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Family Culture in Dealing with Children with Autism Spectrum Disorder (Analytical Study)

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ABSTRACT

The study aimed to understand the concept of family culture, identify the levels and dimensions of family culture in Palestine, as well as to recognize the reality of autism spectrum disorder in Palestine. Moreover, it aimed to understand how cultural interaction within the family affects the response of children with autism spectrum disorder to therapeutic interventions, and to propose a suggested framework for enhancing family culture in diagnosing autism spectrum disorder. The study adopted the descriptive-analytical approach according to the qualitative analysis model of the reality of family culture and autism spectrum disorder through relevant reports, statistics, and related studies. Among the most important findings of the study are: the family's role in positive family upbringing for children with autism spectrum disorder, understanding the proper upbringing skills for autistic children. It was found that there is a relationship between family culture and the treatment of autism spectrum disorder. Family culture is considered the foundation for diagnosing and treating children with autism spectrum disorder, by clarifying its role and responsibilities in dealing with autistic children, through finding creative solutions to communicate with the child, creating new alternatives to understand his behaviors, and engaging him in family activities, and interaction with others.

1. Introduction

The family is considered the primary nucleus of any society, comprised of diverse and multi-cultural communities with their own beliefs. Given the family's significant role in building and shaping society, it is crucial to emphasize the importance of constructing family culture in a positive manner across all aspects: health, mental, social, and cultural. This ensures the achievement of positive growth for all its members on various levels: health, mental, social, and cultural.

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Consequently, this contributes to building the family positively, enabling the realization of positive mental health goals for individuals.

Family culture is considered of utmost importance and priority in an individual's life, surpassing the importance of general societal culture. The family serves as the most significant and influential means of transmitting this culture to its members, influencing their behavior towards various situations. In other words, an individual's response to environmental stimuli depends on the culture in which they are raised. Families with a high cultural level can understand their children's problems, work to overcome obstacles, provide suitable opportunities, and offer appropriate encouragement for their development and guidance (Attia, 1991).

Brooks et al (2015) indicate that the quality of relationships and communication within the family is one of the determining factors for mental health and well-being. It predicts self-respect, self-health levels, and the ability to cope with children's behaviors. One of the most important considerations in educating and building families is the aspect of health education, which is equally important as other aspects that shape an individual's personality. Discussing health in the family context is crucial as it significantly enhances the family's role through awareness and education on how to deal with children with special needs, including those with autism spectrum disorder. This category requires special and diligent care, in which both parents and relevant institutions participate to facilitate their integration into society and ensure their progress and positive contribution to life effectively. Language is an important tool to express and communicate with the others (Sari, 2023).

Furthermore, Suleiman and Fuad (2020) point out that autism spectrum disorder is one of the developmental disorders that significantly and effectively impacts the lives of individuals and families providing care for them. It is considered a developmental issue that hinders and limits the progress of individuals' lives in their natural form and has a significant impact on the family in all its components. Therefore, it is essential to emphasize the importance of dealing with these cases and their families simultaneously to develop appropriate mechanisms for educating and raising awareness among parents and relevant stakeholders. This can be achieved by increasing awareness and education to enhance the effectiveness of the family's role in dealing with these cases among their children, leading them to achieve a state of self-acceptance and integration into community activities and events positively and effectively.

Abdelghani (2008) emphasized that families, in general and at all levels, need to enhance their positive roles in building their members' health, psychological, and social aspects in a positive manner to ensure achieving psychological and social harmony for all members. This promotes their progress and development in a way that contributes to their mental health and achieving harmony with society, thus significantly increasing their productivity at both individual and societal levels. Moreover, families with children suffering from autism spectrum disorder require more education and awareness about this type of disorder. They need to acquire the necessary skills to deal with their children more effectively, increasing their

potential to achieve harmony and facilitating their integration into society to become productive members who do not pose a burden on their families and communities. This reinforcement and education come through raising awareness of the importance of such disorders, training on the skills and techniques needed to address these cases, and the mechanism for dealing with them. By writing, someone can express a certain goal or intention to other people clearly so that readers can understand the meaning (Inayah,2024).

Many experts and specialists indicate that families go through several stages upon discovering a child with autism spectrum disorder. The first of these stages is denial and rejection initially, followed by self-blame or blaming others, leading to the stage of acceptance, which prompts families to adapt to the situation. Finally, there is the stage of treatment and guiding the sick child through appropriate training. These stages and their interplay depend on the cultural level of the family, influenced by various cultural factors and social stimuli that directly and indirectly affect aspects of the child's personality. Therefore, the cultural level of the individual and their family is considered one of the determinants of mental health and adaptation, whether with oneself, others, or various aspects of life.

1.2 Problem Statement:

Autism spectrum disorder (ASD) is a global and social phenomenon that has been spreading and increasing at both local and international levels. Addressing this disorder requires intervention through a scientific approach involving local and international professionals, experts, and specialists. Responsible official bodies face several difficulties in diagnosing and treating this disorder, including the lack of estimation and knowledge of the number of children affected by it. This is due to families not disclosing their children's condition and considering it a form of disability. Therefore, this phenomenon requires the intervention of all relevant entities in its treatment and care, with one of the most important of these entities being the family, which is considered the primary and direct caregiver for children.

Hence, this study investigates how familial cultural factors affect dealing with children with autism spectrum disorder (ASD) and their needs, aiming to provide appropriate support and care for them. Cultural factors may include customs, traditions, values, and beliefs that influence family behaviors and interactions with autistic children. Through the specialization of researchers in the educational and psychological fields and the observation of this problem in Palestine through studying reports issued by official authorities, researchers were motivated to conduct this analytical study on family culture in dealing with children with autism spectrum disorder (ASD) to provide a deep understanding of the cultural impact on communication, family support, and enhancement of care provided to children with this disorder.

1.3 Study Questions:

1. What is meant by family culture?
 2. What are the levels and dimensions of family culture in Palestine?
 3. What is the reality of autism spectrum disorder in Palestine?
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4. How does cultural interaction within the family affect the response of children with autism spectrum disorder to therapeutic interventions?
5. What cultural patterns influence the acceptance and understanding of a family towards the diagnosis of autism spectrum disorder?
6. How can family culture be enhanced to support children with autism spectrum disorder and improve their understanding of the social environment around them?

1.4 Study Objectives:

The study aims to identify the following:

1. Understanding the concept of family culture.
2. Levels and dimensions of family culture in Palestine.
3. The reality of autism spectrum disorder in Palestine.
4. Understanding how cultural interaction within the family affects the response of children with autism spectrum disorder to therapeutic interventions.
5. Identifying cultural patterns that influence the acceptance and understanding of the family towards the diagnosis of autism spectrum disorder.
6. Recognizing how to enhance family culture to support children with autism spectrum disorder and improve their understanding of the social environment surrounding them.

2. Methodology

All The study adopted a descriptive-analytical methodology following the qualitative analysis model. Data collection, analysis, and interpretation were conducted by referring to data and reports issued by the Palestinian Central Bureau of Statistics, the Ministry of Social Affairs, the Ministry of Health, and the Ministry of Education regarding the level of family culture and autism spectrum disorder. Additionally, a sample of families with autistic children was reviewed. Furthermore, literature and previous studies addressing both variables were reviewed.

3. Results and Discussion

1.3 Family Culture

Family culture is considered one of the most important building blocks through which society forms with all its components and functions, especially in constructing an advanced and progressive society in all fields and directions. Therefore, positive family culture plays a prominent role in creating a positive society where its members live in a state of equality, which in turn enhances their progress and develops their methods in facing difficulties and obstacles they encounter in various forms, whether related to family members themselves or to individuals in society in general. This reduces the severity of obstacles and challenges that limit their progress in life in an absolutely positive manner.

Furthermore, family culture is one of the most important matters that must be addressed in educating family members at the beginning of forming families on

health, educational, cultural, and social levels. It is the responsibility of caregivers to monitor and observe the main needs that contribute to building the individual smoothly by working to equip them with the necessary skills. This comes through increasing awareness among families about the necessity of addressing the needs and problems they may encounter in dealing with their children and imparting to them the knowledge and skills that mitigate the development and exacerbation of problems in children, whether on a health, educational, or cultural level.

Among the many aspects, the significance of family culture greatly manifests in dealing with the health, educational, and social conditions of its members, particularly in the health domain, such as children with autism spectrum disorder. It's crucial to equip families with the necessary skills and knowledge to handle these cases, as all family members, in all their roles, need to increase their education and awareness on how to deal with children with autism spectrum disorder. This is because they can pose pressures that family members may face in their interactions and integration within the family and society. Hence, the significant role falls on all relevant institutions concerned with educating and enlightening families and communities on dealing with health conditions, especially autism spectrum disorder. This reinforces the positive roles of both families and communities in overcoming obstacles and challenges encountered in assisting these cases, ultimately achieving harmony for them and their families and progressing towards an advanced, positive society that fosters individual psychological and social adaptation.

The researchers point out that there are several cultural patterns that may affect a family's acceptance and understanding of the diagnosis of autism spectrum disorder (ASD), including:

1. 1. Religious beliefs.
2. Social expectations.
3. Educational preferences.
4. Mechanisms of interaction with medical and rehabilitation entities.
5. Social stigma and the concepts of shame and embarrassment within the family.
6. Customs and traditions.

These factors interact with each other and others to determine these cultural patterns and understand their impact on the family's acceptance and understanding of the diagnosis of autism spectrum disorder. This understanding is important for providing necessary support and developing effective therapeutic programs.

To shed light on the forms of family culture in Palestine, Table (1) illustrates the literacy rates of individuals in Palestine by gender and age group from 2016 to 2022. These rates can be considered indicators of the level of family culture in Palestine.

Table 1. Literacy rates of individuals (aged 15 years and above) in Palestine by gender and age group, 2016 – 2022.

| Sex and Age Group | Year | | | | | | |
|-------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
| Both Sexes | | | | | | | |
| 15-19 | 99.5 | 99.4 | 99.3 | 99.4 | 99.4 | 99.6 | 99.3 |
| 20-24 | 99.3 | 99.4 | 99.4 | 99.3 | 99.0 | 99.1 | 99.4 |
| 25-34 | 99.1 | 99.2 | 99.2 | 99.2 | 99.3 | 99.3 | 99.5 |
| 35-44 | 98.7 | 98.5 | 99.1 | 99.1 | 98.9 | 99.2 | 99.1 |
| 45-54 | 89.6 | 89.0 | 91.0 | 91.8 | 92.6 | 92.9 | 93.5 |
| 55-64 | * | * | * | * | * | * | * |
| 65+ | * | * | * | * | * | * | * |
| Total | 96.9 | 96.7 | 97.2 | 97.4 | 97.5 | 97.7 | 97.8 |
| Males | | | | | | | |
| 15-19 | 99.5 | 99.4 | 99.1 | 99.4 | 99.4 | 99.5 | 99.2 |
| 20-24 | 99.4 | 99.3 | 99.5 | 99.3 | 99.1 | 99.3 | 99.6 |
| 25-34 | 99.0 | 99.1 | 99.1 | 99.3 | 99.4 | 99.3 | 99.4 |
| 35-44 | 98.9 | 98.8 | 99.3 | 99.3 | 99.1 | 99.3 | 99.3 |
| 45-54 | 96.7 | 95.7 | 96.9 | 97.2 | 97.4 | 97.3 | 97.6 |
| 55-64 | * | * | * | * | * | * | * |
| 65+ | * | * | * | * | * | * | * |
| Total | 98.6 | 98.3 | 98.7 | 98.8 | 98.8 | 98.8 | 98.9 |
| Females | | | | | | | |
| 15-19 | 99.4 | 99.5 | 99.5 | 99.4 | 99.5 | 99.7 | 99.5 |
| 20-24 | 99.2 | 99.5 | 99.3 | 99.2 | 99.0 | 99.0 | 99.2 |
| 25-34 | 99.2 | 99.2 | 99.4 | 99.2 | 99.2 | 99.4 | 99.5 |
| 35-44 | 98.4 | 98.3 | 98.9 | 98.9 | 98.6 | 99.1 | 99.0 |
| 45-54 | 82.8 | 82.2 | 85.1 | 86.2 | 87.8 | 88.5 | 89.3 |
| 55-64 | * | * | * | * | * | * | * |
| 65+ | * | * | * | * | * | * | * |
| Total | 95.2 | 95.0 | 95.7 | 95.9 | 96.2 | 96.5 | 96.7 |

*The source: Palestinian Central Bureau of Statistics

Table (1) indicates that literacy rates among individuals in Palestine are very high for the majority of age groups, with a slight increase in literacy rates for both genders over the years covered. Additionally, the table shows that there is a disparity between age groups, with higher rates observed among younger age groups compared to older ones. This suggests an improvement and advancement in the educational situation and accessibility to education in Palestine during this period.

Despite the generally high literacy rates for both genders, there is a slight male advantage in some age groups, particularly in older age groups. This may indicate additional challenges facing females in accessing education and developing literacy skills. These analyses highlight the importance of continuing efforts to enhance education and develop literacy skills in Palestine for both genders and different age groups. These efforts can contribute to improving the level of family culture in Palestine. For further insight, Table (2) illustrates the relative

distribution of individuals in Palestine (aged 15 years and above) by educational status, region, and gender over the years (2000-2022).

Table 2. Relative distribution of individuals (aged 15 years and above) by educational status, region, and gender, 2000-2022.

| Educational Attainment and Year | 2020 | | | 2021 | | | 2022 | | |
|---------------------------------|-------|--------|------------|-------|--------|------------|-------|--------|--------------|
| | Male | Female | Both Sexes | Males | Female | Both Sexes | Male | Female | Both Sexes |
| Illiterate | 1.2 | 3.8 | 2.5 | 1.2 | 3.5 | 2.3 | 1.1 | 3.3 | 2.2 |
| Can Read and Write | 4.5 | 4.2 | 4.4 | 4.5 | 4.0 | 4.2 | 4.5 | 4.0 | 4.2 |
| Elementary | 13.8 | 9.6 | 11.8 | 13.8 | 9.5 | 11.7 | 13.3 | 9.1 | 11.2 |
| Preparatory | 39.1 | 34.6 | 36.6 | 39.2 | 34.4 | 36.9 | 39.4 | 33.9 | 36.7 |
| Secondary | 20.1 | 23.3 | 21.7 | 19.9 | 23.4 | 21.6 | 20.2 | 24.0 | 22.1 |
| Associate Diploma | 6.0 | 5.8 | 5.9 | 5.8 | 6.0 | 5.9 | 5.6 | 6.0 | 5.8 |
| Bachelor and above | 15.3 | 18.7 | 17.1 | 15.6 | 19.2 | 17.4 | 15.9 | 19.7 | 17.8 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |

*The source: Palestinian Central Bureau of Statistics

Table (2) indicates a decrease in illiteracy rates and an increase in education rates in Palestine. The majority of individuals' educational level in Palestine was at the preparatory level, accounting for (36.7%) for both genders, followed by the secondary level at (22.1%) for both genders. The table shows a continuous decline in illiteracy rates and an increase in education rates over the years, reaching (2.2%) in 2022 compared to (2.5%) in 2020. This reflects Palestine's commitment to improving access to education and enhancing learning opportunities for all. Additionally, the table demonstrates an improvement in the educational status of females over the years, with their proportions in advanced educational categories such as secondary, diploma, and bachelor's degrees showing a gradual increase. These analyses reflect the importance of providing equal educational opportunities for everyone in Palestine, which can contribute to enhancing the level of family culture in Palestine.

2.3 Autism Spectrum Disorder (ASD)

Autism Spectrum Disorder (ASD) is one of the developmental disorders that individuals experience, hindering their adaptation and harmony with themselves and the society they live in. Achieving positive mental health for individuals affected by this type of disorder is crucial, as it deepens the challenges and difficulties that prevent their integration and inclusion in society. Therefore, it is a priority to work with families involved by providing awareness and equipping them with effective and appropriate skills to deal with cases of autism spectrum disorder. This aims to facilitate their integration and harmony with themselves and society, particularly by enhancing their capacities, developing them, and positively reinforcing them.

1.2.3 Concept of Autism Spectrum Disorder

Autism Spectrum Disorder (ASD) is defined as a developmental disorder characterized by deficiencies in individuals' communication, particularly social communication, as well as the inability to assess repetitive behavior, activities, and actions of individuals with ASD (Suleiman & Fuad, 2020). Autism is also defined as a noticeable deficiency in developmental stages among individuals with ASD, especially in the age group before the first three years of a child's life. One of the most distinguishing features of children with ASD is their inability to communicate verbally and non-verbally, further deepening their incapacity for social interaction in their environment. It's worth noting that one of the significant challenges faced by children with ASD at this stage is their tendency to mimic specific patterned behaviors characterized by frequent repetition, often leading to aggressive tendencies. Additionally, they exhibit various behaviors that affect other members of their families. Moreover, in this stage, many other behaviors manifest, such as eating disorders and sleep disturbances, particularly reflecting their unresponsiveness to parents, caregivers, and other concerned individuals providing them with special care (Lindholm, 2007).

2.2.3 Treatment of Autism Spectrum Disorder

Treating Autism Spectrum Disorder (ASD) is one of the important subjects that have garnered the attention of researchers and specialists in dealing with cases of ASD due to its significant importance in providing support and assistance to those affected and their families in coping with these conditions and achieving a state of harmony. Family is considered the most important system in early childhood, and no other institution can replace the family in shaping and nurturing the child physically, psychologically, and socially. It fosters their growth from birth in line with the family and societal culture (Shaban, 1999). Therefore, the educated family is the most important and primary therapeutic institution in treating autism spectrum disorder (ASD) by understanding and accepting the child's behaviors, knowing how to deal with them, and finding creative solutions to communicate and treat the child. Many studies have affirmed that family relationships have significant short-term and long-term effects on individual mental health, depending on the nature of these relationships. They can either enrich and enhance mental health or negatively impact it. In addition to the above, there is a group of therapeutic methods that contribute significantly to providing assistance to children with autism spectrum disorders, as indicated by the Autism Spectrum Disorder Manual (OHSU), as follows: treatment of communication processes, language processes, and speech processes; Physiotherapy operations; Behavioral therapy; Pharmaceutical medical treatments.

3.2.3 The Reality of Autism Spectrum Disorder in Palestine

The reality of autism spectrum disorder (ASD) in Palestine is somewhat similar to that of many other Arab countries, but it may be influenced by the unique social, political, educational, and economic conditions in the region. The Euro-Mediterranean Human Rights Monitor indicates that despite the Palestinian government being burdened with multiple priorities amidst its economic crisis, it is imperative for them to respond to the needs of children with autism spectrum disorder and provide them with appropriate treatment and care as a fundamental

priority. They should also focus on developing plans and programs to address the spread of the disorder in Palestinian territories, as outlined in Article 23 of the Convention on the Rights of Persons with Disabilities and in the Sustainable Development Goals adopted by world leaders in 2015, particularly Goals Five and Six.

There are no precise statistics on the number of individuals with autism spectrum disorder (ASD) in the Palestinian territories. However, unofficial estimates have indicated that their numbers have reached around five thousand children. Additionally, a report released by the United Nations at the end of last year revealed that approximately 1% of the world's population is affected by autism, which translates to about 70 million people. Furthermore, the process of treating children with autism according to a scientific approach in advanced centers in the Palestinian territories remains limited and requires significant financial costs. This cost is beyond the means of poor and middle-income families. Additionally, in some centers, the staff may not be adequately qualified to deal with children with autism, leading to poor treatment.

In the Gaza Strip, which is inhabited by over two million people, children with autism spectrum disorder (ASD) often visit specialized rehabilitation centers accompanied by their families. During this month alone, a representative of the Euro-Mediterranean Human Rights Monitor met with the families of seven cases. Most of them expressed concerns about the high costs of treatment and their inability to continue their children's therapy due to the lack of government support for this patient group.

Additionally, some Palestinian families, influenced by customs and traditions, initially deny their children's illness, leading to delays in their treatment. The lack of awareness and understanding of autism spectrum disorder (ASD) among Palestinian families also contributes to delays in treatment and rehabilitation. Moreover, the difficult financial conditions faced by Palestinian families due to economic hardships and the absence of free government programs for the treatment and rehabilitation of their sick children exacerbate the situation.

Table 3. Illustrates the distribution of students with (autism spectrum disorder, Down syndrome, and Mental Disabilities) in government schools by gender and year.

| | Year | Males | Females | Both Sexes |
|-------------|-------------------------------|--------------|----------------|-------------------|
| | 2020 | 403 | 436 | 839 |
| | 2021 | 539 | 536 | 1075 |
| | 2022 | 517 | 528 | 1045 |
| 2023 | Autism Disorder | 218 | 112 | 330 |
| | Communication disorder | 1698 | 1359 | 3057 |
| | Mental Disabilities | 405 | 582 | 987 |
| | Total | 2321 | 2053 | 4374 |

*The source: Ministry of Education and Higher Education

Table (3) shows an increase in the number of students with autism spectrum disorder (ASD), Down syndrome, and Mental Disabilities during the four mentioned years (2020-2023) in government schools. This increase is evident despite the integration of individuals with intellectual disabilities and Down syndrome with those diagnosed with autism spectrum disorder in the years 2020 to 2022. However, reclassification occurred in 2023, indicating the distribution of students diagnosed with autism spectrum disorder (330) of both genders, communication disorders (3057) of both genders, and mental disorders and Down syndrome (987) of both genders.

The noticeable increase in the year 2023 compared to previous years may result from improvements in diagnostic processes, increased awareness of the disorder, or other factors that may contribute to the rise in numbers. This underscores the increased importance of the Ministry of Education in monitoring the temporal trends of affected individuals, reclassifying them according to the type of disorder, which enhances follow-up and attention from therapy and rehabilitation specialists, and understanding the factors influencing this increase.

The table also demonstrates variability between genders regarding the number of cases, with females showing higher rates in some years while males exhibit higher rates in other years. There may be gender-related factors influencing prevalence and diagnosis. The researchers believe that the table highlights the importance of further research into the reasons for the increased prevalence of autism and its gender disparities. Additionally, it emphasizes the need for developing effective strategies for diagnosis, treatment, and support for affected individuals and their families. These analyses underscore the significance of continuous understanding and ongoing efforts to address the challenges posed by autism spectrum disorders and improve the quality of life for affected individuals.

The researchers identify some of the key challenges facing Palestinian authorities and international organizations in treating individuals with autism spectrum disorder in Palestine due to Israeli occupation:

1. Difficulty accessing necessary healthcare due to geographic and security barriers imposed by Israeli occupation, leading to delays in diagnosis and treatment.
 2. Economic hardships exacerbated by financial cutbacks, resulting in difficulty accessing necessary healthcare and support.
 3. Ongoing security instability due to continuous and frequent incursions, making it difficult to access necessary healthcare and support.
 4. Many Palestinian families affected by occupation suffer from discrimination, persecution, and racism, which may affect their ability to access necessary medical and educational services for individuals with autism spectrum disorder and their families.
 5. Psychological and social distress resulting from occupation and ongoing conflict exacerbate the symptoms and challenges faced by individuals with autism spectrum disorder.
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6. Restrictions on the entry of international experts and specialists into Palestine impact the provision of comprehensive services necessary for individuals with autism spectrum disorder and their families.

Based on the analysis and review conducted according to the study methodology, the researchers arrived at the following conclusions:

1. Family culture is a fundamental condition for mental health, enabling the child to achieve adaptation, balance, and psychological stability.
2. The family serves as the first line of defense in treating autism spectrum disorder (ASD), being the most important and primary institution in diagnosis and treatment.
3. Family awareness of its role in fostering positive family upbringing for children with autism spectrum disorder is crucial. Understanding proper child-rearing skills for autistic children, along with correct and necessary educational practices, is essential for dealing with children with autism spectrum disorder.
4. There is a relationship between family culture and the treatment of autism spectrum disorder.
5. Literacy rates among individuals in Palestine are very high for the majority of age groups, while the level of illiteracy is very low.
6. Literacy rates among individuals in Palestine are very high for the majority of age groups.
7. The majority of educational levels for individuals in Palestine were at the preparatory level, with a percentage of (36.7%) for both genders, followed by the secondary level at (22.1%) for both genders.
8. The literacy rate and educational level for both genders serve as a fundamental basis for enhancing and developing family culture in Palestine.
9. High literacy rates and educational levels for both genders in Palestine do not necessarily mean that families possess proper family culture in correct educational practices for children in general, and children with autism spectrum disorder in particular. Some families still refrain from disclosing their affected children and engaging with relevant authorities for their treatment.
10. There is an increase in the number of students affected by autism spectrum disorder, with a noticeable increase in the year 2023 compared to previous years, which may be due to improvements in diagnostic processes or increased awareness and family culture.
11. Autism spectrum disorder is a global and social phenomenon that has begun to spread and increase, necessitating intervention through a scientific approach involving all local and international workers, specialists, and experts.

4. Conclusion

The researchers outline a set of recommendations that should be considered in dealing with autism spectrum disorder, as follows:

1. Establishing a database for children affected by autism spectrum disorder and their families.
2. Developing an Android mobile application to assist families in educating them about and managing children with autism spectrum disorder, as well as facilitating the exchange of ideas.
3. Providing a toll-free hotline to address inquiries and problems faced by families.
4. Focusing on increasing awareness and education among families and relevant institutions such as the Ministry of Education about autism spectrum disorder and the importance of imparting knowledge about the disorder and the necessary skills to deal with it.
5. Implementing specialized training programs by relevant institutions to equip families of children with autism spectrum disorder with the necessary skills to deal with the disorder and help them achieve psychological and social harmony and increase their productivity.
6. Develop guidance programs aimed at acquainting individuals with autism spectrum disorder with their abilities and potential, and enhancing their psychological and personal capacities to facilitate their integration into society and their surrounding environment.

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