Assessment of Family Knowledge toward their Children with Autism Spectrum Disorder at Al-Hilla City, Iraq

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Abstract

Background: The parents lay the foundations for the lives of their children. When a child is born with a developmental disorder, parents also need support in maintaining normal developmental abilities. There's no way of predicting when a child can master self-help skills. Parents should be assisted, including the child's primary caregiver and teacher, and must also include sufficient details on the treatment, disease state and commercially accessible tools that can help their children gain independence.

Aims: This study aims to assess the family knowledge toward their children With Autism Spectrum Disorder at Al-Hilla City, Iraq

Method: This quantitative study using a descriptive correlational design to study the assessment of Family Knowledge toward their children With Autism at Al-Hilla City. A convenience sample of (n=50) consisting of families. Data were selected over two months from the first of September 2019 to the first of November 2019.

Results: showed significant differences in autism disorder knowledge between age group.

Conclusion: Knowledge of the family of Autism spectrum disorder at Hila is on the moderate and differs significantly by age, education, and location. **Consequently, it is recommended** that autism disorder education should be used to improve their knowledge of the disorder, especially for those with non-formal education, older parents and those in the rural areas, through intervention by government and non-government agencies.

Keywords: *Assessment, Family Knowledge, Autism Spectrum Disorder*

Introduction

Autism Spectrum Disorder (ASD), also called pervasive developmental disorder [(1)]. Autism is a common disorder of childhood and complex neurodevelopmental disorders of unknown etiology composed of qualitative alterations in social interaction and verbal impairment with repetitive, restricted, and stereotype behavioral patterns[(2)]. The number of children with autism has been rapidly rising in the past decade in us; the number of cases increased by 123% from 2002 to 2010, with an estimated prevalence of 1in 68 children aged eight years[(3)].

Around four times more prevalent in boys than girls (although girls are more seriously affected[(4)].

The degree can vary from moderate to very extreme and is often referred to as Autism Spectrum Disorder. It is known as Classic Autism at the lower end and is called Asperger Syndrome at the higher end. The UN General Assembly proclaimed on 18 December 2007 World Autism Awareness Day. ASD is a category of neuropsychiatric disorders with specific delays and variations in social, communicative and cognitive development. ASD encompasses autism, Asperger syndrome, and omnipresent developmental disorder — not otherwise specified; autistic children often tend to be completely normal. However, invest time in puzzling

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and confusing behaviors that differ markedly from normal children [5].

Although the studies have provided to ASD etiology is established, the dramatic rise in ASD prevalence cannot be attributed entirely to genetics alone. An analysis of twin concordance found that common environmental variables account for 58 percent of the variation in ASD liability[1]. In addition, prenatal and early childhood cycles are considered to be crucial growth stages, during which infants are especially vulnerable to the adverse effects of environmental hazards that can contribute to infant diseases. The aspect of environmental factors in the onset of ASD, however, is still largely unknown and is not related to socioeconomic, cultural, parenting style [2]. Nevertheless, it still remains unrecognized and undiagnosed before or after late pre-school age, usually between the ages of 18 and 36 months, as sufficient resources for regular developmental screening and autism-specific screening were not available[6]. Early detection of children with autism and intense, early intervention during infancy and pre-school years (improves outcome for children with autism[8].

This practice parameter reviews the scientific evidence available and offers detailed suggestions for children with autism.

This approach requires a dual process:

1) Routine developmental evaluation and screening of autism common to all children, first identifying those at risk for some form of developmental delay and identifying those clearly at risk for autism

2) Diagnosing and assessing autism, separating autism from other developmental conditions[2]. The parental burden of raising an autistic child affects both the psychological well-being and the functioning of the parents; parenting a child with autism may often present additional stressors linked to the communication difficulties of children with challenging behaviors in self-care [8]. When a child is born with developmental disorders, parents often need help promoting normal developmental competencies. There's no way of predicting when a child will master self-help skills. Parents must be assisted, including the child's primary caregiver and teacher, and must also provide sufficient details on the treatment, disease condition and commercially accessible tools that can help their children gain independence[9].

Children with autism dream about killing themselves and dying horrifyingly from suicide. Limited studies have found that 20 percent – 40 percent of autistic adults considered killing themselves [10],which at least one attempt was made by 15 percent[11]. A major analysis of the Swedish population found that people with autism are nine times more likely than others to die from suicide [12].There is no way to avoid autism disorder, but treatment options exist. Early detection and intervention is very helpful and can enhance behavior, competencies and language development[7].

Methodology

Study design:

A descriptive correlation design study was done to assess the family knowledge toward their children with Autism Spectrum Disorder at Al-Hilla City, Iraq. The study started from the first of November 2019 to 30 January 2020

Study Setting:

The study has been conducted in Al Hussein Center, Wesam AlRuhma Center, Mazaya Center at Al-Hilla city, Iraq

Sample of the study

A convenience sample has been selected through a non-probability technique. The total sample included (50) family, which Assessment the family knowledge toward their children with Autism Spectrum Disorder at Al-Hilla City, Iraq, invalid for research criteria.

Methods of Data collection

Data was collected using the study instrument (questionnaire), and The study started from first of November 2019 to 30 January 2020. After obtaining permission from the Al-Hussein center, Wesam AlRuhma center, Mazaya center so, the researcher used a direct interview with patients who admission to fill the questionnaire.

Statistical Data Analysis

The researchers used appropriate statistical methods in the data analysis using (SPSS) version 2010, which includes the following statistical methods:

a. Frequency

b. Percentage

Results

Table(1): demographic characteristics of parents:

Demographic data	Rating	Frequency	Percentage
Gender	Male	27	54
	Female	23	46
Age/ year	22-30 years old	10	20
	31-40 years old	24	48
	41-50 years old	13	26
	51-60 years old	3	6
Parent's education level	Primary degree	9	18
	Secondary degree	5	10
	Bachelor degree	35	70
	Postgraduate degree	1	2
Marital status	Married	48	96
	Divorced	2	4
Occupation	Not work	11	22
	Work	7	14
	Employer	32	64
Monthly income	Sufficient	20	40
	Insufficient	12	24
	Barely sufficient	18	36
Living location	Urban	44	88
	Rural	6	12

Table (1) indicates that (54%) of fathers were aged between (31_40) years old =(27) Concerning the patient's educational level (70%) of fathers were at bachelor degree. (96%) of this is marriage more than half of the father were employed(64%). Regards to family income (40%) of families reported sufficient monthly income. (44%) of this family were from the country.

Table (2): demographic characteristics of child

Demographic data	Rating	Frequency	Percentage
Sex child	Male	37	74
	Female	13	26
Age/ year	2/5-3 years old	3	6
	3/5-4 years old	12	24
	4/5-5 years old	35	70
Age diagnosis of disease	1years	1	2
	2years	20	40
	3years	24	48
	4years	5	10

Table (2): indicates (74%) of a male were aged between (3/5-4 years old) is a diagnosis of autism higher than female was (26%) and(48%) from child in age (3 years)is a diagnosis with autism

Items	Responses	Freq.	%
1. Autism is a lifelong developmental disorder	Yes	42	21
	No	24	12
	Don't know	34	17
2. The smallest age at which autism can be recognized in children is 3 years	Yes	50	25
	No	40	20
	Don't know	10	5
3. Children develop autism as a result of watching television and using electronic devices in abundance	Yes	64	32
	No	22	11
	Don't know	14	7
4. The abuse of parents by children is one of the causes of autism	Yes	38	19
	No	46	23
	Don't know	16	8
5. Vaccines are the cause of autism	Yes	12	6
	No	56	28
	Don't know	32	16

Table (2): indicates (74%) of a male were aged between (3/5-4 years old) is a diagnosis of autism higher than female was (26%) and(48%) from child in age (3 years)is a diagnosis with autism

6. Most autistic children have a mental disability	Yes	40	20
	No	44	22
	Don't know	16	8
7. The majority of autistic children are male	Yes	28	14
	No	48	24
	Don't know	24	12

Table(3): knowledge of autism disorder table(3) : knowledge of autism disorder continuous to

Items	Responses	Freq.	%
8. Children with autism do not make any visual contact while talking to othersYes	Yes	78	39
	No	18	9
	Don't know	4	2
9. Children usually show weak language interaction and communication in order to be diagnosed with autism	Yes	84	42
	No	12	6
	Don't know	4	2
10. Shows autistic child stereotypes (repetitive)	Yes	86	43
	No	8	4
	Don't know	6	3
11. A child with autism is seen as not responding to his name when he is called	Yes	76	38
	No	24	12
	Don't know	0	0
12. Autistic children need lifelong care for their families	Yes	74	37
	No	16	8
	Don't know	10	5
13. Some individuals with autism show great abilities and very high skills (drawing, music)	Yes	58	29
	No	8	4
	Don't know	34	17
14. Did you know that centers designated for autism have a good effect on the health of your child?	Yes	90	45
	No	2	1
	Don't know	8	4
15. Children with autism can be integrated into schools with their regular peers when receiving appropriate educational support	Yes	76	38
	No	8	4
	Don't know	16	8
16. There is currently no treatment for autism, but it has been shown that rapid and intensive intervention can reduce symptoms of the disease	Yes	84	42
	No	6	3
	Don't know	10	5
17. Children with autism suffer from other disorders such as (epilepsy, depression, anxiety, hyperactivity)	Yes	76	38
	No	8	4
	Don't know	16	8

Cont... **Table(3): knowledge of autism disorder table(3) : knowledge of autism disorder continuous to**

18. The high percentage of psychological and social burdens suffered by the autistic child's brothers	Yes	70	35
	No	14	7
	Don't know	16	8
19. The high percentage of families with a child with autism (difficult family problems and disorders) may lead to the separation of parents	Yes	36	18
	No	34	17
	Don't know	30	15
20. Autism has a relationship with aggression	Yes	62	31
	No	22	11
	Don't know	16	8

Table(3): distribution the percentage of items responses about knowledge of family toward autism disorder

Table (4): Knowledge level on ASD among parents

Knowledge level	Frequency	Percent
Low	26	13
Moderate	60	30
High	14	7

Table (4) shows that most of the parents have moderate knowledge level about the syndrome

The relationship between parentage and level of knowledge, this part shows that 60% of the parents have a moderate level of knowledge about syndrome. The age group 51-60 has only one sample at low-level .the age group 31-40 most of them with a moderate level of knowledge .20-30 age group have a most higher level of knowledge.

Discussion

The purpose of this questioner study was to assess the level of knowledge regarding ASD among families. The study revealed that both the rural and urban family's knowledge levels of autism disorder were generally moderate. This ratio is almost closer to reality and is rather good because of the lack of educational programs on Autism disorder presented by the health care provider and caregiver. However, studies were done in France [(13)],and study in China shows only 33.1% and 57.8% of the respondents have good knowledge on autism, respectively[(14)]. The study was done in Ireland reports (69%) of family knowledge[(15)]. These are consistent with our finding where the majority(60%) of the respondents who were aware of autism, has moderate knowledge. A similar result for our study was obtained in an India study where the family's knowledge about autism disorder was moderate[(16)]

The results showed significant differences in autism disorder knowledge between age group, 60% of a parent have a moderate level of knowledge about syndrome .the age group(51-60) have only one sample at low-level .The age group (31-40) most of them with a moderate level of knowledge, about (20-30) age group have a most higher level of knowledge. The difference in knowledge level could be because (20-30) and (31-40) age group parents have easier access to information than their other age group. 84% of families showed that rapid and intensive intervention could reduce symptoms of the disease, and 90% know that centers designated for autism have a

good effect on the child's health. Therefore, signs and symptoms of autism will ease improvement. The child can break his concerns and can improve communication with others.

Conclusion

The knowledge of family for Autism spectrum disorder in al- Hilla city is on the moderate and differed significantly by age, education, and location. Consequently, it is recommended that autism disorder education should be used to improve their knowledge of the disorder, especially for those with non-formal education, older parents and those in the rural areas, through intervention by government and non-government agencies.

Recommendations:

The study recommends the following:

1. Intervention programs on autism understanding should be conducted for the community, specifically among housewives who take care of their children most of the time and, at the same time, spread their clear understanding of autism to their friends and family.

2. The government should also implement a special program to encourage its employees to provide health information on autism and be role models

3. Further study is required to determine the effects of early intervention on autistic children's language skills, as language skills can enhance social interaction.

Ethical Clearance: The Research Ethical Committee at scientific research by ethical approval of both environmental and health and higher education and scientific research ministries in Iraq.

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