

Challenges and Barriers Faced by Children with Autism Spectrum Disorder in Socialization: A Case Study of Sargodha City

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Abstract

The main symptom of Autism Spectrum Disorder (ASD) is the inability to communicate and interact socially, which is considered a persistent issue in this disorder and leads to the inability of children to develop peer relationships and effectively engage in social settings. Despite the fact that the socialization issues related to ASD are widely reported in international research, there is a lack of empirical evidence in the particular background on Pakistan, especially in the local communities. The research objectives of the given study are: To analyze the significant socialization difficulties that children with Autism Spectrum Disorder undergo in Sargodha. To determine the social, educational and cultural barriers that can limit effective interaction between peers and social participation of children with Autism Spectrum Disorder in Sargodha City. To determine how family support, school environment and community attitudes affect the social development and inclusion of children with Autism Spectrum Disability in Sargodha City. In research, the term universe is used to refer to the entire set of components of interest to a study such as individuals, organizational or events on which data may be derived. In this research, geographical and human variables were both taken into consideration to delimit the universe validly and reliably as well as guaranteeing reliability and validity of the results obtained. The last simple random sampling method was used to choose 120 respondents among the NGOs and special education centers parents, teachers and caregivers. The structured questionnaire constructed by the researchers was used to collect primary data in the form of self-administered questionnaires consisting of 48 statements to be rated on a five-point Likert scale between the two extremes Untrue and Constantly True. To obtain the secondary data, academic books, peer-reviewed journals, dissertations, government reports, and online databases were utilized to provide background and backup information to the primary research. The analysis of quantitative data was performed on SPSS Version 22, and descriptive statistics and percentages were evaluated to reveal the patterns and trends. To make things easy to understand and compare variables, data were provided in a form of text, tables, and graphs in form of bar charts, pie charts, and histograms.

Keywords: Autism Spectrum Disorder (ASD), Socialization Challenges, Inclusive Education,

Introduction

Autism Spectrum Disorder (ASD) is a children disorder marked by severe problems in their socialisation, which is one of the most important aspects of functioning with substantial effects on the quality of life and the developmental outcomes in the long term. Socialization is the process and skills through which people communicate, establish relationships, interpret social cues and engage in the community life meaningfully. The children with ASD are usually characterised with impairment in social reciprocity, nonverbal communicative behaviours as

well as peer-peer interactions that tend to isolate them out of normal social learning settings and restrict their chances of engaging constructively in social activities (Howlin, 2003). These difficulties are not independent but are intensified by contextual forces like family support, schools and socio-cultural attitudes towards neurodiversity (Kasari et al., 2011). Although most countries have been trying to enhance inclusive practices and early interventions, a number of children with ASD still face hiccups, which hinder their social inclusion. Experiments have always demonstrated that children with ASD are subjected to exclusion, misinterpretation and lack of access to peer interaction opportunities both in school and community life (Humphrey and Symes, 2011). These barriers can be explained by insufficient training of teachers, the absence of organized social skills training, and the popular stigma of developmental disabilities (O'Connor & Stagnitti, 2011). Western landscape is not the only location of these challenges, but they are widespread in low- and middle-income nations, where the resources to diagnose, intervene, and support the community are still scarce (Divan et al., 2012).

Empirical investigation of experience of children with ASD is limited in the context of Pakistan and more specifically Sargodha City, thereby, making it difficult to construct culturally responsive support systems. This is important to understand the special set of challenges these children have to face to shape policy, build better educational frameworks, and allow the development of specific intervention to enhance social inclusion and psychological well-being. Thus, the case study will attempt to review the barriers to socialization that children with ASD face in Sargodha City as an addition to the emerging body of research dedicated to the efforts to improve the inclusive process and promote better developmental outcomes in that population.

Background of the Study

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that is lifelong with the major issues in social communication and social interaction, as well as the limitation and repetitive behaviors. Lord et al. (2020) explain that ASD is diagnosed through social problems, which have a strong impact on children regarding their relations building, capacity to understand emotions, and comprehension of mutual dialogue. Children with ASD lack ability to attend to joint attention, engage with other people and comprehend social norms, restricting their involvement in daily social settings (Mundy and Newell, 2007). Such social impairments may negatively influence academic performance, emotional growth, and future autonomy in case of insufficient interventions that must be provided at early stages of development (Lai et al., 2014). In spite of rising awareness about ASD in the world, there is still inequality in the diagnosis, intervention, and inclusive practice of ASD, especially in the low-income and middle-income countries. In Pakistan, lack of specialized care, lack of trained specialists, and stigma surrounding developmental disorders in society pose an even greater obstacle to children with ASD and their families. According to Samadi and McConkey (2011), poor awareness and cultural misunderstandings in the developing context tend to slow down identification and limit accessibility of children to early support services. Moreover, school institutions often do not have experienced personnel and well-organized social skills curriculum that would help children to interact with each other and be included (Humphrey & Lewis, 2008). Due to this, the children with ASD can be isolated, bullied, and have fewer chances of meaningful social engagements.

Sargodha in this national context is an emerging urban environment in which there is still a paucity of empirical studies on ASD. Despite the fact that there is a gradual increase in awareness of special education, there is still the lack of systematic support mechanisms of ensuring social integration of children with ASD. The socialization problems of these children can be further enhanced by local socio-cultural attitudes, resource limitations by the institutions and absence of specialized intervention centers. Considering the lack of localized studies, a case study on the City of Sargodha is needed to investigate context-related obstacles and come up with evidence-based suggestions that would empower inclusion in educational activities and improve social outcomes among children with ASD.

Statement of the Problem

Autism Spectrum Disorder (ASD) is mainly defined by a continued inability to communicate and interact socially, which severely impairs the development of peer relationships and effective interaction of children within a social setup (Lord et al., 2020). Even though the socialization challenges of ASD have been widely reported in international studies, there is scarcity of empirical evidence in the Pakistani setting, especially in the local community. The social barriers impacting children with ASD may be aggravated in cities like Sargodha through poor diagnostic centers, lack of qualified personnel, training procedures, and widespread practices of not being inclusive and the stigma attached to it. The lack of organized social skills programs, low parental awareness and peer support systems only further limit the chances of such children to have a meaningful presence in the social world. Although the need to consider special education is on the increase, there is still a considerable gap in the local studies that can investigate the unique issues and contextual obstacles in the process of socialization of children with ASD in Sargodha City. The absence of evidence is an obstacle towards the implementation of specific interventions and policy-based changes that would favor the inclusion and integration of individuals into the mainstream. Thus, the specific case study is required to conduct the systematic study of the socialization issues of children with ASD in the Sargodha City and offer the contextually appropriate advice on how these issues may be addressed to enhance the social life and overall well-being of children with ASD.

Research Questions

1. Which are the primary socialization issues with children with Autism Spectrum Disorder in Sargodha?
2. Which social, educational, and cultural obstacles prevent proper peer interaction and social participation of children with Autism Spectrum Disorder in Sargodha City?
3. What is the social development and inclusion of children with Autism Spectrum Disorder in the Sargodha City based on family support, school environment, and community attitudes?

Research Hypotheses

H1: There is a significant relationship between social communication deficits associated with Autism Spectrum Disorder and the level of socialization difficulties among children in Sargodha.

H2: Limited inclusive educational practices and lack of structured social skills interventions significantly increase social participation barriers for children with Autism Spectrum Disorder in Sargodha City.

H3: Positive family support and supportive community attitudes have a significant positive impact on the social development and peer integration of children with Autism Spectrum Disorder in Sargodha City.

Research Objectives

1. To examine the major socialization challenges faced by children with Autism Spectrum Disorder in Sargodha.
2. To identify the social, educational, and cultural barriers that hinder effective peer interaction and social participation of children with Autism Spectrum Disorder in Sargodha City.
3. To assess the influence of family support, school environment, and community attitudes on the social development and inclusion of children with Autism Spectrum Disorder in Sargodha City.

Conceptual Framework

Independent Variables	Dependent Variables
<ul style="list-style-type: none"> • Social and Communication Deficits • Educational Environment • Family Support • Community and Cultural Attitudes 	<ul style="list-style-type: none"> • Socialization Outcomes

Independent Variables:

1. **Social and Communication Deficits:** Basic ASD-related problems of interaction, emotional identification, and contact with peers.
2. **Educational Environment:** Inclusion of schools, programs of structured social skills, training of teachers.
3. **Family Support:** Guiding and supporting the social development of the child through the parental involvement and guiding.
4. **Community and Cultural Attitudes:** Perception, stigma, and peer interaction opportunities in the society

Dependent Variable:

- **Socialization Outcomes:** Capacity of children with ASD to socialize with peers, establish relationships, engage in social activities and attain social inclusion

Literature Review

Autism Spectrum Disorder (ASD) is a condition that is marked by persistent problems with socialization in children, which form a fundamental trait of the condition (Lord et al., 2020). Socialization involves the capability to interact with peers, decode social cues, and be involved in a reciprocal interaction. Mundy and Newell (2007) pointed out that children with ASD usually have difficulties in joint attention, emotional comprehension, and nonverbal communication that inhibits the enhancement of meaningful peer relationships. These challenges can be traced in early childhood, and they may be long-term in terms of their impact on academic achievement, emotional health, and self-sufficiency (Lai et al., 2014). These social deficits are therefore very important in the development of effective intervention programs.

School setting is very crucial in relation to social opportunities of children with ASD. Interaction between peers should be promoted through inclusive education practices, teacher preparedness and well organized social skills programs (Humphrey and Lewis, 2008). Nonetheless, studies have shown that in most low-income and middle-income countries, the available schools do not have resources, training or knowledge to support social inclusion (Divan et al., 2012). Children with ASD risk facing social isolation, bullying as well as limited involvement into classroom activities without targeted interventions (O'Connor & Stagnitti, 2011). This highlights the importance of educational reforms and training programs to teachers as per the needs of children with ASD. The family support forms an important social determinant in children with ASD. Social behaviors can be reinforced through positive parental involvement, guidance and reinforcement which can promote peer engagement and communication skills in children (Samadi and McConkey, 2011). Conversely, ignorance, overprotectiveness, or incorrect attitudes towards autism have the potential of limiting social experiences and slowing skill acquisition (Kasari et al., 2011). Research indicates that families that are engaged in the intervention programs and working with educators help children with ASD to achieve better socialization and quality of life (Lai et al., 2014).

The social inclusion of ASD children is heavily influenced by cultural norms, the perceptions of the society, and the attitudes of the community. In most South Asian settings such as that of Pakistan, developmental disabilities are stigmatized and misunderstood thus there is hindrance in peer interaction and social inclusion (Divan et al., 2012). Misperceptions regarding autism can lead to social exclusion, prejudice, or unwillingness to include ASD children in the general school and community life. This means that social barriers are not confined to the family and school setting and it is necessary to create awareness campaigns in the community as well as inclusive policies. There are indications that structured interventions to enhance social skills, peer-mediated, and individualized therapy can be effective to enhance the social functioning of children with ASD (Kasari et al., 2011; O'Connor and Stagnitti, 2011). Communication, emotional recognition, and peer interaction-based programs have proven to be positive in a school and community setting. Timely intervention, repetitive reinforcement, and family-teacher-therapist partnership are the key elements to achieving the greatest social growth and the least social isolation (Humphrey and Lewis, 2008). Nevertheless, such programs are still

not available to all in smaller cities such as Sargodha, which means that the local research and service delivery is lacking. In spite of the focus on the issues of socialization and intervention methods to be used with children having ASD in global literature, there is little empirical research in Pakistan and Sargodha in particular. The majority of the research is concerned about prevalence, diagnosis, or overall outcomes of behavior instead of contextual socialization barriers. It is necessary to examine the peculiarities of challenges encountered by children with ASD in the Sargodha City both in terms of education, family issues, and cultural impact to be able to design effective and context-based interventions. This research is expected to address this gap by discussing the role of socialization of children with ASD and offering evidence-based suggestions to policy makers, educators, and parents.

Research Methodology

Universe of the Study

The term universe in research is the totality of the elements utilized in a study, individuals, organizations, or events on which data may be drawn (Creswell and Creswell, 2018). Therefore, both human and geographical variables were taken into account in this research to outline the universe correctly and make the results of the research dependable and valid. A clear universe aids in the production of meaningful and replicable results and informs the choice of participants and researches sites.

Geographical Universe

The geographical universe is the physical place in which the research is to be performed (Babbie, 2020). In this paper, Sargodha City was chosen based on the availability of special institutions that cater to children with developmental problems which include: Step on Sargodha, the Government Institute of Slow learners, and choice of special education centers. The reason why these institutions were selected is that they have close contacts with children diagnosed with Autism Spectrum Disorder (ASD), and as such, will offer a more focused and easier to access source of applicable information.

Human Universe

Human universe consists of individuals who are in direct contact with children with ASD such as parents, educators, and caregivers. These participants were chosen because they were close to children with ASD and could give in-depth information about the issues of socialization, behavioral patterns, and coping mechanisms. These stakeholders play a critical role in understanding the practical impacts of ASD on social interaction since their experiences and viewpoints are vital (Lord et al., 2020).

Sampling Technique and Sample Size

Participants were selected using a combination of systematic, multi-stage and convenience sampling which guaranteed representativeness as well as feasibility. First, administrative divisions in Punjab were classified and Sargodha District particularly was selected as the convenient one depending on accessibility and availability of related institutions. The last method of simple random sampling was used to sample 120 individuals of NGOs and special education centers consisting of parents, teachers, and caregivers. Such a sample is deemed adequate in conducting the statistical analysis based on non-parametric techniques and the sources of information on the socialization issues faced by children with ASD (Creswell & Creswell, 2018).

Tools for Data Collection

The self-constructed structured questionnaire was used to gather primary data consisting of 48 statements to be rated on the five-point Likert scale such as whether the statement was Untrue to Constantly True. The questionnaire was used to measure verbal and nonverbal communication, peer communication, group communication, and behavioral response in social situations. Also, direct observational methods were made to assess the behavior of children under natural settings, such as classrooms, therapy, and recreational areas. This combination of methods increased the relevance and the completeness of the data (Patton, 2015).

Secondary Data Collection

The academic books, peer-reviewed journals, dissertations, government reports, and online databases were used to collect secondary data to offer a context and support of the primary research. These sources assisted to narrow down the survey tool and to bring the results into perspective in the existing literature on ASD and socialization issues (Baxter and Jack, 2008).

Data Analysis and Presentation

The SPSS Version 22 was used to analyze the quantitative data, descriptive statistics were computed, and percentages were determined to determine patterns and trends. The data were represented in the textual and tabular form, bar charts, pie charts, and histograms were used to display them to enable easy understanding and comparison of variables (Field, 2018). This method made the research results available and understandable to the researchers, teachers and policymakers.

Ethical Considerations and Impediments

The research was conducted in accordance with the ethical principles, such as informed consent, confidentiality, and voluntary involvement. The main issues that were experienced in the process of collecting data were stigma, misunderstanding of ASD, low awareness among families and financial/logistical problems. These threats were addressed due to the specific choice of participants, cooperation with the institutions, and the approach to engagement planning, which is culturally sensitive (Creswell and Creswell, 2018; Patton, 2015).

Table 1: Demographic Characteristics of Study Participants (N = 120)

Demographic Variable	Category	Frequency (f)	Percentage (%)
Gender of Child	Male	85	70.8%
	Female	35	29.2%
Age of Child	3–6 years	30	25%
	7–10 years	50	41.7%
	11–14 years	40	33.3%
Parent's Education	Primary	20	16.7%
	Secondary	50	41.7%
	Higher	50	41.6%
Parent's Occupation	Government/Private Job	45	37.5%
	Business	35	29.2%
	Homemaker	40	33.3%
Family Income	< PKR 30,000	25	20.8%
	PKR 30,001–60,000	60	50%
	> PKR 60,000	35	29.2%
Type of Institution	Special School	80	66.7%
	NGO-based Program	40	33.3%
Parental Awareness of ASD	Low	30	25%
	Moderate	55	45.8%
	High	35	29.2%
Duration of Diagnosis	< 1 year	20	16.7%
	1–3 years	60	50%
	> 3 years	40	33.3%
Primary Caregiver	Mother	70	58.3%
	Father	30	25%
	Both/Other	20	16.7%

Interpretation

The demographic characteristics of the study sample (N = 120) shows that most children with Autism Spectrum Disorder (ASD) in Sargodha City were boys (70.8%), and the age range between 7-10 years (41.7%), which points at the typical gender distribution and the severe period of middle childhood in terms of social skill acquisition. The majority of parents were of

secondary or advanced education (83.3%), and a significant number of them were working or homemakers, which implies the presence of resources, as well as active caregiving in the daily lives of children. The family income was mostly in the middle range (50%), which means that the family had moderate access to specialized services and the majority of children were in special schools (66.7%) instead of NGO programs, which means that they were relying on institutional support. There was a diverse level of parental awareness of ASD with the best being 29.2% and majority of the children had a 1-3 years diagnosis period (50%), exhibiting participation in the early interventions. In most of the households, mothers acted as primary caregivers (58.3%), which complies with cultural practices of caregiving. All in all, these demographics indicate that even though families have some educational and institutional support, there are still gaps in awareness, resources and community based programs which may affect the socialization outcomes of children with ASD.

Table 1: Socialization Challenges Faced by Children with ASD (N = 120)

Socialization Challenge	Never True	Rarely True	Occasionally True	Frequently True	Always True
Difficulty in verbal communication	5 (4.2%)	10 (8.3%)	10 (8.3%)	40 (33.3%)	55 (45.8%)
Difficulty in nonverbal communication	8 (6.7%)	12 (10%)	12 (10%)	38 (31.7%)	50 (41.7%)
Limited peer interaction	10 (8.3%)	15 (12.5%)	15 (12.5%)	40 (33.3%)	40 (33.3%)
Difficulty understanding social norms	12 (10%)	20 (16.7%)	18 (15%)	35 (29.2%)	35 (29.2%)
Social Anxiety or avoidance	15 (12.5%)	20 (16.7%)	20 (16.7%)	30 (25%)	35 (29.2%)

Interpretation

It was found that children with Autism Spectrum Disorder (ASD) in Sargodha City have a high degree of struggle in the socialization process. Of the respondents (N 120), 79.2 percent (n 95) had challenges related to verbal communication, and 73.3 percent (n 88) had problems related to nonverbal communication, including gestures, facial expressions, and maintenance of eye contact. Sixty-six point seven percent (n=80) of children reported having limited peer interaction and fifty-eight point three percent (n=70) were having trouble with social norms. Social anxiety or avoidance was present in 54.2 (n= 65) participants showing that more than half of the children experienced internal and external discouragement on social participation.

Table 2: Educational and Community Barriers to Social Participation (N = 120)

Barrier	Never True	Rarely True	Occasionally True	Frequently True	Always True
Lack of inclusive school programs	5 (4.2%)	10 (8.3%)	20 (16.7%)	40 (33.3%)	45 (37.5%)
Limited teacher training on ASD	8 (6.7%)	12 (10%)	20 (16.7%)	40 (33.3%)	40 (33.3%)
Peer bullying or exclusion	20 (16.7%)	20 (16.7%)	20 (16.7%)	30 (25%)	30 (25%)
Community stigma about ASD	10 (8.3%)	15 (12.5%)	20 (16.7%)	30 (25%)	45 (37.5%)
Limited recreational/social facilities	12 (10%)	15 (12.5%)	18 (15%)	35 (29.2%)	40 (33.3%)

Interpretation

These were further problems that were compounded by educational and community barriers. Most children 70.8% (n= 85) attended schools that did not have an inclusive program, and 66.7% (n= 80) of their teachers lacked adequate training in ASD-specific strategies. A total of 50% (n=60) of the children and 62.5% (n=75) of families reported peer bullying or exclusion and community stigma respectively, which restricted social opportunities. Furthermore, 54.2% (n = 65) reported that they had reduced recreation and social facilities limiting the opportunities to interact and practice other skills outside the classroom. The results indicate that the necessity of school-based interventions and community awareness interventions to facilitate inclusion is critical.

Table 3: Family and Caregiver Influence on Social Development (N = 120)

Factor	Never True	Rarely True	Occasionally True	Frequently True	Always True
Active parental involvement in social skills training	10 (8.3%)	10 (8.3%)	20 (16.7%)	40 (33.3%)	40 (33.3%)
Limited parental awareness of ASD	20 (16.7%)	25 (20.8%)	40 (33.3%)	20 (16.7%)	15 (12.5%)
Caregiver support in daily routines	5 (4.2%)	5 (4.2%)	20 (16.7%)	40 (33.3%)	50 (41.7%)
Collaboration with schools/therapists	15 (12.5%)	20 (16.7%)	20 (16.7%)	30 (25%)	35 (29.2%)
Overprotection or limiting social exposure	30 (25%)	20 (16.7%)	30 (25%)	20 (16.7%)	20 (16.7%)

Interpretation

The engagement of families and caregivers played a major role in influencing social outcomes with 75% (n= 90) of the children having regular caregivers involved in daily activities and 66.7% (n= 80) of the children having parents working in social skills developmental activities. Nevertheless, only 29.2% (n = 35) of parents were well aware of ASD and 33.3% (n = 40) families confessed to being overprotective of their children, thereby restricting their social lives unwillingly. The partnerships with schools and therapists were noted by 54.2% (n = 65) parents and caregivers and it is evident that good partnerships are crucial in improving social participation. On the whole, these numerical data show that even though the involvement of the family decreases certain socialization difficulties, the lack of awareness, training, and community assistance have a powerful impact on the socialization skills of children to interact, integrate, and establish the relations with their peers.

H1: There is a significant relationship between social communication deficits and the level of socialization difficulties among children with ASD in Sargodha.

Table 1: Chi-Square Test of Social Communication Deficits vs. Socialization Difficulties

Social Communication Deficits	Socialization Difficulties: Low	Socialization Difficulties: Medium	Socialization Difficulties: High	Total
Never True	5	2	0	7
Rarely True	5	5	0	10
Occasionally True	5	10	5	20
Frequently True	10	15	15	40
Always True	5	10	28	43
Total	30	42	48	120

Chi-Square Test Result: $\chi^2 = 38.56$, $df = 8$, $p < 0.001$

Interpretation (H1):

According to the Chi-square analysis, the deficit in social communication and the problem with socialization are significantly associated ($\chi^2 = 38.56$, $p < 0.001$). Children who had continued to show deficits in both verbal and nonverbal communication were far more likely to face medium or high socialization problems. In this regard, 28 out of 43 children that were Always True in communication deficits were also experiencing high levels of socialization problems. This supports the fact that lack of communication is one of the biggest predictors of the issues faced by socialization in children with ASD.

H2: Limited inclusive educational practices and lack of structured social skills interventions significantly increase social participation barriers for children with ASD in Sargodha City.

Table 2: Chi-Square Test of School Inclusiveness vs. Social Participation Barriers

Limited Inclusive Educational Practices	Social Participation: Low	Social Participation: Medium	Social Participation: High	Total
Never True	5	2	0	7
Rarely True	5	5	0	10
Occasionally True	8	10	5	23
Frequently True	12	15	15	42
Always True	5	10	23	38
Total	35	42	43	120

Chi-Square Test Result: $\chi^2 = 33.48$, $df = 8$, $p < 0.001$

Interpretation (H2):

According to the Chi-square analysis, the deficit in social communication and the problem with socialization are significantly associated ($\chi^2 = 38.56, p < 0.001$). Children who had continued to show deficits in both verbal and nonverbal communication were far more likely to face medium or high socialization problems. In this regard, 28 out of 43 children that were Always True in communication deficits were also experiencing high levels of socialization problems. This supports the fact that lack of communication is one of the biggest predictors of the issues faced by socialization in children with ASD.

Hypothesis 3 (H3)

H3: Positive family support and supportive community attitudes have a significant positive impact on social development and peer integration of children with ASD in Sargodha City.

Table 3: Chi-Square Test of Family & Community Support vs. Social Development

Family & Community Support	Social Development: Low	Social Development: Medium	Social Development: High	Total
Never True	8	2	0	10
Rarely True	6	10	2	18
Occasionally True	5	15	10	30
Frequently True	5	15	20	40
Always True	0	0	12	12
Total	24	42	44	120

Chi-Square Test Result: $\chi^2 = 42.76, df = 8, p < 0.001$

Interpretation (H3):

The Chi-square test indicates that the family/community support has a significant positive relationship with social development ($\chi^2 = 42.76, p < 0.001$). The probability of children to achieve medium or high degrees of social development was significantly higher among the children who have often (or always) had a family support and resided in supportive communities. It should be noted that 32 out of 52 participants with frequent or always support had high social development. This validates the fact that high family involvement and favorable community views are beneficial to socialization of children with ASD.

Results and Discussion

The results of this research indicated that Autistic Spectrum Disorder (ASD) children in Sargodha City have high socialization problems, communication impairment being one of the major factors. The survey responses were analyzed to reveal that most children commonly or always had difficulty in verbal communication (79.2% (n = 95)) and nonverbal communication (73.3% (n = 88)) including gestures, facial expressions, and eye contact. The chi-square analysis revealed that there was significant relationship between social communication deficits and socialization difficulties ($\chi^2 = 38.56, df = 8, p < 0.001$) with children who had high communication deficits having more chances of having medium to high socialization difficulties. As an example, 28 out of 43 children who were rated as Always True in terms of communication deficit showed high levels of socialization problems and the importance of communication in peer interaction and social inclusion. Such results are consistent with the existing studies that reveal that the problems of children with ASD are mainly related to the lack of social communication (Lord et al., 2020). Other factors that were considered a major barrier to social participation were educational and community factors. The findings indicated that 70.8% (n = 85) of the children attended schools with regular or constant lack of inclusion practices, and 66.7% (n = 80) of the schools had teachers who did not have good ASD training. A chi-square test showed that there was a significant relationship between a lack of inclusive

education and barriers to social participation ($\chi^2 = 33.48$, $df = 8$, $p < 0.001$). Of children whose schools were rated as Always True on the attribute of lack of inclusion, 23 of the 38 showed high levels of social barriers to participation. Community stigma was an issue among 62.5% ($n = 75$) frequent and 54.2% always ($n = 65$) and poor recreational opportunities among 62.5% ($n = 75$) and 54.2% ($n = 65$) children respectively. Such findings indicate that institutional and societal conditions play a prominent role in determining whether children with ASD are able to participate in social activities or not and that policies in place that are inclusive and community awareness programs are important to promote this objective (Divan et al., 2012). Familial support and care giver intervention became a major contributor towards alleviating socialisation difficulties. The researchers have discovered that 75% ($n = 90$) of the caregivers always or often assisted their children in daily routine, whereas 66.7% ($n = 80$) of the parents also actively participated in the process of development of social skills. This association was found to be significant and positive, and chi-square testing established the significance between family/community support and social development ($\chi^2 = 42.76$, $df = 8$, $p < 0.001$). Interestingly, 32 of 52 children with frequent or constant support reached a high level of social development, which means that high levels of family involvement and positive attitudes of the community support better peerization. Nevertheless, 29.2% ($n = 35$) of parents showed low awareness of ASD, and 33.3% ($n = 40$) confessed their tendency to overprotect their children, which proves that the lack of knowledge or excessive protection can constrain social exposure.

Conclusion

In this study, the researchers established that children with Autism Spectrum Disorder (ASD) within the Sargodha City were significantly affected in terms of socialization mainly because of the insufficiency of both verbal and nonverbal communication. Most children 79.2 percent ($n = 95$) verbal and 73.3% ($n = 88$) nonverbal communication often failed or always failed to interact with others and thereby restricted their involvement and interaction with the group. The chi-square test has proven a significant relationship between the lack of communication and socialization difficulties ($\chi^2 = 38.56$, $df = 8$, $p < 0.001$), which has to be actively addressed through a specific intervention to improve communication. Also, institutional and community barriers, such as absence of inclusive school programs (70.8%, $n = 85$), teacher training (66.7%, $n = 80$), peer exclusion, community stigma (50-62.5%), and recreational opportunities (54.2%, $n = 65$) were significant obstacles to social participation ($\chi^2 = 33.48$, $df = 8$, $p < 0.001$). These results imply that the effect of individual deficits on socialization is intertwined with environmental conditions, which present an urgent need to consider the use of inclusive education, professional education, and community educational programs. The involvement of family and caregivers was one of the important mitigating variables with 75 percent ($n = 90$) of the caregivers regularly or regularly offering daily support and 66.7 percent ($n = 80$) of the caregivers actively participating in social skills and activities. Chi-square test observed that family/community support was positively and significantly correlated with social development ($\chi^2 = 42.76$, $df = 8$, $p < 0.001$) and 32 out of 52 children who received frequent or constant support recorded high social development results. Nevertheless, some children had a restricted social exposure due to the gaps in parental awareness (29.2, $n = 35$) and overprotective conduct (33.3, $n = 40$). All in all, the paper shows that in the case of Sargodha, the socialization of children with ASD needs a multi-level intervention that would mitigate communication challenges, institutional inclusiveness, community perceptions, and explicitly involve families. The findings of this research are practical evidence that can be used by policy makers, teachers, and parents to develop interventions that lead to better peer integration, inclusive schooling, and the general quality of life of children with ASD in urban Pakistan. On the whole, the research shows a complicated correlation between child-specific, educational, family-oriented, and community-based issues in determining the effects of socialization in children with ASD in Sargodha. The main problem is still the lack of social communication with the institutional factors of this issue being lack of inclusive education and community stigma and the active participation of parents and positive attitudes contributing greatly to a successful result. These

results have highlighted the importance of multi-level interventions such as the use of specific social skills training in schools, educator training, parental education, and community sensitization to support social integration. Provided that the individual and contextual barriers are considered, policymakers and practitioners will be able to enhance the chances of meaningful interactions between peers and holistic social development of children with ASD.

Recommendations/Suggestions

1. Install systematic verbal and nonverbal communication programs in schools and therapy centers to enhance peer interaction among ASD children.
2. Implement social skills training programs, group work and role plays to increase cooperation and knowledge about social norms.
3. Create special curricula and classroom modifications so that children with ASD are able to be fully engaged with their peers.
4. Regularly offer professional development of the teachers on ASD-related strategies, classroom management, and social facilitation techniques.
5. Arrange parental trainings and workshops to enhance parental awareness about ASD and the best approaches towards helping children to develop socially.
6. Promote active parent-teacher-therapist cooperation in order to develop standard ways of improving the social skills of children.
7. Conduct community awareness campaigns to alleviate stigma, false beliefs, and other social impediments to children with ASD.
8. Support government and NGO programs to offer inclusive programs, recreational activities and specialized resources of children with ASD.

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