awareness, social stigma, misguidance by others, lack of information, financial constraint, no accompanying persons, non-cooperation of child, unsatisfactory service. Daily care routine, economic constraints and education are the basic hardships of the parents of an autistic child. Significant number of respondents had no knowledge about autism and places of scientific care for autism. Early noticing and diagnosis of autism is a key factor. In this study it has been found that majority of those who faced difficulties to seek instant health care, had lack of health awareness and it demands intervention program to create awareness among the parents of autistic children.

Recommendations

Considering recommendation following are put forward for policy makers, future researchers and the study population. Autism diagnosis and health care facilities should be decentralized to overcome the barriers faced by the people who live in rural area. Siblings of children with autism should be monitored carefully for acquisition of social, communication and play skills and the occurrence of maladaptive behaviors. Information to be conveyed to the concerned individual regarding the risk factor which are avoidable in relation to ASD 30 years and above aged mothers, consanguineous marriage.

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