FAMILY FEATURES AND THEIR CONTRIBUTION TOWARDS IMPROVING THE BEHAVIORAL SKILLS OF THE AUTISTIC YOUTH

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ABSTRACT
This study is conducted with major objective to investigate the role of major family related features in behavioral skills of autistic individuals. The study explored important family factors possibly influencing autism. Out of 114 institutions spread over the three clusters, using convenient sampling technique, two employees from each institution were chosen for the purpose of gathering data based on their availability. As a result, the quantitative study's sample size was increased to 228 respondents using the questionnaire. A focus group of 5-7 members was made to collect qualitative data. The results of the study showed that there was significant effect of individual's level of autism on behavioral factors affecting autism. The study found that if a family type in which the individual is currently living is changed then automatically it will bring change in effect of behavioral factors on autism. The recommendations of the study stated that autistic children must be treated according to their stage of autism. If the stage is high then the behavior of the child may be harsh and must be tolerated. The response must be polite in order to manage the situation.
Keywords: Autism Spectrum Disorder, Behavioral skills, Family factors, youth

INTRODUCTION
Autism spectrum disorder is defined as a cluster of early-appearing societal communication impairments and repetitive sensory-motor activities that have a main hereditary component as well as new causes. Nowadays, numerous people through autism spectrum disorder do must favorable survival than they did 50 years ago; many of them might read, speak, as well as live in society instead of in institutes, while others will be entirely symptom-free by adulthood (Lord, et al 2018).

Social communication difficulties and the predominance of constrained and repetitive behavior are characteristics of autism (American Psychiatric Association [APA], 2013). Social communication includes a variety of skill sets such as social initiations (such as initiating play or conversations with others), social interdependence (such as chatting away in communications), synchrony (such as constructively linking conversation to the topic), and recognition and display of appropriate nonverbal behavior, such as gestures or facial expressions. Social connection with peers and the development of social relationships may be restricted by impairments in social communication. Restrictive and repetitive behavior (RRB) includes adhering rigidly to routines, timetables, or settings and feeling uncomfortable when they change or are adjusted. It can also include stereotypical behavior or speech. Participation and engagement of individuals at work, school, and in the community may be impacted by these RRBs. RRB manifests itself most severely as self-destructive behavior.

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Autism spectrum disorder (ASD), a widespread neurodevelopmental condition, affects one out of every 68 kids. Lack of social and communication skills, as well as repetitive and restricted behaviors, are considered indicators of ASD (APA, 2013) . According to the National Autism Center's National Standards Project, there is still a need for evidence-based treatment plans for kids with ASD because there are only 14 approved pediatric practices and one adult precedent (National Autism center, 2015). According to some research, music therapy is an effective therapeutic choice for verbal communication, social connection, and socioemotional reciprocity (Geretsegger et al. 2014). Children with ASD can relate socially besides work on the way to nonmusical social goals thanks to the special stimulus of music.

The Pakistan Autism Society estimates that 400,000 children in Pakistan have autism spectrum disorder (ASD). A person with autism has a developmental handicap that they will always have (The Express Tribune, 2021). A preliminary estimate suggests there are 1.7 million children with autism, according to the most current census and statistics from the United States, which state that one in 59 children suffer from the illness (Junaidi, 2019). Less than a million people, or 0.48% of the overall population, were identified as having disabilities in Pakistan's most recent national census, including autism. The number of disabled individuals, however, was 3.2 million, or 2.3% of the population, according to the most recent census, which was carried out in 1998. A person with autism has a developmental handicap that they will have their entire life. The brain functioning of the affected person are impacted by this disorder. For kids with autism spectrum disorder, early detection can enhance results (Sheldrick,2021). Usually, the first symptoms show up before the youngster is three. At 12 months of age, when an ASD may be present, infants can be recognized using updated screening protocols.

According to Hamdani et al. (2014), institutions in rural Pakistan frequently misdiagnose and improperly handle diseases, which puts a lot of stress on the parents. As of now, ongoing therapy for young children with ASD has helped resolve serious social and communication issues as well as stereotypical problems with time and behavior (Flanagan et al., 2012). (Vismara and Rogers, 2010). Another factor contributing to the underrepresentation of autism is education. Stigmatization is a severe impediment to early diagnosis and efficient treatment and is brought on by a lack of education. According to a research by the Armed Forces Institute of Mental Health in Rawalpindi, out of 1889 adult patients seeking psychiatric evaluation and treatment at a tertiary mental health institution, 12.5% of the patients tested positive for AQ, and 8.6% of those individuals had an ASD diagnosis (Hassan, 2021). Reading the evidence indicates a connection between motor delays and performance in kids with ASD (Bhat et al. 2012; Chawarska et al. 2007; Flanagan et al. 2012). Investigating interventions and changes for the socioeconomic transformation of autistic children in Punjab is crucial.

Significance of the study
The study was conducted to observe the influence of family features towards improving the behavioral skills of the autistic youth. Autistic individuals require special attention at home and among the family. This is because they are special people and require extra care. Their behavior can be influenced by the different family related factors which need to be explored. That is why this study was planned and executed by taking autistic youth as target respondents.

Objectives of the study
The major objectives of the study as follow:
1. To determine the major family factors of the target respondents.
2. To identify the effect of Individual's level of autism on behavioral skills of autistic youth.
3. To identify the effect of family size on behavioral skills of autistic youth.
4. To identify the effect of education level of father on behavioral skills of autistic youth.
5. To identify the effect of history of autism in the family on behavioral skills of autistic youth.

Research questions
Q1: What are the major family factors of the target respondents selected for study?
Q2: What is the effect of Individual's level of autism on behavioral skills of autistic youth?
Q3: What is the effect of family size on behavioral skills of autistic youth.
Q4: To identify the effect of education level of father on behavioral

skills of autistic youth.
Q5: To identify the effect of history of autism in the family on
behavioral skills of autistic youth.

METHODOLOGY

The main purpose of this research study was to elaborate the role of socio-economic variables in improving the behavioral skills of autistic youth. We initially chose Punjab at random, and it is separated into three clusters according to region: the north region (Rawalpindi), the center region (Faisalabad), and the south area (Multan) In total, Punjab has 320 institutions that deal with five disabilities, either as special education institutions or as schools created specifically for autism. There are 114 institutions spread over these three clusters, including 33 in Multan, 38 in Faisalabad, and 43 in Rawalpindi. Two employees from each institution were chosen for the purpose of gathering data based on their availability. As a result, the quantitative study's sample size was increased to 228 respondents using the questionnaire. Focus group discussions were used to acquire qualitative data. FGD is widely utilized as a qualitative method to comprehend social concerns in-depth. Instead of using a statistically representative sample of a larger population, the strategy seeks to collect data from a deliberately chosen group of people (Nyumba et al. 2018). The 5-7 members in FGs used to collect qualitative data were from a variety of backgrounds, including parents, institute directors, district officials, NGO representatives, and policymakers. The qualitative data collection was conducted at divisional level. For the sampled data, a questionnaire was the study's instrument. The monitoring committee strictly supervised the preparation of the instrument. For qualitative research, a guide for focus group interviews was created.

Table No. 1: Reliability analysis

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.893	.891	9

The reliability value for all the items included for the study was determined. The above values show reliability value as 0.893 which was considered as very good according to Rule of Thumb table given by Hair et al. (2003).

Table No. 2: Rule of Thumb about reliability coefficient size

Rule of Thumb About Cronbach's Alpha Coefficient Size

Alpha Coefficient Range	Strength of Association
<0.6	Poor
0.6 to <0.7	Moderate
0.7 to <0.8	Good
0.8 to <0.9	Very Good
>0.9	Excellent

Source: Hair et al. (2003)

RESULTS

Demographic features

Individual's level of autism depicts that 42.5% of the respondents were mild autistic and 39% of the respondents were moderate autistic while 18.4% of the respondents were severe autistic. 51.3% of the respondent were belong to nuclear family and 31.1% of the respondent were belong joint family while 17.5% were belong to an extended family. The data regarding education level of father show that 45.2% of the respondents had a matric level of education and 28.5% of the respondent had a middle level of education while 13.2% of the respondent had graduate level of education. Data show that most of the respondent (62.3%) had a history of autism in the family were no while 19.3% of the respondent had a history of autism in the family were yes whereas 18.4% of the respondent had a history of autism in the family were don't know.

Table No. 3: Different Behavioral factors affecting autism as perceived by respondents

Note: 1=Always, 2=often, 3=Sometimes, 4=Rarely, 5=Never

Sr. No.	Statements	Mean	Standard deviation	Rank Value
1	Individual with ASD have difficulty understanding social cues	2.732	1.2287	2
2	Individual with ASD Shares toys and talks about the activity with peers.	2.504	1.1244	5
3	Individual with ASD do not have feelings, or care about others.	2.719	1.2871	3
4	Individual with ASD show inappropriate laughing or Giggling.	2.807	1.3398	1
5	Individual with ASD have restricted and repetitive behaviors, interests or activities:	2.434	1.1611	7
6	People with ASD usually adapt easily to changes:	2.732	1.0592	2
7	Individual with ASD insists you as the teacher/trainer do things in a specific way or order.	2.386	.9890	8
8	Individual with ASD do the same things over and over with each other	2.553	1.1349	4
9	Individual with ASD deals with teasing behavior or left out of a group	2.482	.9821	6

The above table shows that Individual with ASD show inappropriate laughing or Giggling was the behavioral factor affecting autism (sometimes to often) receiving highest average value whereas Individual with ASD have difficulty understanding social cues? was the second major behavioral factor affecting autism (sometimes to often) receiving highest average score. Individual with ASD do not have feelings, or care about others was the behavioral factor affecting autism (often to sometimes) receiving third average score and does the individual with ASD do the same things over and over with each other was the factor affecting autism (often to sometimes) receiving fourth average score. Individual with ASD Shares toys and talks about the activity with peers was the behavioral factor affecting autism (often to sometimes) receiving fifth average score. Individual with ASD deals with teasing behavior or left out of a group was the behavioral factor affecting autism (often to sometimes) receiving sixth average score. Individual with ASD have restricted and repetitive behaviors, interests or activities was the behavioral factor affecting autism (often to sometimes) receiving the seventh average score. Individual with ASD insists you as the teacher/trainer do things in a specific way or order was the behavioral factor affecting autism (often to sometimes) receiving lowest average score. The table further depicts that Individual with ASD insists you as the teacher/trainer do things in a specific way or order? Was behavioral factor Received lowest average score (often to sometimes) whereas Individual with ASD have restricted and repetitive behaviors, interests or activities was a behavioral factor received second lowest average score (often to sometimes).

Regression Analysis (role of History of Autism in the family, Education level of father, Family type, Individual's level of autism on Behavioral factors affecting autism)

The regression model was also applied to assess the effect of independent variables on dependent variable. The following regression table contains role of behavioral factors affecting autism as dependent variable while history of Autism in family, education level of father, family type and Individual level of autism as independent variables. Following tables are explained in this regard.

Table No. 4: Table showing variation in the data

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.636[a]	.405	.394	5.912

a. Predictors: (Constant), History of Autism in the family, Education level of father, Family type, Individual's level of autism

The model summary table tells us about the variation in the data. The table shows that the value of R square was recorded to be 0.405 which tells that high level of unexplained variation in the data. The data was observed to be much scattered.

Table No. 5: Analysis of Variance table showing difference among the variables

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	5305.583	4	1326.396	37.949	.000[b]
	Residual	7794.347	223	34.952		
	Total	13099.930	227			

a. Dependent Variable: Behavioral factors affecting autism
b. Predictors: (Constant), History of Autism in the family, Education level of father, Family type, Individual's level of autism

The ANOVA table is shown above. The Mean Square values are computed by dividing the Between and Within Groups Sum of Squares by their respective degrees of freedom (df), where df = 4 and 223, respectively. The F-value (37.949) is computed by dividing the Mean Square Between Groups by the Mean Square Within Groups. The most important part of this table the Sig. value, since this is the probability that the differences between groups is due to chance. If p (Sig.) is less than or equal to .05, we reject Ho. Since in this case, the Sig. is less than .000, we can reject the null hypothesis of no differences. Therefore one way ANOVA revealed that there is significant difference in variables under study, $F(4,223) = 37.949$, $p < .000$.

Table No. 6: Main regression table showing effect of independent variables on dependent variable

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	43.810	1.873		23.386	.000
	Individual's level of autism	-3.149	.590	-.309	-5.341	.000
	Family type	-2.232	.556	-.223	-4.016	.000
	Education level of father	-1.473	.432	-.176	-3.407	.001
	History of Autism in the family	-3.667	.676	-.297	-5.428	.000

a. Dependent Variable: Behavioral factors affecting autism

The coefficients table given above shows that the there was significant effect of individual's level of autism on behavioral factors affecting autism. If there is higher level of autism in the individual then automatically it will increase the effect of different behavioral factors affecting autism. The beta value shows that every one unit increase in level of autism of the individual brings -3.149 units change in behavioral factors affecting autism. Similarly, type of family in which the autistic individual is living had significant effect on behavioral factors affecting autism. If a family type in which the individual is currently living is changed then automatically it will bring change in effect of behavioral factors on autism. In addition, Individual educational level of father had significant effect on behavioral factors affecting autism. If father is very much educated then automatically it will have positive effect on behavioral factors effecting autism. History of autism in the family also had significant effect on behavioral factors affecting autism. If there is history of autism in the family then automatically it will have effect on behavioral factors effecting autism.

Qualitative comparison

A director of special education while commenting on role of level of autism in different behavioral factors of the child stated:

"Level of autism has very much important role in deciding the behavior of the special children. Hence children with mild autism can have normal behavior towards education whereas severe Autistic children are not able to show normal behavior and therefore show abnormal behavior."

A parent of an autistic child also stated that:

"Family type definitely has very much effect on behavior of autistic child. We can observe that an autistic child shows different behavior if he/she lives in nuclear family whereas these children show totally different behavior if they live in joint or extended family system."

Family type and home environment provided to special children definitely has high impact on different behavioral factors effecting autism. There are many children which do not adjust in their family just because of family system not ideal and according to their nature. Therefore they do not adjust to such environment. Such special children must be provided with an environment at home which is ideal to them and very much helpful to them for living a normal life.
Another parent also argued that:

"Autistic children normally require social environment around them so that they keep themselves busy in any social activity and keep on trying to concentrate by engaging themselves in social activities. This also will push them more towards normality."

A mother of a female autistic child in reply to the role of education level of father in behavioral factor affecting autism of the child contradicted the quantitative results explained that:

"If a father is educated, he knows how to deal with his special child? Which type of environment to provide? And how to get along with his child. Therefore child normally feel comfortable when his father is educated and knows his wants."

A director of the institute also commented:

"A father needs to be educated in order to know his special child's needs. Education definitely helps you in decision making in tough situations when you do not find the way out. Hence a special child demands more attention and only an educated father can observe his needs."

CONCLUSIONS

The results of the study showed that there was significant effect of individual's level of autism on behavioral factors affecting autism. Similarly, type of family in which the autistic individual is living had significant effect on behavioral factors affecting autism. If a family type in which the individual is currently living is changed then automatically it will bring change in effect of behavioral factors on autism. In addition, Individual educational level of father had significant effect on behavioral factors affecting autism. If father is very much educated then automatically it will have positive effect on behavioral factors effecting autism. History of autism in the family also had significant effect on behavioral factors affecting autism. If there is history of autism in the family then automatically it will have effect on behavioral factors effecting autism.

RECOMMENDATIONS

The findings of the study recommended that autistic children must be treated according to their stage of autism. If the stage is high then the behavior of the child may be harsh and must be tolerated. The response must be polite in order to manage the situation. Similarly the behavior of child must be managed according to the type of family system in which he/she is living. Furthermore, father must gain proper trainings and courses according to the level of autism of his children so that he can made the family and house environment more peaceful and satisfactory for the special children.

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