

THE ROLE OF SOCIAL INTEGRATION IN DEVELOPING THE SKILLS OF AUTISTIC CHILDREN IN CAPITAL SANA'A

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Abstract

Children with autism are among the social groups that need great care and attention from the authority and society, and in proportion to the nature of the disability of each of them separately, and according to the level of disability. Therefore, this study tracks the role of social inclusion in the development of autistic children's skills. The descriptive analytical approach and the case study were used, and this study was applied to some centers dedicated to the disabled. The study concluded that it is necessary to use the educational integration of autistic children with their ordinary peers in addition to family social integration and to develop their skills in communicating with the family and society.

Keywords: Social Integration, Skills Development, Autistic Children.

1. INTRODUCTION

Autism is one of the disabilities that affect children in their early childhood, and it is a complex developmental disability that has a comprehensive impact on all aspects of the child's mental, social, emotional, motor, and sensory development. The most obvious deficiencies in this disability were the communicative aspect and mutual social interaction, which shows that the reality of the autistic child is unable to interact socially and form mutual relationships with peers, in addition to lack of attention, lack of focus in those around him, and stereotypical behavior, and that his interests are restricted or specific.

2. THE PROBLEM OF THE STUDY

Autistic children are one of the most needy segments of people with special needs for care and assistance in overcoming the stage of disability and integration into society. The problem of the study is the increasing number of autistic children, the problems and difficulties they suffer from among their families, the social and psychological pressures they face, and their strong need for social integration in developing their various skills, revealing the effects of lack of care, calling for attention to autistic children, and rehabilitating them scientifically and professionally to benefit themselves and their community.

3. THE OBJECTIVES OF THE STUDY

The researcher tries to answer many questions about the importance of social integration for children with autism, and its link to developing their behavioral and educational skills, taking them out of the autism circle, and practicing their normal lives at various age stages, including:

- What is the importance of social integration of autistic children in educational institutions?

- What is the role of the family and society in accepting the integration of autistic children?
- What is the importance of early detection of autism and the speed of their social integration to overcome the autism stage?

4. THE SIGNIFICANCE OF THE STUDY

The importance of the study is to find out the reasons for the increase in autistic children, the role of official institutions in confronting autism, and developing their skills by integrating them into the society surrounding them, with ordinary children and following up on their situation, to find out the extent of benefiting from social and educational integration to alleviate the suffering of autism, by integrating them into society and taking them out of the reality of disability into elements that contribute to building the nation.

5. METHODOLOGY

The approach followed in conducting this study is the descriptive analytical approach and the case study of some autism patients in the centers of the Association of the Disabled and the Humanitarian Cooperation Foundation for People with Special Needs in the Capital Sana'a - Yemen, and the analysis of the data obtained.

6. THE SAMPLE OF THE STUDY

The study sample consists of (102) autistic children distributed in two groups: the first group: is (46) children from the Disabled Persons Association Center for People with Special Needs in the Directorate of Peoples. The second group: (56) children from the Humanitarian Cooperation Foundation Center for the Care of Persons with Special Needs in the Directorate of Unity. Two of the research sample did not respond to the case study questionnaire. Both groups are under the administrative scope of Amanat Al Asimah Sana'a.

7. SOCIAL INTEGRATION

Social integration of autistic children is defined as the opportunity for autistic children to socialize with their normal peers, whether in school or the community around them so that they can acquire social and behavioral skills that help them communicate with those around them. Social integration is divided into the following:

- 1- Social integration within the family in which the autistic child lives with normal children, in turn, enables him to acquire language, speech, and communication skills with others.
- 2- Social integration of school in the classroom to achieve equality between children with autism with ordinary children, break the restrictions of social isolation, and develop their mental and creative abilities.

8. THE ONSET OF AUTISM

There is no known beginning of the onset of autism, but by the middle of the twentieth century, some theories emerged that indicate the correlation of several factors for autism, including genetic and environmental factors...etc. Interest in this category dates back to the beginning of the emergence of the science of special education,

when a child with autism and mental retardation was found in the French forests, called "Itard" and later his name became "Victor".

With the increasing monitoring of the number of autistic children and its spread worldwide, in general, and in the Arab countries in particular, parents are frequenting private centers and clinics, asking for help and helping them get rid of what their children are suffering.

9. DEFINITION OF AUTISM

Autism is a Greek word that consists of two aspects, the first (Aut) means the self, and the second (Ism) means closure, and therefore the word (autism) means closure to the self [1].

The World Health Organization defines autism as a developmental disorder that appears in the first three years of a child's life and leads to a deficit in language achievement and social integration [2].

The American National Children's Association defines cases of autism as the basic pathological symptoms that appear before the child reaches 30 months of age, including developmental speed disorder, lack of sensory responses to stimuli, speech and language disorders, and non-attachment and belonging to people [3].

The American Psychiatric Association defines autism as a multifaceted developmental disorder that includes three characteristics: deficits in language, deficits in social communication, and repetitive stereotypical behaviors. These characteristics appear before the age of three [3]. According to the Orthodox French dictionary, autism is defined as a severe disorder in the communicative and behavioral aspects of the individual. The terms autism are varied, such as autism, childhood psychosis, and autism [4].

The American Act on the Education of Individuals with Autism defines autism as a disability that negatively affects the development of the child's performance in verbal and non-verbal communication and social interaction. Significant symptoms appear significantly before the age of three, and it also leads to the child's preoccupation with repetitive activities and stereotypical movements, and his ability to change the environment or change daily routine [5].

This increased activity leads to a lack of attention, and by social integration, we reduce the excessive activity and constant movement and focus around it [6].

As for the international conference held in England in 1999, autism was defined as a developmental disorder that affects individuals throughout their lives, and the symptoms of this disorder are concentrated in the deficit in public relations, and in all types of communication, whether verbal or non-verbal, in addition to problems in learning, imagination, play and the child's perception of his surroundings [7].

10. TYPES OF AUTISM

Autism is divided into three types as follows:

A. The severe degree of autism is called classical autism. Individuals with this degree do not have functional communication skills, so they are socially isolated and suffer mostly from mental retardation.

Children with this degree of autism are characterized by:

- 1- The power of speech
- 2- Not looking at those around them.
- 3- Too much movement.
- 4- Harmony with their world.
- 5- Not accepting the change in their daily routine.
- 6- Not giving up things he likes.
- 7- The autistic person is characterized by a troubled intelligence sometimes, he understands quickly complex things, and other times he is unable to understand simple things.
- 8- Not playing with his peers.
- 9- He does not care about the situation of those around him, whether they are happy or miserable.
10. He does not express affection for his relatives such as his mother or father [8].

B- Medium degree: the members of this degree are characterized by social responses and limited functional language, severe patterns of stereotypical behaviors, and mental retardation of varying intensity [3]. This type of autism is called (developmental disorder), and it is characterized by being unknown, it has multiple features that include the characteristics of classical autism, in addition to the features of high-performance autism, and it combines all the symptoms of autism disorder, and the features of this type are as follows:

- 1- Failure to distinguish between right and wrong.
- 2- Lack of understanding of others.
- 3- Fugue and inattention.
- 4- Inability to communicate with others.

C- Light grade: It is divided into two groups:

- **The first group:** is very simple autism: the members of this group show fewer autistic characteristics and a higher level of intelligence.
- **The second group:** The simple autistic group: Social problems appear in the members of this group, including their strong attachment to some things, and routinely, and the members of this group suffer from simple mental retardation, and in general, this degree of autism is characterized by mild symptoms and people with this condition of autism are characterized by the following:
 - 1- The power of intelligence and the ability to speak partially or fully.
 - 2- Ability to communicate verbally.
 - 3- Inability to share play with normal peers [3].

11. THE REASONS FOR AUTISM

11.1. Psychological Reasons

When autism disorder was identified, some psychiatrists influenced by the psychoanalytic theory of *Freud* tried to explain autism as the result of the wrong upbringing of parents (especially the mother) during the first stage of development of the child, which leads to many mental disorders [5].

As for the American doctor Kanner, he explained the symptoms of autism in children in two cases, first: the development of self-love in the wrong way, during the first three years of the child's life. Second: The result of the wrong parenting methods, the psychological climate in which the child lives, and the abnormal personality of the parents [9].

11.2. Social Reasons:

Some studies believe that the child's autism is due to his sense of rejection by his parents or his feeling of emotional deprivation, in addition to the exacerbation of family problems, which leads the child to fear and a sense of social isolation, self-absorption and withdrawal from his social environment, or that the neglect and the problem that led to all other abnormal behaviors.

Kanner found that all the parents of the children who were diagnosed were highly educated, but they were characterized by strictness in addition to isolation and diligence in their work at the expense of their family duties. For this reason, *Kanner* believes that early childhood autism is due to the child's inheritance of the factor of the father's exclusion from the family, or the parents' reliance on strange parenting methods in raising their children [10].

11.3. Biological Reasons

One of the causes of autism is a defect in chromosome X the child inherited from the mother, such as chromosome X fragility, as this disease affects about (15%) of male autistic children.

The mother takes some types of medicines during pregnancy, such as (epilepsy medicines) or the fetus is exposed to viruses during pregnancy, which are caused by diseases that affect the mother such as rubella virus, simple viruses, or even fungi that infect the baby's mouth during the birth process.

Some researchers also attribute children's autism to *phenylketonuria*, tuberous sclerosis, or *neurofibromatosis*, all of which are genetic diseases [11].

Some studies have shown that one-third of autistic children have found high levels of hormones in their blood, which confirms a significant relationship between the high rate of hormones in the blood and a lack of cerebrospinal fluid, as it was found that there is an immune mismatch between the cells of the mother and the fetus, which leads to the death of some neurons [10].

11.4. Autism Diagnosis

The autistic child is diagnosed by an integrated team of specialists, namely a neurologist, a psychiatrist, a doctor specializing in the development, another in the treatment of language and speech pathology, and an occupational therapist [2].

As for the criteria adopted for the diagnosis of autism, it is diagnosed by referring to established criteria for the diagnosis of this disease, and there are two classifications for the classification of autism diseases, which are not adopted at the global level, and each classification has its sections for autism disorder, one of which is adopted by the American Psychiatric Association and called the Diagnostic and Statistical Manual of Mental Disorders (DSM), and the second is adopted by the World Health Organization and called the International Classification of Diseases (ICD10) [11].

11.5. Autism Treatment

The treatment of children with autism aims to modify their behavior and try to provide them with the necessary skills to integrate them with their environment by improving their social interaction, developing their cognitive abilities, and reducing abnormal behavior. Psychotherapy sessions for an autistic child may include taking some medicines that reduce the symptoms of the disease and help the child to settle, calm, and learn. The therapist must also provide the necessary guidance and directions to the family of the autistic child to ensure the effectiveness of the treatment plan [11]. The methods used in the treatment of autism are as follows:

- **Drug Therapy**

Drug therapy for autism aims to modify the neurological condition that leads a child to abnormal behavior, such as aggression, self-harm, and depression. The choice of the type of medication and the amount of dose is the responsibility of the child's doctor, taking into account the side effects of some medications that can affect the educational process of the autistic child [4].

- **Psychoanalysis**

Psychoanalysis for the treatment of autistic children is divided into two basic stages:

- The therapist provides the child with the greatest possible psychological support and satisfaction and avoids frustrations and emotional stability.
- The psychotherapist focuses on developing social skills, as well as postponing and returning gratification and satisfaction [10].

Through the previous two steps, the therapist can modify the social behavior of the autistic child and develop his social skills, which appear more in his training to return satiety, and this is done by everyone who has a role in implementing the treatment plan, especially parents and teachers [12].

Behavioral Therapy

Behavioral therapy is used to modify the behavior of autistic children, as it is one of the most appropriate therapeutic methods adopted in behavior modification and because of its positive impact on linguistic, mental, and emotional functions, in addition to encouraging children to acquire educational and social skills.

Some researchers believe that autistic children over the age of four do not play an effective role in developing their skills. Others believe that behavioral programs play a major role in developing the autistic child's language and social communication skills, whether at school or home. These programs are in the form of motor, musical, artistic, and recreational activities.

The study states [3] that actions that rely on the principles and laws of learning in behavior modification can be mastered by those around the child in dealing with the target behavior by increasing the desired behavior and reducing the undesirable behavior, through environmental intervention, or controlling the consequences of behavior by promoting appropriate behavior, or excluding inappropriate behavior, or using appropriate opportunities to practice a loving activity as a reward for avoiding the child's unpleasant behavior, or self-control by teaching the child how to deal with variables in his environment to reach the desired behavior.

- **Cognitive Therapy**

Cognitive theorists believe that autistic children vary in their attention because they have cognitive dysfunction, so they cannot respond to only one stimulus at a time, visually, tactilely, or otherwise. Some of these studies have indicated that autism constitutes a group of developmental disorders of different severity and prevalence, which require intensive efforts by therapists to improve understanding. Some other studies have also stressed the need for education for autistic children, in addition to indoctrination and responding to programs provided for joint attention, by looking at the direction of the thing to which the adult refers by forming a comment about the thing, taking into account the need to achieve early development of joint attention, which affects eye contact during the first and second year of the child's life [9].

In addition, there are many other methods used in the treatment of autism, such as nutritional therapy - educational therapy - music therapy - sensory integration therapy, and to contribute to the treatment of autistic children and get rid of their behavioral problems and the state of isolation and introversion, through social integration, which contributes to modifying their attitudes in life, and make them feel entitled to social life and be treated with full respect by the rest of society [13].

12. THE PHENOMENON OF AUTISM IN YEMENI SOCIETY

The phenomenon of the spread of autism is one of the disabilities that affect a large segment of children in Yemeni society, and they urgently need to be addressed by research and study from various social, psychological, and economic aspects, "there are rights for autistic children to learn with others and that isolation is not practiced against them because of their disability and the difficulty of their education" [14].

The increase in the number of children with autism in Yemeni society has been observed in the past few years through statistics carried out by specialized centers for the treatment of autism in various Yemeni cities, including the capital Sana'a.

12.1. Benefits of Integration

Integrating autistic children does not mean just bringing them into a class of their own within a school for ordinary people, but rather the satisfaction and conviction of the parents of autistic children, by integrating their children to improve their social skills in the society surrounding them, and their independence in their private lives. So that the integration results in the acquisition of the autistic child of the following benefits:

- Feeling self-confident and accepted by others.
- Acquiring new skills to face life's difficulties.
- Self-reliance in meeting his needs and not relying on others.

- Increasing communication with others and the growth of mutual relations with those around him.
- Integration helps normal children accept the autistic child and feel comfortable with people who are different from them [14].

13. RESEARCH ANALYSIS

By tracking and studying the medical conditions of autistic children, in the two centers identified as a sample to conduct this research, the following was observed:

- There is an increase in the number of cases of visitors to training and rehabilitation centers for people with special needs, who have been proven to be autistic, although those centers are affiliated with the private sector and have a high financial cost, which means that poor children do not get their right to care and attention, and they may not reach those centers to prove their cases.
- Symptoms vary from person to person, which means that autism cases need to be screened and dealt with individually, to facilitate the process of modifying bad behavior with positive behavior, and to benefit from social integration and getting out of autism.
- The a lack of free specialized centers for the treatment of autistic children for the poor, and some families feel ashamed and ashamed, which prevents them from enrolling their children in rehabilitation centers.

There is a strong relationship between the early detection of autism and the benefit of social integration programs in the improvement of many cases and their acquisition of new skills. On the contrary, cases that have been delayed or neglected by families have not received the desired benefit from social integration.

After investigating the causes of autism, and by studying cases of autism in the study sample, the responses of parents of the study sample of autistic children varied, about the causes of autism, which varied greatly, some of them due to genetic factors, such as consanguineous marriage. Some of them are because the reason is: the presence of a genetic disease in the family to which the autistic child belongs, such as those with psychological and neurological conditions. They believe that there is little benefit in following up on the treatment of autistic people, or preoccupation with their medical conditions. Some of them believe that one of the causes of autism is the parents' neglect of the child in the early years of his life as a period of learning language and communication with others, and some of them believe that autism is caused by some diseases, such as brain atrophy, electrical charges, mental retardation, or imbalance in the percentage of minerals in the blood.

The researcher believes that the responses of parents were based on the doctors' diagnoses of autistic children, and in line with previous studies that indicated the lack of clarity of the reasons for autism scientifically, and between the statements of parents of autistic children. Opinions differed on the reasons that led to each child's injury and their differences according to their different points of view.

Due to the great difference between children with autism, and the difficulty of researchers to realize the direct causes of autism in children with this disease, or other factors that cause autism, individuals dealing in the education of the affected child commensurate with the level of his disability makes it easier for the researcher,

teacher, and family to deal with autistic patients. You can observe the extent of the response to building a link of communication with others, and the readiness of a child with autism to communicate with those around him, and to integrate with the social environment and with others.

As for the analysis of the responses of parents (study sample) about the paragraphs of the case study form, for children with autism in the two previously identified centers, who represent the research sample, their answers to the paragraphs of the case study form were as follows:

13.1. Distribution of Autistic Children by Age in the Research Sample:

Table 1: shows the number of children included in the research who suffer from autism by age

S/N	Age	Frequencies	Percentage
1	From 3– 5 years	42	41%
2	From 5– 7 years	20	20%
3	From 8 - 11 years	10	10%
4	From 12 - 15 years	16	16%
5	From 15 - 18 years	14	14%
Total		102	100%

Through the previous table No. (1), it was shown that the percentage of children between three to five years old represents a larger number than the higher age groups by (41%), followed by a category between (five to seven years) by (20%), and these two categories constitute (60%) of the research sample, which indicates that autism appears more widely than before. The researcher believes that there is an increase in the percentage of parents' awareness of the need to present children's cases to doctors early, which achieves early detection of the disease, and enables families to search for rehabilitation centers and start the treatment phase.

13.2. Determining the Number of Autistic Children According to the Diagnostic Authority:

Table 2: It shows how to know the pathological condition of a child with autism.

The first to know the medical condition of an autistic child	Parents	Relatives.	Doctor	Friends	Total
Percentage %	16%	14%	48%	20%	100%

Table No. (2): On how to know the medical condition of a child with autism, the responses of the research sample were as follows:

- The highest rate of knowledge of children with autism was through medical diagnosis, where the percentage reached (48%).
- Some friends have experience of knowing the disease, whether they are doctors or those who know of similar cases of children with autism, so the percentage of those who were known to have autism by friends was 20% of the research sample.
- What percentage was known by the parents, which was 16%, by knowing the difference between their children with autism and other normal children, and comparing their behavior with their relatives who were often previously diagnosed with autism?

- As for those who were known to have autism through relatives, it was 14%, as some relatives noticed that their children with autism changed their behaviors and lifestyles. They measure this by knowing other people they know or by their scientific and practical experiences.

13.3. Determining the Number of Disabled Relatives Close to Autistic Children in the Research Sample:

Table 3: It shows the percentage of relatives with autism who are disabled with different disabilities

Number of relatives with disabilities	One	Two	Three or more	Total
Percentage %	36%	38%	26%	100%

In this paragraph, it was found that there is a great correlation between the spread of autism, the formation of social relations, and the establishment of the Yemeni family. Most of the population in these areas tend to marry among relatives. It turned out that there are large numbers of disabled relatives of the study sample of disabled persons with different disabilities, where the number of disabled among the relatives of the study sample with one disabled relative reached 36%, and in families where there are two disabled relatives of autistic respondents, 38% of the research sample. As what are the families in which the percentage of disabilities among their children is three or more people, it reached 36%, which is a clear indication that the spread of autism is being affected by the community surrounding autistic people.

13.4. The Relationship of Autistic Children with the Social Environment:

Table 4: shows the social status of the autistic child in the research sample

S/N	Phrase	Yes	No	More or less.	Total
1	He plays with his brothers	7	76	17	100%
2	Likes to play with himself	74	21	5	100%
3	Distinguish between parents and others	11	69	20	100%
4	Feels comfortable with others	9	80	11	100%

In Table No. (4): The personal differences of children with autism in the practice of their childhoods were researched, about playing autistic children with their brothers. The family's responses were about the integration of autistic children in playing with their brothers. 76% indicated that their children with autism do not play with their brothers. As for 17% of the study sample, they answered that their children with autism play to some extent, simply and rarely with their brothers, while 7% indicated that their children with autism play with their brothers with simple games.

When knowing whether a child with autism plays alone, the largest number of them answered that their children play alone 74%, followed by 21% who believe that their children do not play with themselves, and 5% who believe that their children play with themselves to some extent.

As for distinguishing autistic children between family and others, 69% of the research sample believe that their children do not distinguish between family and others, 20% believe that their children distinguish between family and others to some extent, and 11% believe that their children can distinguish between family and others.

In the section on autistic children feeling comfortable with others, 80% of the research sample believe that their children do not pay any attention to others, and they do not appear to feel comfortable with them. 11% believe that their children feel somewhat

comfortable with others, while 9% believe that their children feel comfortable with others.

13.5. Training and Rehabilitation of Autistic Children:

Table 5: shows the training and rehabilitation status of children with autism in the research sample

S/N	Phrase	Yes	No	More or less.	Total
1	Likes to teach and go to school	72	13	15	100%
2	He hears what is said and does what is required of him	8	81	11	100%
3	He gets good training at the center	12	68	20	100%
4	To be trained collectively	10	83	7	100%
5	Individually trained	84	6	10	100%
6	Learns to read and write well	17	70	13	100%
7	He gets training at the center for free	6	90	4	100%
8	Center fees are high	78	8	14	100%
9	Trains in a center other than this center	4	90	6	100%
10	He has previously attended a public or private school	7	85	8	100%
11	Learns from merging with others quickly	37	35	28	100%
12	Integrating with others improves his behavior	48	28	24	100%

From Table No. (5), which shows the responses of the study sample about the response of their children with autism to social integration and the improvement of their pathological conditions by integrating them into schools and teaching them the necessary skills that enable them to practice their lives. The first paragraph of the table looks at the love of autistic children for education their response to training, and their readiness to go to classes. A large percentage of them had a great desire to learn and go to school, as the percentage of those who love education and go to school reached 72% of the research sample, 15% liked it to some extent, What percentage of those who do not like education and go to school was 13%. The researcher believes that these people need encouragement and more attention.

As for the extent to which autistic children respond to instructions and implement the requests required of them, 81% did not respond to hearing speech and implementing what was asked of them. This means that it is difficult to train them to overcome their disability and integrate them into society, and they need to redouble efforts and do more training to help them. The researcher believes that there is neglect by parents in helping their children overcome autism and get rid of disability with this disease, and trying to draw their attention to hearing speech and implementing what is asked of them. As for the percentage of those who respond to hearing speech and implementing what is asked of them, it was 8%, this is a small percentage, and I think that these are the ones who try to take care of their children and try to help them get rid of the disability. 11% of them respond to hearing what is said and doing what is asked of them to some extent.

As well as the enrollment of autistic children in training and rehabilitation centers, the research sample responded that 68% of autistic children do not receive good training in training centers, and they do not play the role required of them in a manner commensurate with the condition of the disabled. Some of them receive training to some extent, representing 20% of the research sample, and 12% are those who receive good training, according to the level of the family of the disabled, and their interest in their children. The researcher believes that the percentage of those who

receive training is not commensurate with the number of people with autism, and those in need of training and rehabilitation in specialized centers for autism, saving them from this disability, and there is no need for the intervention of the competent authorities to support this group of autism survivors and help them by enrolling them in training and rehabilitation centers, or establishing specialized centers with government support, to support such cases and remove them from the reality of autism, and to overcome the stage of disability and integrate them into society with other ordinary children.

Regarding the access of autistic children to training collectively, the research sample responded that 83% receive group training, which reduces the percentage of beneficiaries of the training because the trainer is busy with more than one person at a time, so the results are poor, and the impact is often negative among autistic trainees, and 10% receive group training, while 7% receive group training to some extent.

Regarding individual training for autistic children, 84% reported that their children receive individual training, in the centers where they train and that the results are satisfactory to them because they feel the gradual improvement of many of them, 6% reported that their children do not receive individual training for their children, and 10% receive individual training to some extent. The researcher believes that individual training is more beneficial for children with autism, as it gives the child a sufficient amount of information commensurate with their abilities, and improves their perceptions and behaviors, so improvement appears faster.

Regarding the role of centers in teaching autistic children to read and write, the answers of 17% of the research sample indicated that children learn to read and write and benefit from the centers currently available in learning for autistic children to read and write, while 70% confirm that autistic children do not benefit from these centers in learning to read and write, and 13% admit that their children learn to read and write in the autistic children rehabilitation centers selected as a sample for research.

One of the obstacles to taking autistic children for their right to training rehabilitation and access to social integration is the high wages of these centers, which are dedicated to the rehabilitation and training of autistic children, as 90% of the research sample reports that their children do not receive training and rehabilitation service for free, while 6% say that training is free, and 4% believe that training is free to some extent.

78% of the research sample believe that training fees in autism rehabilitation centers are high and not commensurate with the level of income of families whose children suffer from autism, compared to 8% who believe that the fees are not high and commensurate with their income level, and 14% who say that the fees are somewhat high.

As for the response of the research sample on the care of families for autistic children, and the search for the best specialized centers to rehabilitate their children in more than one center at the same time, there are a few cases that receive training and rehabilitation, in more than one center where their number reaches 4% of the research sample, and 90% of them can not enroll in other centers, other than the centers they are currently enrolled in, and this research sample represents 6% enroll in other centers to some extent, and for intermittent periods. The researcher believes that the economic conditions of the country and the lack of job opportunities, due to the war

that has been going on for nine years, have a very serious impact on the living conditions of people, especially those with autism.

When tracking the situation of persons with disabilities with autism, and those who had previously enrolled in public or private schools, it was found that 7% of them had previously enrolled in public and private schools, but they did not benefit from this because their level of perception was lower than that of their healthy peers, and 85% had never enrolled in public or private schools, and 8% had enrolled in schools to some extent.

As for autistic children benefiting from integration with others and learning from each other, 37% of the research sample believe that their children have benefited from integration and are learning useful skills and experiences in their lives, while 35% believe that their children do not benefit and do not learn from their integration with others. It seems that the lack of benefit is due to the severity of their autism cases and they need to continue their integration, and insist on training and integrating them with others until their conditions improve. As for 38%, they benefited to some extent, which indicated that there is great hope for improving their conditions as they continue to integrate and educate with healthy children.

As for the improvement of the behavior of autistic children from their integration with healthy people, 48% believe that integration with healthy people helps a lot in improving their behavior. These children need to continue until their children get rid of autism, and 28% do not improve their behaviors. These children need more care and guidance by integrating with their healthy peers and urging them to play with them. As for the 24% of autistic children in the research sample, they benefit from integration in improving their behavior, and they need to continue and follow integration for longer periods until their pathological conditions improve. The researcher believes that the integration of autistic children urgently needs to find a friendship relationship between healthy children and autistic children to benefit from integration, and not be bullied so that the benefit is great and their behaviors improve in a short period.

13.6. The Health Status of Autistic Children in the Research Sample:

Table 6: shows the health status of autistic children in the research sample

S/N	Phrase	Yes	No	More or less.	Total
1	Suffers from diseases other than autism	33	68	1	100%
2	He benefits a lot from using the treatment	52	28	20	100%
3	Patient from birth	25	69	6	100%
4	He was born healthy and then he got sick	66	17	17	100%
5	Act natural.	28	67	5	100%
6	Treatment is used continuously	88	8	4	100%

Table (6), shows the health status of autistic children in the research sample, and whether they suffer from other diseases besides autism. 33% of the respondents said that they suffer from diseases other than autism, 68% do not suffer from any diseases other than autism, and 1% of autistic children suffer to some extent from diseases other than autism. As for the fact that children with autism benefit from the use of treatment in alleviating autism in children from the research sample, 52% benefit from the use of treatment, 28% do not benefit from the use of treatment in alleviating autism, and 20% of the research sample benefit from the use of treatment to some extent.

When examining the health status of autistic children, and knowing whether they suffer from diseases from birth, 25% had diseases from birth, such as hearing or vision impairment, motor disabilities, and other genetic diseases. As for 69% of the research sample, they do not suffer from any diseases except autism, and 6% of them suffer from diseases to some extent since birth. As for those born in good health and then exposed to autism, they accounted for 66% of the research sample. The researcher believes that such a situation is due to the parents' lack of awareness of their children's autism, and their lack of experience in dealing with children, especially if the child is the first in the family.

As for the percentage of 17%, they answered that their children showed signs of autism without knowing whether they were infected from birth or afterward, and 17% somewhat believed that their children were not born with autism from birth.

Observing the strange behaviors of autistic children, and irregular sleep. 67% of the research sample responded that their children suffer from a sleep disorder, 28% sleep normally, and 5% do not realize their children's sleep disorder, and to some extent, they see that their children sleep normally.

As for the duration of treatment use for autistic children, the research sample responded that their children use treatment continuously, and these represent 88% of the research sample, 8% do not use treatment continuously but intermittently, and 4% of the research sample see to some extent that their children use treatment.

13.7. The Skills of Autistic Children in the Research Sample:

Table 7: shows the skills of the autistic child with others in the research sample

S/N	Phrase	Yes	No	More or less.	Total
1	Can quickly remember orders and requests	10	87	3	100%
2	Stubborn and constantly moving	83	14	3	100%
3	Eats all foods naturally	17	77	5	100%
4	Appreciates and respects others	6	87	7	100%
5	Has special requests that he constantly requests	91	3	6	100%
6	Makes strange and incomprehensible sounds	85	4	11	100%
7	Watch TV.	56	28	16	100%
8	Likes to listen to the Quran	61	32	7	100%
9	Likes a particular person	77	12	11	100%
10	Likes loud sounds	15	79	6	100%

In this table, the research of [15] was used to reveal social language skills.

In the previous table No. (7), a large number of the research sample, equivalent to 87%, believes that the autistic child cannot remember the orders. He is forgetful and needs to repeat the order. 10% of the research sample can remember orders and requests, but it does not respond to the implementation of orders and requests, and 3% of those believe that autistic children can somehow remember orders and requests quickly.

When knowing the signs of autism among autistic children, the research sample indicated that 83% are characterized by a lot of movement, excessive stubbornness, distraction, lack of focus, and instability in a specific place. 14% do not move much and their stubbornness is acceptable, while 3% see to some extent that autistic children are stubborn and leave a lot.

As for practicing their daily lives, each person has different behaviors. In eating, for example, 77% do not eat normally, but eat specific foods and reject others, even if they are tastier and better for others. 17% of autistic children eat their food naturally, and they do not show symptoms of autism except in a simple way, and 5% to some extent eat their food naturally, and sometimes they show strange behaviors during eating, such as mixing all the food and drink available to them in one bowl.

As for the establishment of social relations with others, autistic children do not distinguish between relatives and friends and do not pay any attention to others. 87% of the research sample responded that autistic children do not respect and appreciate others, and 6% of them confirmed that their children respect and appreciate others, while 7% answered to some extent that their autistic children appreciate and respect others if asked to do so.

Regarding the special requirements of autistic children, 91% of the research sample confirm that their children have repeated special requests, and if given to them, they ask for them several times at the same time, such as a kind of food or candy, while 3% do not have special requests, and they practice their life normally, and 6% of the research sample believe that their children have special requests.

Autistic children are distinguished by having special movements that distinguish them from others, such as fluttering hands, assaulting others, frequent shouting, and discomfort for the most trivial reasons. 85% of the research sample reported that their children make strange and incomprehensible sounds, 4% do not make strange sounds, and 11% make somewhat strange sounds.

As well as the attachment of autistic children to some games, 56% of the research sample believe that their children love watching television for long times, while 28% do not like television and are preoccupied with other games such as running from place to place, and 16% believe that their children watch television to some extent and sometimes do not want to watch television.

When knowing the things that autistic children like to listen to, such as asking them whether the child likes to listen to the Qur 'an, 61% of the research sample answered that their children like to listen to the Qur 'an, while 22% do not like to listen to the Qur 'an, and 71% like to listen to the Qur 'an to some extent.

Sometimes autistic children are related to the love of a specific family member, such as a father, mother, or brother. 77% of the research sample was related to the love of a family member or friend. 12% do not tend to love anyone, do not show interest in anyone around them, and 11% to some extent show their love and attachment to people from family or relatives, and some of them do not realize who loves them from those around them.

When knowing what sounds autistic children like, 15% of the research sample likes loud sounds, such as: attending family events and weddings, while 79% of autistic children do not like loud sounds, are annoyed by loud sounds, and do not accept living in crowded places, or that make loud sounds. 6% of the research sample report that their autistic children like somewhat loud sounds, and are rarely bothered by loud sounds.

The researcher believes that there is a close correlation between learning and social integration and the social environment, as it has been proven that teaching autistic children in the early years to acquire communication skills by integrating them with

other children has positive results. If integration is in autism centers and with those suffering from the same disease, the impact will undoubtedly be negative. Therefore, autistic children should be integrated with ordinary children and the impact will be positive, ending the suffering of autism by acquiring the skills and experiences they need in their lives, until the benefit of social integration is achieved and they are removed from the reality of disability to normal life.

14. RECOMMENDATIONS

- Establishing centers for autistic patients equipped with the necessary devices and equipment for training and rehabilitation.
- The need to integrate autistic children with their ordinary peers educationally, along with social and family integration, and to develop their skills in communication and communication with the family and community.
- Enact legislation to ensure autistic children have the right to education, like other children, and allow them to be integrated with other normal children.
- Providing classrooms or schools for autistic children, in addition to schools for ordinary children.
- Involving educational and pedagogical institutions in contributing to the provision of places for the rehabilitation of autistic children, whether through social integration with ordinary children, or the provision of specialized schools for autistic children.
- Establishing therapeutic and educational centers for autistic children.
- Rehabilitation of educational cadres specialized professionally in the rehabilitation of autistic children.
- Raising community awareness of the importance of early detection of autism and the ease of treatment and moving beyond the stage of autism and integration into society.
- Supporting the private sector and encouraging them to invest in the establishment of specialized centers in the treatment of autism.
- Educating parents of autistic children about the importance of social integration for their children and considering it as part of treatment.
- Preparing awareness programs in various media, to educate families that autism is a normal disease that can be cured by following training programs for patients.

References

- 1) Bahshwan, Fatiha., Mohammed, Mahfouz., Parshid Salwa Omar. (2017). Problems and needs facing families of autistic children and the role of institutions in addressing them. *Al-Andalus Journal of Humanities and Social Sciences*, Issue 15, Volume 16.
- 2) Bassi, Hanaa. (2016), Parenting Methods for Children with Autism Disorder. Master's thesis. Published. Kasidi Merbah University. Ouargla. Algeria.
- 3) Al-Shammari, Mohammed bin Khalaf Al-Husseini, (2007), Evaluation of programs provided to autistic students in the Kingdom of Saudi Arabia, Master's thesis, published, University of Jordan.
- 4) Qali, Fawzia. (2015). Assessing Behavioral Characteristics in an Autistic Child by Applying the STCARS 2 Standard Scale. Master Thesis, published. Al-Arabi bin Mahidi University. Umm al-Bawāqī. Algeria.

- 5) Ghazal, Fathi, Magdy. (2007). The effectiveness of a training program in the development of social skills among a sample of autistic children in the city of Amman. Master Thesis Published. University of Jordan.
- 6) Al-Desouki, Magdy, Mohamed. (2015). Disorder of Chaotic Behavior, Menoufia University.
- 7) Trad, Nafisa. (2013), The Effectiveness of a Training Program in Improving the Social Skills of a Sample of Autistic Children, Published Master Thesis, Qasidi Merbah University, Ouargla, Algeria.
- 8) Al-Buhairi, Abdel-Raqeeb Ahmed., and Mahmoud, Mohamed Imam. (2019). Spectrum Disorder for Autism, 1st Edition, Anglo-Egyptian Library.
- 9) Ahmed, Ali Hossam Mohammed. (2014). The Effectiveness of an Electronic Cognitive Program Based on Employing Selective Attention in Improving Communication Responses in Autistic Children, Master Thesis, Published, South Valley University.
- 10) Al-Galabi, Sawsan Shaker. (2015). Childhood Autism Causes, Characteristics, Diagnosis and Treatment, Raslan House and Foundation for Printing, Publishing and Distribution, Damascus.
- 11) Jihan, Mustafa Ahmed. (2015). Autism, Smile Magazine, Egypt.
- 12) Nabih, Ismail Ibrahim. (2009). The Problem of Mental Disorders Autism Disorder is Conceived.
- 13) Mukhtar, Wafiq Safwat. (2019). Autism Children, p. 111.
- 14) Shash, Suheir Muhammad Salama. (2016). Strategies for the Integration of Persons with Special Needs, First Edition.
- 15) AbdulRahman, Ali Khalil. (2020). Language Behavior Scale, Language for Autistic Children, Helwan University, Egypt, p. 20.