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The Lifestyle of Families Embracing an Autistic Person in Basrah City

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ABSTRACT

This study was conducted at the Imam Hussein Center affiliated to the Imam Hussain Shrine in Basra, Republic of Iraq. The study aims to assess the lifestyle of families who embrace a person with autism, 48 family members who participated in the questionnaire were of different ethnicities and races, total Evaluation of the Questions regarding autistic person the results showed that Bad = (0–0.33), Moderate = (0.34–0.67), good = (0.68–1) Mean Score center and families gate a benefit from the center services and programs the minimized problems.

Keyword: Autism Family, Immam Al Hussin Center, Basrah Lifestyle.

INTRODUCTION

Autism Known as a neurodevelopmental disorder characterized by difficulties with social interaction and communication and by restricted and repetitive behavior [1] and associated with a combination of genetic and environmental factors [2]. Some interventions showed how to reduce symptoms and improve the ability of autistic people to function and participate independently in the community [3]. Autism is estimated to affect 24.8 million people as of 2015 [4]. In the 2000s, the number of autistic people worldwide was estimated at 1–2 per 1,000 people [5,6] pointed that maternal nutrition and inflammation during preconception and pregnancy influences fetal neurodevelopment. Intrauterine growth restriction is associated with ASD, in both term and preterm infants.

Autism may be underdiagnosed in women and girls due to an assumption that it is primarily a male condition [7]. As well as exposure to air pollution during pregnancy, especially heavy metals and particulates, may increase the risk of autism [8,9]. Evidence point to synaptic dysfunction as a cause of autism [10] also some rare mutations may lead to autism by disrupting some synaptic pathways, such as those involved with cell adhesion. Gene replacement studies in mice suggest that autistic symptoms are closely related to later developmental steps that depend on activity in

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synapses and on activity-dependent changes [11]. The study of Katarzyna *et al*., 2007 [12] provides support for stability of clinical diagnosis and syndrome expression in the second year and highlights advantages and limitations of the ADI-R and ADOS-G for diagnosing and documenting symptoms of ASD in infants. Regarding lifestyle of autistic children [13] concluded that increased fat composition in Egyptian autistic children with decreased muscle mass necessitates tailoring a specially designed food supplementation program to ameliorate the severity of autism symptoms. Autistic people, particularly natal females, had lower social identification with and more negative feelings about a gender group [14]. Their role complements that of parents. During school hours, school teachers are actually the first-respondent in cases of disasters or emergencies. They must be able to deal properly with health emergencies both in normal children, and those children with special health care needs [15].

MATERIAL AND METHODS

The current study was conducted at the Imam Hussein Center affiliated to the Imam Hussain Shrine in Basra which is affiliated with the Imam Hussain Shrine in the Holy Karbala. The study targeted families who embrace a person with autism to know the effect of the presence of the autistic on the family lifestyle from different aspects. To achieve the aim of the study, a household questionnaire was conducted that included demographic information and another one related to the effect of having an injured person on the family lifestyle. Statistical Package for Social Sciences (SPSS), version 26. Include Percentage (%) and correlation between the variables.

DISCUSSION OF RESULTS

A normal part of life is stress but families with autistic children can experience more stress than other families. They might feel stressed because they are coming to terms with a diagnosis and what it means for their child.

Autistic spectrum disorder (ASD) is a life-long condition. In recent years, there has been a rise in the number of children diagnosed with ASD and a greater recognition that parents need clear, accessible information communicated through different modalities [16].

Table 1. Questionnaire'score

Questionnaire' parts	Number of questions	Max. Score per question	Min. Score per question
Demographic information	10	-	-
Family information regarding autistic person	22	1	0
Total	32	1	0

We use three (3) points Likert Scale which ranged from up to (1), as shown in the next.

Table 2. Rating and scoring of the study of questionnaire.

Three (3) points Likert Scale			
Evaluation			
Likert Scale	Interval	Difference	Evaluation
1	0–0.33	0.33	Bad
2	0.34–0.67	0.33	Moderate
3	0.68–1	0.33	Good

Results of the study

Table 3. Demographic Variables for Autistic children

Demographic Variables	Variables Classes	F	Percent
Sex	Male	31	65%
	Female	17	35%
	Total	48	100%
Patient's age	Less than 6	17	35%
	6–9	23	48%
	More than 9	8	17%
	Total	48	100%
Father's age	Less than 30	7	15%
	30 and more	41	85%
	Total	48	100%
Number of autistic person in family	One	38	79%
	Two	10	21%
	Total	48	100%
Child's sequence	First	10	21%
	Second	20	42%
	Third	18	37%
	Total	48	100%
Father's education level	College	28	58%
	secondary	14	29%
	primary	6	13%
	Total	48	100%
Mother's job	Employer	26	54%
	housewife	22	46%
	Total	48	100%
Family history	yes	42	88%
	no	6	12%
	Total	48	100%
Relative marriage	yes	22	46%
	no	26	54%
	Total	48	100%
Monthly income	>million	23	48%
	<million	25	52%
	Total	48	100%

Table 3. Distribution of the Variables Related Demographic Characteristics N=48 patients with autism.

Table 4. Mean score and assessment of families lifestyle

	N	Min	Max	Mean score	Ass.
Q1	48	0	1	0.62	Moderate
Q2	48	0	1	0.6	Moderate
Q3	48	0	1	0.65	Moderate
Q4	48	0	1	0.63	Moderate
Q5	48	0	1	0.67	Moderate
Q6	48	0	1	0.85	Good
Q7	48	0	1	0.73	Good
Q8	48	0	1	0.71	Good
Q9	48	0	1	0.85	Good
Q10	48	0	1	0.96	Good
Q11	48	0	1	0.42	Moderate
Q12	48	0	1	0.29	Bad
Q13	48	0	1	0.21	Bad
Q14	48	0	1	0.44	Moderate
Q15	48	0	1	0.21	Bad
Q16	48	0	1	0.98	Good
Q17	48	0	1	0.71	Good
Q18	48	0	1	0.96	Good
Q19	48	0	1	0.96	Good
Q20	48	0	1	0.25	Bad
Q21	48	0	1	0.15	Bad
Q22	48	0	1	0.87	Good

*Bad = (0–0.33), Moderate = (0.34–0.67), good = (0.68–1) Mean Score

Table 4 Evaluation of the Questions regarding autistic person.

Table 5. Overall assessment of families lifestyle

Assessment	F	%
Bad	3	6%
Moderate	23	48%
Good	22	46%
Total	48	100%

*Bad = (0–0.33), Moderate = (0.34–0.67), good = (0.68–1)Mean Score

Table 5 Evaluation of the Questions regarding autistic person.

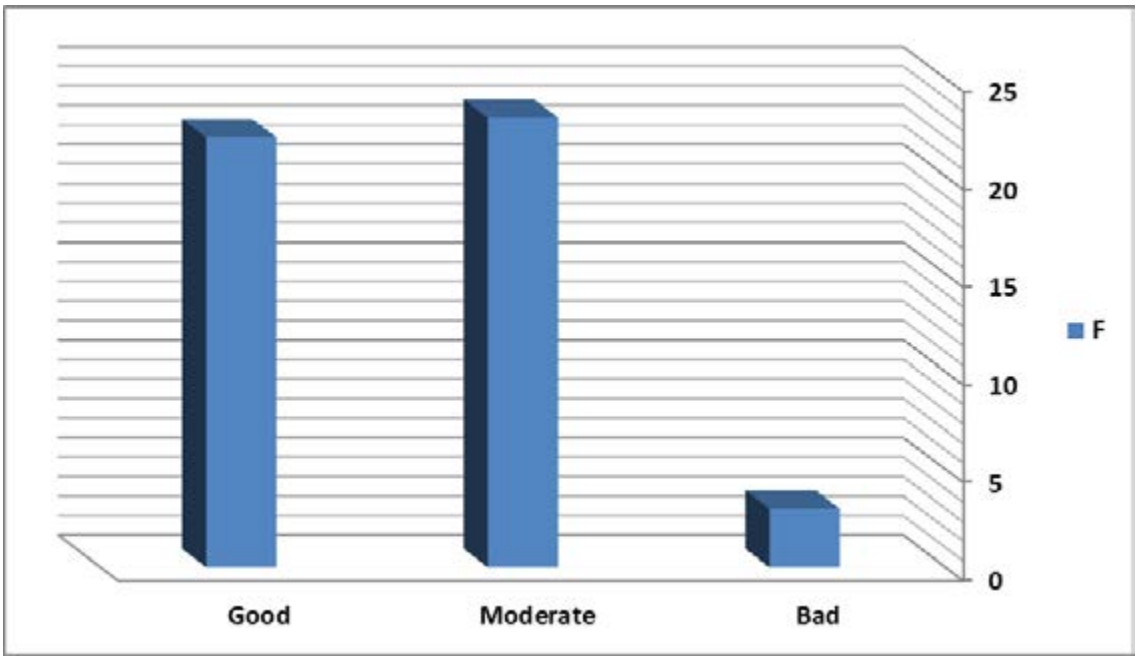

Figure 1. Overall assessment of families lifestyle.

Table 6. Relationships between the lifestyle assessments with demographic variables

Demographic Variables	Variables Classes	Assessment				Significant		
		Bad	Moderate	Good	Total	X2	P–value	Sig
		N	N	N	N			
Sex	Male	3	14	14	31	1.79	0.4	Ns
	Female	0	9	8	17			
	Total	3	23	22	48			
Patient's age	Less than 6	2	7	8	17			
	6–9	1	11	11	23			
	More than 9	0	5	3	8	2.12	0.71	Ns
	Total	3	23	22	48			
Father's age	Less than 30	1	2	4	7			
	30 and more	2	21	18	41	1.71	0.42	Ns
	Total	3	23	22	48			
Number of autistic person in family	One	3	17	18	38			
	Two	0	6	4	10	1.26	0.53	Ns
	Total	3	23	22	48			
Number of children	Second	0	5	5	10			
	Third	2	12	6	20			
	Fourth	1	6	11	18	4.55	0.33	Ns
	Total	3	23	22	48			
Father's education level	College	0	14	14	28			
	Secondary	3	5	6	14			
	Primary	0	4	2	6	8.82	0.04	S
	Total	3	23	22	48			
Mother's job	Employer	0	13	13	26			
	Housewife	3	10	9	22	3.81	0.14	Ns
	Total	3	23	22	48			
Family history	yes	3	19	20	42			
	no	0	4	2	6	1.16	0.55	Ns
	Total	3	23	22	48			
Relative marriage	yes	1	7	14	22			
	no	2	16	8	26	6.92	0.04	S
	Total	3	23	22	48			
Monthly income	>million	0	12	11	23			
	<million	3	11	11	25	2.96	0.22	Ns
	Total	3	23	22	48			

Ns = Non significant , X2 = chi square, degree of freedom = (columns–1) (rows–1), P–value < 0.05 = significant(S) except that non-significant (Ns).

Table 6 Relationships between the lifestyle assessments with demographic variables for autistic person.

Family embracing children diagnosied of autistic spectrum disorder (ASD) experience caused feelings of distress and urgency to access care for the affected child. Ellen Giarelli *et al*.,2005 [17] concluded that parents have information and counseling needs that begin after they receive the diagnosis of ASD for their child and can address these needs with a standardized nursing intervention, the findings of Jean and Phil [18] findings suggest that partnership in the community setting is central to effective service delivery but is knowledge, skill and resource intensive.

The data of Wei *et al*., research [19] partially confirmed new philosophy of life, appreciation of life, relating to others, personal strength and spiritual change of post-traumatic growth in mothers of children with autism while the results show that the years of experience have an effect on perceived stress [20]. Research shows that parents Disabled children are more vulnerable to stress [21]. Confusion among the parents. They expressed confusion over the diagnosis due to inconsistence explanations given by various professionals. This could be due to the influence of cultural factor [22,23].

CONCLUSION

The study showed that lifestyle of families embracing person with autism and attend to Al–Emam Hussian center gate a benefit from the center services and programs the minimized problems.

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