

# Parental Perception about Anti-Social Behavior at Public Place and its Effects on Daily Routine Life

Dr. Muhammad Javed Aftab<sup>1</sup>, Sana Qaiser<sup>2</sup>, and Dr. Rukhsana Bashir<sup>2</sup>

<sup>1</sup>Department of Special Education, University of Education, Lahore, (Faisalabad Campus), Pakistan

<sup>2</sup> Institute of Special Education, University of the Punjab, Lahore, Pakistan

\*Corresponding author email address: [drmjavedaftab@ue.edu.pk](mailto:drmjavedaftab@ue.edu.pk)

## ABSTRACT

The prime goal of this study is to investigate the parental perception about anti-social behavior at public place and its effects on daily routine life. Researchers devised a self-made questionnaire with an eye on parents' perceptions of autism's antisocial behavior and the impact it has on their daily routines. There was a section at the beginning of the survey that asked about the respondent's demographics. Parents of autistic children used the survey to verify its validity. The core determination of this exploration was to discover the perception of parents regarding the difficulties faced by parents and also the child who caught with ASD when they are out of their comfort zone (in public places). The findings reported here are based on research conducted as part of the "Parental Perception about Anti-Social Behavior at Public Place and its Effects on Daily Routine Life" project. Major findings of this study is that mostly parents agree that their child having the anti-social behavior like they do weird things such as shouting, yelling, screaming, snatching toys from other children, feel confused, look someone with fixed attention without any specific reason. In the overall reaction of parent's shows that they know everything about their uncontrolled child but they just consider it as a behavior problem they are not aware that it is the sign and symptoms of an autism spectrum disorder. For future research it could be recommended that research should be qualitative and interview both parents. This could be done by broadening the sample by including more parents. Gaining more information from both mothers and fathers could provide a better understanding of parent's perception in Pakistan. Another recommendation is to conduct the study in overall Pakistan to have a better understanding of parent's perception about autistic child and their difficulties having the child with autism spectrum disorder.

## KEYWORDS

Anti-social behaviour, daily routine life, Parental Perception, autism spectrum disorder

## JOURNAL INFO

HISTORY: Received: May 26, 2022

Accepted: June 25, 2022

Published: June 29, 2022

## INTRODUCTION

It's impossible to generalize about children since they're all different and wonderful in his or her own way; in overall, a youngster is a precious thing. One youngster may excel in designing or painting, whereas another can excel in learning to write (Assouline, Nicpon, & Doobay, 2009). There is a difference between nature and nurture when it comes to the qualities we are given. An individual kid's inherent skills may be adjusted, improved or ignored by the environment in which the youngster grows up (Assouline et al., 2009). Autism spectrum disorder is a multiplex cluster of neuro developmental disorder, also cooperatively called autism spectrum disorder (ASD). Word "spectrum" is used for the symptoms of ample involving impairments of expertise in ASD child. Some children present mild symptoms of impairment while some other may present severe form of ASD (Strock, 2007).

More than 60 million individuals throughout the globe suffer with autism, and many of these people live in countries like Pakistan in Africa and Asia where governmental services are nonexistent. Situational awareness is definitely called for. In a nation like Pakistan, where even the ordinary citizen can only dream of receiving a decent education owing to a lack of financial means, it is almost difficult to pay for the rehabilitation of an autistic kid (khan, 2009).

Autism Spectrum Disorder (ASD) sufferers may also have IQs in the genius range, this means that children with Autism should be tested for their cognitive ability and behavior by taking an IQ and behavioral test. Behaviors linked with ASD include self-injurious actions, aggressiveness, hyperactivity, impatience and maybe instability of moods, tantrumming, complicated rituals or repeated behaviors and also anti-social behavior (Jorden et al., 2012).

For parents who have an autistic kid, raising that child may be an ordeal, particularly when others don't realize the hardships in having autistic child. Children with ASD have a unique perspective on the world since they are not like the rest of us. They have a hard time putting themselves out there. Smell, hearing, and vision may all be affected by sensory problems (Costa et al., 2017). Autism spectrum disorder (ASD) caregivers are extra presumably to endure of depression, anxiety and stress than other parents, even if their kid does not have ASD (Estes et al., 2013). A child's behavior that is out of the norm, such as inappropriate touching or breaching personal space, being too honest about another person's looks, waving hands or

rotating round and round, or being obsessed by a specific object, may be upsetting and humiliating for parents (Pozo et al., 2014).

The biggest barrier is the negative connotation that is associated with the term "autism." Society as a whole and the families of those impacted are not accepting of this issue. Parents or caregivers who have child with autism spectrum disorder confront several challenges in addition to the social stigma they endure. These include a dearth of treatment options, inadequate educational opportunities, and inadequate government support. Parents of autistic children have gone out of the shadows to seek education and therapy for their children in their everyday routines because of increased awareness (<https://www.medicalnewstoday.com/articles/313789>).

Several gaps that still exist in the literature about autism spectrum disorder and its different approaches. This study was specially design to explore the problems face by parents regarding the anti-socialization of their child with autism spectrum disorder in public places here we have two objectives around this research; 1) to detect the perception of parents or caregivers in the matter of anti-social behavior of their child having autism spectrum disorder and 2) the effect of anti-social behavior of autistic child on daily routine life of their parents. This research study will be favorable for the caregivers of children having with ASD to realize about the anti-social behavior of autism in public spots, and how can such type of behavior pay off the daily life of parents. It will be helpful for the awareness of the society about autistic children that they are not disable they are just differently able. It will also draw a right path in managing the behavior of autistic child and making strategies for the betterment of their infants accompanied by spectrum disorder of autism.

## REVIEW THE RELATED LITERATURE

Landa (2007) states that disablement in socialization and communication development and stereotyped patterns of behavior and interest characterize autism. Clinicians and parents must communicate and intervene early in the course of a child's autism diagnosis. In children under the age of three, a youngster's communication, sociability, and interests are severely disrupted by autism. Autistic disorder is distinct from other impairments in that it encompasses a wide range of problems. Autism spectrum disorder (ASD), with signs extended as of modest intellectual, social, and repetitive behavioral impairments to extra alarming indications, such as intellectual disabilities and nonverbal impairment in children (Ryan et al., 2014).

Brazier (2016) described disorders that impact interaction, expression, and conduct are all part of the autism spectrum. The severity of the effect is debatable. In most cases, it first emerges in infancy and persists until adolescence or age. When it comes to a particular skill set, persons with autism spectrum condition may excel. Autism spectrum disorder is described by limited interests plus communication problems in communal situations. Repetitive behavior and a craving for regularity are other important characteristics.

Null, (2021) represented that there are several diseases on the autism spectrum, and each one has its own unique characteristics. There is no one definition of autism that can adequately explain or predict the course of a person's life. Some individuals may need a great deal of assistance throughout their lives, but others will be self-sufficient, go to college, and do great things in their areas of practice.

Hus & segal (2021) described that child with Symptoms of autism spectrum disorder (ASD) may change over time, including changes in performance and severity, as well as the loss of early abilities and an incorrect diagnosis in some individuals. A fast growth in the frequency of ASD across the world necessitates a prompt and precise diagnosis. Aspects that might affect the frequency of pervasiveness figure include diagnostic criteria have recently undergone some changes (Hodges, Fealko & Soares, 2020).

There has been a rise in the number of people with ASD during the last year. One in every 54 American children is now estimated to be a victim of spectrum disorder. Prevalence of ASD children in Pakistan, Autism Society of Pakistan, narrate that there are immensely 350,000 infants who are suffering from this developmental disorder. The field experts further confirm that the autism disorder is increasing over time (Noor et al., 2021).Boys and girls may have distinct symptoms of autism. Concerns about children's development have yet to be studied in relation to socio-cultural issues such as gender (Geelhand et al., 2019).

Autistic children have difficulties in socialization, communication, furthermore behavioral, interests and motor abilities (Phytanza & Burhaein, 2019). Rum, Zachor & Dromi (2021) investigate the fact that ASD's major symptom is social problems. Research on autism spectrum disorder (ASD) tends to focus on the disparities in social interactions between those with the disorder and those without it (Bottema, 2017). The social challenges faced by autistic people even those who need slighter help, are profound (Sasson et al., 2017).

Skills and needs of autistic child are very different. As a result, the term "autism spectrum disorder" is often used when discussing autism (ASD). Autism symptoms often occur in children as young as three or four years old. Autistic people may have a profound influence on their lives even if autism is not a disorder. Children who get early intervention services are better prepared to deal with some of the unique difficulties they may encounter in the real world (Nall, 2021)

Moreno (2019) relates that deregulated social behavior or antisocial attitude is a primary symptom of a number of neuropsychiatric syndromes, such as schizophrenia and bipolar disorder. "Any action that violates personal or societal norms

for proper behavior” is considered antisocial. Consequently, antisocial attitudes are not defined by the breach of any particular legislation in any particular nation; it does not need that the offender be held legally accountable for the behavior like a child, teenager, or anyone with decreased intellectual ability (Dewall & Anderson, 2011).

Anti-social behavior refers to physical, emotional, verbal, or non-verbal actions or attitudes that violate the age-appropriate norms of the society, the rights of others. Examples cited include disobedience, domestic violence, theft, cheating, heavy smoking, fraud, murder, internet trolling, homicide, sexual offenses, litter, lying, and even thumb sucking (El Hatw, El Taher, El Hamidi, & Alturkait, 2015; Walters, 2015).

Pinker (2011) investigate that rates of aggressive, antisocial behavior vary depending on a person's socioeconomic status, ethnicity, and either they live in a city or village area. Cultural differences in violent and antisocial attitude are also apparent. The antisocial aggressive behavior is more prevalent in "macho cultures" (societies that praise or embrace violence as a solution to problems) than in cultures that prioritize gender equality. Over the course of history, there have been significant shifts in violent and antisocial conduct in various communities.

According to journal of neuroscience there are major disparities between autism and antisocial disorder in terms of brain anatomy, a neuroimaging study of the overall population has shown (Wallace et al., 2012).As we know Autism is characterized by social deficiencies, such as a neglect to social cues and a preference for avoiding eye contact. As a result, autism is often misdiagnosed as an antisocial disease, marked by extreme anxiety and terror while in public. According to genetic research, these diseases are caused by unique genetic variations (Lundstrom et al., 2012)

Parenting for a person with autism disorder can be exhausting even in the best of conditions (Manning et al., 2021). This Spectrum Disorder is a lifelong affliction that disturbs children and their families. Considering parents with fewer resources must work harder and deal with more difficulties as parents, this leads to greater levels of stress for parents in these situations (Yu, Zuk, & Gaab, 2018), and also describe the noteworthy restlessness (Falk et al., 2014), eminent sorrow (Weitlauf et al., 2014), and more issues correlated health (Fairthome et al., 2015).Parental pleasure was also examined as a factor in the study of parenting stress (Moh & Magiati, 2012) flexibility (Santoso et al., 2015), status of animation (Wisessathom et al., 2013; Siah and Tan, 2016), gathering in family (Tait and Mundia, 2012; Xue et al., 2014), and a sense of helplessness amid the everyday slog (Vetrayan et al., 2013).

Autism-afflicted children's erratic behavior may possess a bleak smash on the lives of their parents and siblings. It may be tough for parents and other caregivers to engage in outdoor entertainment due to the numerous demands of everyday living (Lee, Harrington, Louie, & Newschaffer 2008). People don't understand the behavioral issues that parents of autistic children face the situation of refrain while taking their children out for activities (Fox et al., 2002).

There are many difficulties that parents tolerate when it comes to elevate their autistic child, particularly when others don't comprehend the situation. Children with ASD have a unique perspective on the world. They often have difficulties putting their thoughts and feelings into words. Sensory difficulties may have an impact on the senses of smell, sound, and vision. For example, they may be unable to consume items of a certain hue. Having a child who exhibits unusual behaviors in public, such as unwanted touching or invading of other people's space, being overly honest about their looks, flapping hands or rotating around, or being fascinated by a specific object, can be difficult for parents and even embarrassing for them at times (Brazier, 2016)

Brazier (2016) narrated that parents are frequently concerned about their children's future well-being, not only in the present. If the parents incorrectly blame oneself for the problem, lose their anger, or believe that they aren't doing things properly, they may feel guilty about their actions. Parents may get enraged when they believe they are not receiving enough support from others in their lives. When the child's conduct is out of control, they may get enraged. Another typical response is one of sorrow or grief. It is normal for parents to feel a feeling of loss when they realize that their kid will not be allowed to have the same kind of childhood that other children had.

Taking care of a kid with special needs might be much more difficult than being a parent. Angry feelings are very natural. Avoiding self-blame is a good idea for parents who are experiencing these emotions. If the tension becomes too severe, it may be time to seek assistance from a professional. Also, keep in mind that autistic children are capable of living full, happy lives. They'll simply have a different experience (Dewall & Anderson, 2011).

## **RESEARCH METHODOLOGY**

### **Research Design**

The leading resolution of this study is to identify the parental perceptions of anti-social behavior of their autistic child in public places and its effect on daily routine life. This study will use a survey as its primary method of data collection. Data is gathered quantitatively using a survey and questionnaire about the perception of parents concerning anti-social behavior at public place and its consequences on daily routine.

### Population/Sample

All parents in Punjab, both rural and urban areas, who have a child with ASD, were included in this investigation since the focus of the research was on how these parents perceive their child behavior. The study's participants were drawn mostly from residents of the Punjab region. All the parents of autistic children in Punjab were included in this research, however, only 102 individuals were chosen because of the covid 19 privileged statuses in Punjab.

### Instrumentation

Researchers devised a self-made questionnaire with an eye on parents' perceptions of autism's antisocial behavior and the impact it has on their daily routines. There was a section at the beginning of the survey that asked about the respondent's demographics. Parents of autistic children used the survey to verify its validity.

### Data Collection & Analysis

The COVID-19 scenario was taken into consideration while creating the google form that gathered the data. This study used a wide range of statistical methods to analyze the data like mean, median, mode, frequency distribution etc. The findings, on the other hand, were segmented into the tables below.

**Table 1. Sample Description based on demographics**

Sr #	Respondents	Frequency(f)	Percentage (%)
<b>Gender</b>			
1	Male	40	34.8
2	Female	75	65.2
	Total	115	100
<b>Age</b>			
1	25 to 35 years	70	60.9
2	36 to 45 years	35	30.4
3	46 to 55 years	10	8.7
	Total	115	100
<b>Education</b>			
1	Matric	21	18.2
2	F.A	23	20
3	B.A	27	23.5
4	M.A	44	38.3
	Total	115	100
<b>Working as a</b>			
1	Government Employee	38	33
2	Private job	50	43.5
3	Business man	13	11.3
4	Farmer	14	12.2
	Total	115	100
<b>Monthly Income</b>			
1	10 to 30 thousands	43	37.4
2	31 to 60 thousands	61	53
3	60 thousands onward	11	9.6
	Total	115	100
<b>Area</b>			
1	Urban	49	42.6
2	Rural	66	57.4
	Total	115	100
<b># of Kids</b>			
1	One	37	32.2
2	Two	31	27
3	Three	26	22.6
4	Four	21	18.3
	Total	115	100

In this table, the results of demographic factors are shown in a technical manner. Frequency findings show that both parents (mother and father) were included in this study's population, but their involvement was not equitably spaced because the mother of a autistic child taking care of her mentally not prepared that she can take part in an online google survey

that why we have received more response from the fathers. Overall, there was a resounding response from parents struggling with their child having autism spectrum disorder. The results show that 115 substantial respondents, meet our data requirements as posed in the survey. Interpreting our findings from our data analysis, it became clear that the majority of those who took part in the survey were mothers (female), about respondents of 115, there were 75 female respected mothers of an autistic child which constitute about 65.2 % of the total population and 40 fathers of an autistic child which is consist of about 34.8 % of the total population. When it comes to classifying assignments, a productive outcome is found because nearly all of the parents participated in presenting their thoughts on the subject matter. Government employee, business man, former, and parents having private job have recorded their reactions. When we classify the variance of the respondent regarding their location in Punjab, there is likewise an extreme number of participants from rural areas as having a greater number of population in villages.

On the other hand, when comparing the results based education and monthly income of the parents, reaction recorded by the parents of child having autism spectrum disorder out reached which likewise mirror the enormous number of the parent population. And when we analysis the deviation of the respondents concerning their age and kids, 60.9% parents are between 25 to 35 years old and 32.2 % parents in our sample have just one kid in Punjab.

**Table 2: Perception of parents or caregivers in the matter of anti-social behavior of their child having autism spectrum disorder.**

Sr #	Statement of questions	Yes	Sometimes	No	M	SD
1	Does your child having autism spectrum disorder show repetitive behavior in public places?	74(64.3)	25(21.7)	16(13.9)	2.5	.7
2	Does your child having autism spectrum disorder yelling or shouting at others without any reason?	65(56.5)	31(27.0)	19(16.5)	2.4	.8
3	Does your Child with autism behave to communicate their wants, needs, anxieties, and frustrations at public places?	68(59.1)	22(19.1)	25(21.7)	2.3	.8
4	Does your child with ASD have abusive/insulting behavior towards other people?	61(53.0)	33(28.7)	21(18.3)	2.3	.8
5	Does your child with ASD using the toys or any other things without any permission of others?	67(58.3)	31(27.0)	17(14.8)	2.4	.7
6	Does your autistic child show restricted behavior in public places?	60(52.2)	28(24.3)	27(23.5)	2.2	.8
7	Does your child having autism spectrum disorder response when people call his name?	55(47.8)	41(35.7)	19(16.5)	2.3	.7
8	Does your autistic child screamed without any specific reason in gathering?	58(50.4)	28(24.3)	29(25.2)	2.2	.8
9	Does your autistic child have a habit of fly-tipping (dumping of liquid or solid on floor) in hotels or any other public place?	60(52.2)	31(27.0)	24(20.9)	2.3	.8
10	Does your autistic child snatching the toys or any food items from siblings or any other people?	57(49.6)	31(27.0)	27(23.5)	2.2	.8
11	Does your autistic child show aggression in front the group of strangers?	67(58.3)	19(16.5)	29(25.2)	2.3	.8
12	Does your autistic child have swearing (the use of bad or vulgar language) problem regarding other people?	48(41.7)	50(43.5)	17(14.8)	2.2	.7
13	Does your child having autism show the behavior of vandalism (to damage or destroy property).	47(40.9)	45(39.1)	23(20.0)	2.2	.7
14	Does your autistic child sometime stare at nothing or wander with no purpose in public places?	60(52.2)	27(23.5)	28(24.3)	2.2	.8

15	Does your autistic child have a deviant style of gaze (e.g. look with fixed attention).	59(51.3)	33(28.7)	23(20.0)	2.3	.7
16	Does your child with autism spectrum disorder harming others by hitting, pinching, scratching, in public places?	65(56.5)	25(21.7)	25(21.7)	2.3	.8
17	Does your child having autism is less likely to feel confused or worry that there's something wrong?	65(56.5)	28(24.3)	22(19.1)	2.3	.8
18	Does your autistic child stretches his leg as for as it could go in waiting area of bus station?	61(53.0)	35(30.4)	19(16.5)	2.3	.7

**Table 2: Effect of anti-social behavior of autistic child on daily routine life of their parents.**

Sr #	Statements of questions	SA f(%)	A f(%)	UD f(%)	DA f(%)	SDA f(%)	M	SD
1	Going outside with your autistic child means being out of your comfort zone, into unpredictable surroundings?	31(27.0)	69(60.0)	6(5.2)	8(7.0)	1(.9)	4.0	.8
2	Parenting can be stressful when they struggled in public place that their autistic child becomes normal.	24(20.9)	76(66.1)	6(5.2)	9(7.8)	0	4.0	.7
3	Grief and sorrow are frequent when parents realize their child won't live normally.	31(27.0)	61(53.0)	16(13.9)	6(5.2)	1(.9)	4.0	.8
4	Parents feel ashamed in front of all friends when their autistic child mouthing or swallowing objects causing bodily harm in public places	29(25.2)	59(51.3)	11(9.6)	15(13.0)	1(.9)	3.9	.9
5	Parents often show irritability in their office because they couldn't enough sleep as of their autistic child.	21(18.3)	63(54.8)	13(11.3)	16(13.9)	2(1.7)	3.7	.9
6	Parents feel guilty when they feel that they are not doing things right for their autistic child.	25(21.7)	66(57.4)	8(7.0)	14(12.2)	2(1.7)	3.8	.9
7	Parents feel anger when They're not getting help from other parents or family.	20(17.4)	68(59.1)	11(9.6)	15(13.0)	1(.9)	3.7	.9
8	Sometime parents become scared/angry with the child when child's behavior is hard to handle.	32(27.8)	57(49.6)	14(12.2)	11(9.6)	1(.9)	3.9	.9
9	Social isolation may be accord because parents gradually drift away from their friends and family.	17(14.8)	62(53.9)	12(10.4)	21(18.3)	3(2.6)	3.6	1.0

10	Parents also face the physical and mental health issues when they care of an autistic child.	16(13.9)	69(60.0)	15(13.0)	12(10.4)	3(2.6)	3.7	.9
11	Sometime parents face familial discord when they stop someone else from saying something to their autistic child.	14(12.2)	68(59.1)	10(8.7)	20(17.4)	3(2.6)	3.6	.10
12	Marital confliction between parents can be happen due to the behavior of their autistic child in public.	20(17.4)	59(51.3)	14(12.2)	17(14.8)	5(4.3)	3.6	1.0
13	Parents feel frustration when oddness of their autistic child behavior caught the attention of others in public places	21(18.3)	76(66.1)	10(8.7)	7(6.1)	1(.9)	3.9	.7
14	It costs more to take an autistic child outside then the other normal children.	24(20.9)	67(58.3)	8(7.0)	14(12.2)	2(1.7)	3.8	.9
15	Decreased parenting efficacy can be take place in the sense of over care in gathering or anywhere in outside	15(13.0)	70(60.9)	11(9.6)	14(12.2)	5(4.3)	3.6	.10

**ANALYSIS OF VARIANCE**

Analysis of Variance of Responses about Perception of parents or caregivers in the matter of anti-social behavior of their child having autism spectrum disorder

**Table 3: Comparison the respondent’s perception about anti-social behavior of ASD children based on gender**

Gender	N	Mean	SD	Df	Sig	t
Female	75	41.2	8.59	113	.90	.110
Male	40		8.95			

\*P > .05 Level of Significance

Table 3 shows that the actual data for male (N=40, M=41.8, S.D. =8.59) and for female (N=75, M=42.0, S.D. =8.95) with t-statistics (t (113) = .110, P < .05 = .90) which leads to the decision that there is a significant difference in the Perception of parents or caregivers in the matter of anti-social behavior of their child having ASD on the basis of gender (male/female). Moreover, it reveal that female have more perception about anti-social behavior of autistic child as compared to the male respondents.

**Table 4: Comparison of parent perception about anti-social behavior of ASD children based on a living environment**

Area	N	M	SD	Df	t	Sig
Rural	66	41.2	9.182	113	.323	.7
Urban	49	42.9	8.238			

\*P > .05 Level of Significance

Table 4 shows that the actual data for rural respondents (N =66, M =41.2, S.D. =) and for urban respondents (N =49, M =42.9, S.D. =) with t-statistics (t (113) = .323, P < .05 = .752) which leads to the decision that there is a significant difference in the Perception of parents or caregivers in the matter of anti-social behavior of their child having ASD on the basis of their residential areas (rural/urban). Moreover, it reveal that rural respondents have more perception about anti-social behavior of autistic child as compared to the urban respondents.

**Table 5: Parents perception about anti-social behavior of autistic child based on the type of their age (one way ANOVA test)**

Respondent age	Sum of Squares	df	Mean Square	F	Sig
Between Groups	150.250	2	75.12	.971	.38
Within Groups	8664.671	112	77.36		
Total	8814.922	114			

\* $P > .05$  Level of Significance

Table 5 shows that the actual data for Between Groups ( $Sum\ of\ squares=150.25$ ,  $df=2$ ,  $Mean\ square=75.12$ ) and for Within Groups ( $Sum\ of\ squares=8664.671$ ,  $df=112$ ,  $Mean\ square=77.36$ ) with one way ANOVA ( $F(99) = .971$ ,  $P < .05 = .38$ ) which leads to the decision that there is a significant difference in the age of respondents from Between Groups and Within Groups regarding Perception of parents or caregivers in the matter of anti-social behavior of their child having autism spectrum disorder .

**Table 6: Parents perception about anti-social behavior of autistic child based on the type of their education (one way ANOVA test)**

Education of Respondent	Sum of Squares	df	Mean Square	F	Sig
Between Groups	358.536	3	119.5	1.56	.20
Within Groups	8456.38	111	76.1		
Total	8814.92	114			

\* $P > .05$  Level of Significance

Table 6 shows that the actual data for Between Groups( $Sum\ of\ squares=358.5$ ,  $df=3$ ,  $Mean\ square=119.5$ ) and for Within Groups( $Sum\ of\ squares=8456.38$ ,  $df=111$ ,  $Mean\ square=76.1$ ) with one way ANOVA ( $F(99) = 1.56$ ,  $P < .05 = .20$ ) providing a significant difference in the age of respondents from Between Groups and Within Groups regarding Perception of parents or caregivers in the matter of anti-social behavior of their child having autism spectrum disorder.

**Table 7: Parents perception about anti-social behavior of autistic child based on the type of their working status (one way ANOVA test)**

Respondent Work	Sum of Squares	df	Mean Square	F	Sig
Between Groups	570.06	3	190.02	2.55	.059
Within Groups	8244.85	111	74.27		
Total	8814.92	114			

\* $P > .05$  Level of Significance

Table 7 shows that the actual data for Between Groups( $Sum\ of\ squares=570.06$ ,  $df=3$ ,  $Mean\ square=190.02$ ) and for Within Groups( $Sum\ of\ squares=8244.85$ ,  $df=111$ ,  $Mean\ square=74.27$ ) with one way ANOVA ( $F(99) = 2.55$ ,  $P < .05 = .059$ ) providing a significant difference in the working status of respondents from Between Groups and Within Groups regarding Perception of parents or caregivers in the matter of anti-social behavior of their child having autism spectrum disorder.

**Table 8: Parents perception about anti-social behavior of autistic child based on the type of their monthly income (one way ANOVA test)**

Respondent Income	Sum of Squares	df	Mean Square	F	Sig
Between Groups	103.5	2	51.7	.66	.51
Within Groups	8711.4	112	77.7		
Total	8814.9	114			

\* $P > .05$  Level of Significance

Table 8 shows that the actual data for Between Groups( $Sum\ of\ squares=103.5$ ,  $df=2$ ,  $Mean\ square=51.7$ ) and for Within Groups( $Sum\ of\ squares=8711.4$ ,  $df=112$ ,  $Mean\ square=77.7$ ) with one way ANOVA ( $F(99) = .66$ ,  $P < .05 = .51$ ) providing a significant difference in the monthly income of respondents from Between Groups and Within Groups regarding Perception of parents or caregivers in the matter of anti-social behavior of their child having autism spectrum disorder.

**Table 9: Parents perception about anti-social behavior of autistic child based on the type of their number of kids (one way ANOVA test)**

Respondent kids	Sum of Squares	df	Mean Square	F	Sig
Between Groups	566.8	3	188.9	2.54	.06
Within Groups	8248.0	111	74.3		
Total	8814.9	114			

\* $P > .05$  Level of Significance

Table 8 shows that the actual data for Between Groups ( $Sum\ of\ squares=566.8$ ,  $df=3$ ,  $Mean\ square=188.9$ ) and for Within Groups ( $Sum\ of\ squares=8248.0$ ,  $df=111$ ,  $Mean\ square=74.3$ ) with one way ANOVA ( $F(99) = 2.54$ ,  $P < .05 = .06$ ) providing a significant difference in the kids of respondents from Between Groups and Within Groups regarding Perception of parents or caregivers in the matter of anti-social behavior of their child having autism spectrum disorder.

**Table 10: Comparison of anti-social behavior of autistic child effects on daily routine life of their parents based on gender.**

Gender	N	Mean	SD	Df	Sig	t
Female	75	55.93	8.59	113	.014	2.50
Male	40	59.72	7.26			

\* $P > .05$  Level of Significance

Table 10 shows that the actual data for male ( $N=40$ ,  $M=59.72$ ,  $S.D.=7.26$ ) and for female ( $N=75$ ,  $M=55.93$ ,  $SD.=8.59$ ) with t-statistics ( $t(113) = 2.50$ ,  $P < .05 = .014$ ) providing a significant difference in the effect of anti-social behavior of autistic child on daily routine life of their parents. Moreover, it reveal that female's life more effective due to anti-social behavior of autistic child on their daily routine life as compared to the male respondents.

**Table 11: Comparison of anti-social behavior of autistic child effects on daily routine life of their parents based on living environment.**

Area	N	Mean	SD	Df	t	Sig
Rural	66	57.39	7.47	113	.222	.825
Urban	49	57.06	8.56			

\* $P > .05$  Level of Significance

Table 11 shows that the actual data for rural respondents ( $N=66$ ,  $M=57.39$ ,  $S.D.=7.47$ ) and for urban respondents ( $N=49$ ,  $M=42.9$ ,  $S.D.=8.56$ ) with t-statistics ( $t(113) = .222$ ,  $P < .05 = .825$ ) providing a significant difference in the effect of anti-social behavior of autistic child on daily routine life of their parents on the basis of their residential areas (rural/urban). Moreover, it reveal that rural respondent's life more effective due to anti-social behavior of autistic child on their daily routine life as compared to the urban respondents.

**Table 12: Effect of anti-social behavior of autistic child on daily routine life of their parents based on the type of their age (one way ANOVA test)**

Respondent age	Sum of Squares	df	Mean Square	F	Sig
Between Groups	6.201	2	3.10	.049	.95
Within Groups	7151.48	112	63.85		
Total	7157.68	114			

\* $P > .05$  Level of Significance

Table 5 shows that the actual data for Between Groups ( $Sum\ of\ squares=6.201$ ,  $df=2$ ,  $Mean\ square=3.10$ ) and for Within Groups ( $Sum\ of\ squares=7151.48$ ,  $df=112$ ,  $Mean\ square=63.85$ ) with one way ANOVA ( $F(99) = .049$ ,  $P < .05 = .95$ ) providing a significant difference in the age of respondents from Between Groups and Within Groups regarding effect of anti-social behavior of autistic child on daily routine life of their parents.

Table 13 shows that the actual data for Between Groups ( $Sum\ of\ squares=98.55$ ,  $df=3$ ,  $Mean\ square=32.85$ ) and for Within Groups ( $Sum\ of\ squares=7059.1$ ,  $df=111$ ,  $Mean\ square=63.59$ ) with one way ANOVA ( $F(99) = .517$ ,  $P < .05 = .67$ ) providing a significant difference in the education of respondents from Between Groups and Within Groups regarding effect of anti-social behavior of autistic child on daily routine life of their parents.

**Table 13: Effect of anti-social behavior of autistic child on daily routine life of their parents based on the type of their education (one way ANOVA test)**

Education of Respondent	Sum of Squares	df	Mean Square	F	Sig
Between Groups	98.55	3	32.85	.517	.67
Within Groups	7059.1	111	63.59		
Total	7157.6	114			

\* $P > .05$  Level of Significance

**Table 14: Effect of anti-social behavior of autistic child on daily routine life of their parents based on the type of their working status (one way ANOVA test)**

Respondent Work	Sum of Squares	df	Mean Square	F	Sig
Between Groups	323.72	3	107.91	1.753	.16
Within Groups	6833.95	111	61.56		
Total	7157.68	114			

\* $P > .05$  Level of Significance

Table 14 shows that the actual data for Between Groups ( $Sum\ of\ squares=323.72$ ,  $df=3$ ,  $Mean\ square=107.91$ ) and for Within Groups ( $Sum\ of\ squares=6833.95$ ,  $df=111$ ,  $Mean\ square=61.56$ ) with one way ANOVA ( $F(99) = 1.753$ ,  $P < .05 = .16$ ) providing a significant difference in the working status of respondents from Between Groups and Within Groups regarding effect of anti-social behavior of autistic child on daily routine life of their parents.

**Table 15: Effect of anti-social behavior of autistic child on daily routine life of their parents based on the type of their monthly income (one way ANOVA test)**

Respondent Income	Sum of Squares	df	Mean Square	F	Sig
Between Groups	64.61	2	32.30	.510	.60
Within Groups	7093.07	112	63.33		
Total	7157.68	114			

\* $P > .05$  Level of Significance

Table 15 shows that the actual data for Between Groups ( $Sum\ of\ squares=64.61$ ,  $df=2$ ,  $Mean\ square=32.30$ ) and for Within Groups ( $Sum\ of\ squares=7093$ ,  $df=112$ ,  $Mean\ square=63.33$ ) with one way ANOVA ( $F(99) = .510$ ,  $P < .05 = .60$ ) providing a significant difference in the monthly income of respondents from Between Groups and Within Groups regarding effect of anti-social behavior of autistic child on daily routine life of their parents.

**Table 16: Effect of anti-social behavior of autistic child on daily routine life of their parents based on the type of their number of kids (one way ANOVA test):**

Respondent kids	Sum of Squares	df	Mean Square	F	Sig
Between Groups	117.95	3	39.31	.620	.60
Within Groups	7039.73	111	63.42		
Total	7157.68	114			

\* $P > .05$  Level of Significance

Table 16 shows that the actual data for Between Groups ( $Sum\ of\ squares=117.95$ ,  $df=3$ ,  $Mean\ square=39.31$ ) and for Within Groups ( $Sum\ of\ squares=7039$ ,  $df=111$ ,  $Mean\ square=61.56$ ) with one way ANOVA ( $F(99) = .620$ ,  $P < .05 = .60$ ) providing a significant difference in the number of kids of respondents from Between Groups and Within Groups regarding effect of anti-social behavior of autistic child on daily routine life of their parents.

## FINDINGS AND CONCLUSION

The core determination of this exploration was to discover the perception of parents regarding the difficulties faced by parents and also the child who caught with ASD when they are out of their comfort zone (in public places) The findings reported here are based on research conducted as part of the "Parental Perception about Anti-Social Behavior at Public Place and its Effects on Daily Routine Life" project. This is the reason a survey using the Likert scale of 1-3 and 1-5 was therefore carried out the parental perception regarding autistic child and problems parents faced in their daily routine life. In this study mostly parents agree that their child having the anti-social behavior like they do weird things such as southing, yelling, screaming, snatching toys from other Childs, feel confused, look someone with fixed attention without any specific reason. In

the overall reaction of parent's shows that they know everything about their uncontrolled child but they just consider it as a behavior problem they are not aware that it is the sign and symptoms of an autism spectrum disorder. It's fair to assume that parents don't know enough about autism to make an informed decision. On a negative note, most parents weren't interested in testing and treat their children.

## DISCUSSION

The primary determination or incentive at the back of this study was to investigate the anti-social behavior of autistic child and its impact on parents in their daily routine life. Which type of anti-social behavior showed by autistic child in public points and its impact to some extent devotion on parent's daily routine life. The discussion of this research indicated that according to parents perception that autistic children mostly show anti-social behavior like shouting, yelling, fly tipping, swearing, show aggression, repetitive and restricted behavior toward strangers, deviant style of gaze, and wander with no purpose. And parents feel embarrassed, guilty, ashamed, stress, frustration by their children's anti-social acts. Parents have many other problems in their lives. They are struggling not only for the betterment of their autistic child, but they are also struggling to make money for their family, and they also face societal norms that ruining from their autistic

Research supports the findings of (Anwar et al, 2018), who found that in spite of a great deal of effort, there is inadequate evidence about the accurate parent's perception about autistic child. This study also supports the findings kurup (2019) that Parents' views have evolved over time. At the time of the diagnosis, the parents were not entirely aware of what autism was. There is no doubt in the minds of parents that their autistic children suffer from speech delays and communication difficulties. We computed knowledge scores for our evaluation in order to ensure that our findings were accurate for the areas pertaining the perception of parents about autistic children and their effect on their daily routine life. Despite the fact that they were not fully unaware about autism, our participants showed a lack of understanding in both areas of the survey. Pickard and Ingersoll observed that high-socioeconomic-status parents of autistic children are more familiar with service possibilities for their kid than low-socioeconomic-status parents, which confirms our conclusion that parents' perceptions of autistic children recognize more daily routine issues.

## RECOMMENDATIONS

For future research it could be recommended that research should be qualitative and interview both parents. This could be done by broadening the sample by including more parents. Gaining more information from both mothers and fathers could provide a better understanding of parent's perception in Pakistan. Another recommendation is to conduct the study in overall Pakistan to have a better understanding of parent's perception about autistic child and their difficulties having the child with autism spectrum disorder.

## CREDIT AUTHOR STATEMENT:

**Dr. Muhammad Javed Aftab:** Conceptualization, Data collection, Data analysis. **Sana Qaiser:** Software, Discussion, Draft preparation. **Dr. Rukhsana Bashir:** Revision, Validation, Methodology.

## COMPLIANCE WITH ETHICAL STANDARDS

It is declared that all authors don't have any conflict of interest. Furthermore, informed consent was obtained from all individual participants included in the study.

## REFERENCES

- Anwar M, Tahir M, Nusrat K, et al. (September 13, 2018) Knowledge, Awareness, and Perceptions Regarding Autism Among Parents in Karachi, Pakistan. *Cureus* 10(9): e3299. DOI 10.7759/cureus.329
- Assouline, S. G., Nicpon, M. F., &Doobay, A. (2009). Profoundly gifted girls and autism spectrum disorder: A psychometric case study comparison. *Gifted child quarterly*, 53(2), 89-105.
- Bottema-Beutel, K. (2017). Glimpses into the blind spot: Social interaction and autism. *Journal of communication disorders*, 68, 24-34. <https://www.sciencedirect.com/science/article/abs/pii/S0021992416301976>
- Brazier, Y. (2016). Autism: Parents face challenges, too. *Medical news today*, <https://www.medicalnewstoday.com/articles/313789>
- Costa, A. P., Steffgen, G., & Ferring, D. (2017). Contributors to well-being and stress in parents of children with autism spectrum disorder. *Research in Autism Spectrum Disorders*, 37, 61-72.
- DeWall NC, Anderson CA. (2011). The General Aggression Model. In: PR Shaver & Mikulincer (Eds.). *Human Aggression and Violence: Causes, Manifestations*,
- El Hatw, M. M., El Taher, A. A., El Hamidi, A., &Alturkait, F. A. (2015). The association of exposure to the 2009 south war with the physical, psychological, and family well-being of Saudi children. *Saudi Medical Journal*, 36(1),73. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4362182/>

- Estes, A., Olson, E., Sullivan, K., Greenson, J., Winter, J., Dawson, G., & Munson, J. (2013). Parenting-related stress and psychological distress in mothers of toddlers with autism spectrum disorders. *Brain and Development*, 35(2), 133-138.
- Fairthorne, J., de Klerk, N., & Leonard, H. (2015). Health of mothers of children with intellectual disability or autism spectrum disorder: A review of the literature. *Medical Research Archives*, (3).<https://esmed.org/MRA/mra/article/view/204>
- Fox, L., Vaughn, B. J., Wyatte, M. L., & Dunlap, G. (2002). "We can't expect other people to understand": Family perspectives on problem behavior. *Exceptional Children*, 68(4), 437-450.<https://journals.sagepub.com/doi/abs/10.1177/001440290206800402>
- Greydanus, D., & Toledo-Pereyra, L., (2012). Historical perspectives on autism: Its past record of discovery and its present state of solipsism, skepticism, and sorrowful suspicion. Patel & Greydanus (Eds.), *Autism Spectrum Disorders: Pediatric Clinics of North America*. Michigan: Elsevier Health Sciences.[https://www.pediatric.theclinics.com/article/S0031-3955\(11\)00139-8/fulltext](https://www.pediatric.theclinics.com/article/S0031-3955(11)00139-8/fulltext)
- Hodges, H., Fealko, C., & Soares, N. (2020). Autism spectrum disorder: definition, epidemiology, causes, and clinical evaluation. *Translational pediatrics*, 9(Suppl 1), S55.<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7082249/>
- Hus, Y., & Segal, O. (2021). Challenges Surrounding the Diagnosis of Autism in Children. *Neuropsychiatric Disease and Treatment*, 17, 3509.<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8654688/>
- Landa, R. (2007). Early communication development and intervention for children with autism. *Mental Retardation and Developmental Disabilities Research Reviews*, 13(1), 16–25. <http://doi.org/10.1002/mrdd.20134>
- Jordan, I., Robertson, D., Catani, M., Craig, M., & Murphy, D. (2012). Aripiprazole in the treatment of challenging behaviour in adults with autism spectrum disorder. *Psychopharmacology*, 223(3), 357-360.
- Khan, M. A. (2009, December). Country Report: Pakistan: Pakistan Country Report? Autism. In *Final report of the... Asia-Pacific International Seminar on Education for Individuals with Special Needs* (Vol. 29, pp. 83-88).
- Kurup, T. (2019). *Parents' Perception of Autism in a Rural Area* (Doctoral dissertation, Minot State University).
- Lee, L. C., Harrington, R. A., Louie, B. B., & Newschaffer, C. J. (2008). Children with **autism**: Quality of life and parental concerns. *Journal of autism and developmental disorders*, 38(6), 1147-1160.<https://link.springer.com/article/10.1007/s10803-007-0491-0>
- Lord, C., Brugha, T. S., Charman, T., Cusack, J., Dumas, G., Frazier, T., ... & Veenstra-VanderWeele, J. (2020). Autism spectrum disorder. *Nature Reviews Disease Primers*, 6(1), 1-23 <https://www.nature.com/articles/s41572-019-0138-4>
- Lundström, S., Chang, Z., Kerekes, N., Gumpert, C. H., Råstam, M., Gillberg, C. A., ... & Anckarsäter, H. (2011). Autistic-like traits and their association with mental health problems in two nationwide twin cohorts of children and adults. *Psychological medicine*, 41(11), 2423-2433.
- Maenner, M. J., Shaw, K. A., & Baio, J. (2020). Prevalence of autism spectrum disorder among children aged 8 years—autism and developmental disabilities monitoring network, 11 sites, United States, 2016. *MMWR Surveillance Summaries*, 69(4), 1.<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7119644/>
- Manning, J., Billian, J., Matson, J., Allen, C., & Soares, N. (2021). Perceptions of families of individuals with autism spectrum disorder during the COVID-19 crisis. *Journal of autism and developmental disorders*, 51(8), 2920-2928.<https://link.springer.com/article/10.1007/s10803-020-04760-5>
- Moh, T. A., & Magiati, I. (2012). Factors associated with parental stress and satisfaction during the process of diagnosis of children with autism spectrum disorders. *Research in Autism Spectrum Disorders*, 6(1), 293-303.<https://www.sciencedirect.com/science/article/abs/pii/S1750946711001073>
- Moreno-Rius, J. (2019). Is there an "antisocial" cerebellum? Evidence from disorders other than autism characterized by abnormal social behaviours. *Progress in neuro-psychopharmacology and biological psychiatry*, 89, 1-8
- Nall, R. (2021). What to know about autism. *Medical news today*.<https://www.medicalnewstoday.com/articles/313789>
- Noor, N., Talha, M., Ahmad, S. A., Mohyidin, M., Shah, S. S. A., Mohyidin, S., & Faheem, F. (2021). Evaluation of the Prevalence of Childhood Autism Awareness amongst Medical Professionals in Pakistan. *Consultant*, 1, 1-0.<https://pjmhsonline.com/2021/june/1356.pdf>
- Phytanza, D. T. P., & Burhaein, E. (2019). Aquatic activities as play therapy children autism spectrum disorder. *International Journal of Disabilities Sports and Health Sciences*, 2(2), 64-7<https://dergipark.org.tr/en/pub/ijdshs/issue/50886/652086>
- Pickard KE, Ingersoll BR: Quality versus quantity: the role of socioeconomic status on parent-reported service knowledge, service use, unmet service needs, and barriers to service use. *Autism*. 2016, 20:106-115. 10.1177/1362361315569745
- Pinker, S. (2012). *The better angels of our nature: Why violence has declined*. Penguin Books.
- Pozo, P., Sarriá, E., & Brioso, A. (2014). Family quality of life and psychological well-being in parents of children with autism spectrum disorders: a double ABCX model. *Journal of Intellectual Disability Research*, 58(5), 442-458.

- Rum, Y., Zachor, D. A., & Dromi, E. (2021). Prosocial behaviors of children with autism spectrum disorder (ASD) during interactions with their typically developing siblings. *International Journal of Behavioral Development*, 45(4), 293-298. <https://journals.sagepub.com/doi/full/10.1177/0165025420971042>
- Ryan, J. B., Hughes, E., Katsiyannis, A., McDaniel, M., & Sprinkle, C. (2014). Research based educational practices for students with autism spectrum disorders. *TEACHING Exceptional Children*, 47(2), 94-102. <http://doi.org/10.1177/0040059914553207>
- Santoso, T. B., Ito, Y., Ohshima, N., Hidaka, M., & Bontje, P. (2015). Resilience in daily occupations of Indonesian mothers of children with autism spectrum disorder. *The American Journal of Occupational Therapy*, 69(5), 6905185020p1-6905185020p8. <https://research.aota.org/ajot/article>
- Sasson, N. J., Faso, D. J., Nugent, J., Lovell, S., Kennedy, D. P., & Grossman, R. B. (2017). Neurotypical peers are less willing to interact with those with autism based on thin slice judgments. *Scientific reports*, 7(1), 1-10. <https://www.nature.com/articles/srep40700?fbclid=IwAR3>
- Siah, P. C., & Tan, S. H. (2015). Sense of coherence and WHOQoL among parents of children with ASD in Malaysia. *International Journal on Disability and Human Development*, 14(1), 59-66. <https://www.degruyter.com/document/doi/10.1515/ijdh-2013-0039/html>
- Strock, M. (2007). Autism Spectrum Disorders (Pervasive Developmental Disorders). *National Institute of Mental Health (NIMH)*.
- Tait, K. J., & Mundia, L. (2012). The impact of a child with autism on the Bruneian family system. *International Journal of Special Education*, 27(3), 199-212. <https://eprints.usq.edu.au/25734/>
- Vetrayan, J., Daud, A., & Paulraj, S. J. P. V. (2013). Level of hopelessness among parents with autistic children. *Indian Journal of Health and Wellbeing*, 4(4), 875. <https://www.proquest.com/openview/7f03846033d316d6416ceceb82b55d44/1?pq-origsite=gscholar&cbl=2032134>
- Wallace, G. L., Shaw, P., Lee, N. R., Clasen, L. S., Raznahan, A., Lenroot, R. K., ... & Giedd, J. N. (2012). Distinct cortical correlates of autistic versus antisocial traits in a longitudinal sample of typically developing youth. *Journal of Neuroscience*, 32(14), 4856-4860.
- Weitlauf, A. S., Vehorn, A. C., Taylor, J. L., & Warren, Z. E. (2014). Relationship satisfaction, parenting stress, and depression in mothers of children with autism. *Autism*, 18(2), 194-198. <https://journals.sagepub.com/doi/abs/10.1177/1362361312458039>
- Wisessathorn, M., Chanuantong, T., & Fisher, E. B. (2013). The impact of child's severity on quality-of-life among parents of children with autism spectrum disorder: the mediating role of optimism. *Journal of the Medical Association of Thailand= Chotmaihetthangphaet*, 96(10), 1313-1318. <https://europepmc.org/article/med/24350413>
- Xue, J., Ooh, J., & Magiati, I. (2014). Family functioning in Asian families raising children with autism spectrum disorders: the role of capabilities and positive meanings. *Journal of Intellectual Disability Research*, 58(5), 406-420. <https://onlinelibrary.wiley.com/doi/abs/10.1111/jir.12034>
- Yu, X., Zuk, J., & Gaab, N. (2018). What factors facilitate resilience in developmental dyslexia? Examining protective and compensatory mechanisms across the neurodevelopmental trajectory. *Child Development Perspectives*, 12(4), 240-246. doi:10.1111/cdep.2018.12issue-4