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Family support of Children with Autism Spectrum Disorder during COVID-19 Pandemic

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Abstract

This study investigated the level of family support for children with autism spectrum disorder from the parents' point of view and the statistically significant differences between fathers' responses about family support attributed to the child's sex, the parents' education level and the families' economic level. The study adopted the quantitative approach and used a questionnaire applied to a sample of (156) parents of children with autism spectrum disorder. The results of the study showed that family support for children with autism spectrum disorder was high. The results also showed that there were no statistically significant differences between the responses of parents of children with autism spectrum disorder about family support attributed to the child's sex, parents' education level and families' economic level. The study recommends the need to provide parents of children with autism spectrum disorder with the necessary information about this disease so that they can deal with their children in light of the Corona pandemic.

Keywords: Family Support, Autism Spectrum Disorder, COVID-19 Pandemic.

1. Introduction

The role of the family is considered essential for the implementation of educational and treatment programs for autistic children (Meadan, Halle & Ebata, 2010). Family members are the ones who spend more time with the child, notice and monitor problems or developments in his behavior (Anjos & Morais, 2021). The birth of a child with autism or the discovery of his or her disability is a shock to the parents and even the whole family (Spinelli, Lionetti, Pastore, & Fasolo, 2020). Alnawasreh (2017) mentioned that the family's reactions to the disability appear in the form of emotions and behaviors that usually start with a feeling of shock and start through the family's inability to deal with the new situation and then the stage of denial, which is represented by the parents' inability to believe that what is really happening, then the family goes through a state of guilt where it believes the family is the reason for the disability to appear in its kindness, whether because of not following up on the child's situation or neglecting the mother's health, then the family passes through a state of sadness, depression, loss of hope, despair and fear for the future of the child, then the family passes through a state of anger, whether towards oneself or others, after that it passes through a state of bargaining, surrender and coexistence with the situation.This requires family support for their children in order to improve their health status and provide them with skills and experiences that help them face their problems, which lead to the maximum benefit from their abilities (Younes, 2015).

Autism is a developmental disability that significantly affects verbal and nonverbal communication and social interaction before the age of three (Aguiar & Pondé, 2018).The American Psychiatric Association (APA) (2013) has stated that autism is a complex, complex, and comprehensive developmental disability, the main symptoms of which appear during the first three years of a child's life, due to the presence of a defect or disorder in the nervous system, which negatively affects the aspects of cognition, social interaction, imagination, playing and others.Papadopoulos (2021) emphasized that disability affects the behavioral and psychological characteristics of the autistic child, which leads to shortcomings in social relations, difficulty in making social suggestions and cues, deficits in communication and language, weak intelligent functional abilities, unusual response to sensory stimuli, insistence on symmetry, collecting similar things, and maintaining a certain routine pattern. Stereotypical behaviors such as shaking the body, swaying and waving hands, in addition to the irritating and annoying behavior in front of others (Aguiar & Pondé, 2018).

Al-Waladah (2016) mentioned that there are no specific reasons that can be generalized to all cases of autism, each case is largely independent. There are children whose injury is due to biological, biochemical, or digestive defects, brain and nervous system reasons, or genetic reasons that are not precisely defined.The defect in the brain with regard to data processing is one of the reasons for the emergence of this disorder, as a result of a defect in the nerve impulse between nerve cells, which is known as the brain communication disorder, which has not been revealed how it occurs so far (Abdullah, 2017; Szatmari et al., 2021).Autism has spread significantly, as it was one case per 5,000 children in 1975, while it became one case

per 2500 in 1985, and the prevalence rate continued to become one case per 500 in 1995, and by 2001 there was one case per 250 children After that, it becomes one case for every 110 children, with an increased rate from 10% to 17% annually (Meadan et al., 2010; Al-Zureikat, 2019).The reason for the noticeable increase in the rate of spread of the disease is due to several factors, the most important of which are the lack of accuracy in diagnosing the disease, the development of methods for detecting cases, the diversity of unhealthy habits and environmental factors, in addition to the increasing dependence on technology as a means of entertainment for the child and the dispensation of motor play (Al-Tal, Al-Jawaldeh, Al-Taj & Aleid, 2021).

Physical separation laws, social interaction limits, and quarantine regulations due to the repercussions Coronavirus pandemic lead to feelings of turmoil and anxiety (Agwa & Elmasry, 2021).Children with autism spectrum disorder are the most affected group in terms of behavioral and psychological aspects as a result of the procedures taken by governments to limit the spread of the virus (Amorim et al., 2020; (Abdelfattah et al., 2021).Where that these children are affected by the change in their daily routine, which includes receiving sensory and behavioral therapy in specialized centers, in addition to their acquisition of various skills and education programs (Courtenay & Perera, 2020).The closure of the institutions that care for these children has led to them losing their right to obtain educational programs and necessary treatments and forcing them to isolate themselves at home, which leads to an increase in the problems and challenges they face (Courtenay & Perera, 2020; Unite Nation, 2020).It is certain that the epidemic caused by the Coronavirus has disrupted the daily routine of children with disabilities in general, and children with autism spectrum disorder, in particular, as a result of their stay at home, which makes them vulnerable to sudden change due to the epidemic (Oakley et al., 2021). Children with autism have difficulty completing the daily tasks they have been doing for many years such as going to school, interacting with professionals, and communicating with schoolmates (Orgiles et al., 2020).Gozel, Weldes, Esentas and Ziringuk (2020)confirmed that after the imposed stone in many countries of the world, new ways of communication have emerged, one of the most important of these methods is video communication, which leads to an increase in the burden on families regarding providing the necessary support for their children who suffer from autism as a result of the circumstances the current and unusual in the world and the accompanying negative effects on autistic children, especially with regard to the continuation of treatment sessions.As a result of these changes, the pivotal role of families to meet the child's needs has emerged from those services provided by treatment centers, and the need for families to abide by the instructions of specialists responsible for autistic children according to their different needs and requirements in order to safely overcome these conditions (Al-Zureikat, 2019).

There has been an impact of the Corona pandemic on children with autism, as some of these children suffer from sensory integration disorder, which leads to their refusal to use sterilizers due to their sticky composition and unusual smell for them, which creates another problem in their need for sensory alerts by inserting things into their mouths, this increases their risk of contracting the Coronavirus (Haynes, 2020). The physical distancing measures followed in

the countries of the world with the aim of limiting the spread of the Coronavirus are not considered a problem for autistic children, since they mostly prefer physical distancing between themselves and people, but there are opinions that differ with this idea, which considers that physical distancing measures may constitute a problem for autistic children due to their desire touching, smelling, and cuddling others is one of the necessary sensory stimulation methods for them (APA, 2020).

The family plays a pivotal role in the implementation of therapeutic and educational programs for their children with autism spectrum disorder, as family members in general and parents in particular are the ones who notice and monitor important developments and challenges for specialists in improving the behavior of their children (Dunn, 2016).Al-Tal et al. (2021) mentioned that parents are one of the most important members of the work team due to the information they possess that makes them able to play a pivotal role in setting priorities and goals, continuing training, making the required progress, and disseminating the acquired skills.Most of the parents innovate new methods and create alternatives from their experiences and observations and their adherence to the acquisition of their children different skills and their involvement in various social activities and interaction with others (Ghoneim, 2016).Family support positively affects the various skills of autistic children, especially communication skills, as most people with autism spectrum disorder suffer from a lack of these skills, but parents are able to improve and develop these skills more than therapists, specialists, and professionals due to the time they spend with their children (Zahra, 2016).All children in the world have suffered from the isolation imposed on them in response to the measures taken by governments to prevent the spread of the virus, but autistic children also suffer from isolation as a result of the nature of this disorder (South Australian Government, 2020).This state of isolation has resulted in burdens on families with one or more children who suffer from autism spectrum disorder, and the urgent need has emerged to provide more support by families for their children to ensure reducing the negative impact resulting from the spread of the disease and its procedures related to complete closure and home quarantine (Al-Tal et al., 2021).Güzel and Others(2020) Al-Tal et al (2021) emphasized that families should focus on some issues to support autistic children during the Corona epidemic, the most important of which are the following:

- Psychological support: it is imperative for families to provide important information regarding the Corona epidemic to their children in a reassuring and simple manner in terms of changes in daily routine, closing of training and treatment centers and schools.
- Training support: it is imperative for families to create a schedule that includes the children's daily routine, such as mealtimes, bedtimes, and wake up times, to avoid changes resulting from home quarantine that cause trauma to autistic children, which leads to helping children feel reassured and stable by maintaining their usual daily routine before the quarantine. It also requires families to train their children in daily living and academic skills, as well as practices related to relaxation, breathing exercises and singing to help them feel calm.

- Recreational support: families must allocate places and tools for their children to practice recreational activities inside the home to improve their life skills and meet their natural needs during the period of closure and home stone, where parents can share their children drawing and coloring as well as giving them some musical instruments, in addition to allocating a place inside the house for sensory therapy Setting times for watching TV and using electronic games.

Due to the scarcity of studies related to the subject of the study due to its recentness, the researcher presented some related studies as follows:

Abdelfattah et al. (2021) investigated stress parents of disabled children. The sample consisted of 623 parents of disabled children from Saudi Arabia, Oman, United Arab Emirates, Jordan, Kuwait, Bahrain, Qatar, and Palestine. The results revealed that the parents expressed great worry about the risk of their child becoming infected and they are worried about losing their child's therapy and care. Also, the results revealed that compared to parents with less than high school education, parents with a bachelor's degree perceive the causes of stress at a higher level. In addition, during the pandemic, 59 percent of parents said they did not get services from special education facilities.

Agwa and Elmasry (2021) aimed to determine the impact of the corona epidemic on children with autism spectrum disorder and intellectually disabled children from the perspective of their mothers, as well as to determine the differences in perceptions' mothers of the impact of the corona epidemic on their children attributed to demographic variables (the child's gender, the disability type of the child, the disability severity of the child, and the mother's level of education. The sample consisted of 100 Egyptian mothers of children with autism spectrum disorder and intellectually disabled children, this study used the questionnaire to measures the impact of the corona epidemic. The results revealed that (98%) of women reported unfavorable impacts of the corona epidemic on themselves and their children. where the result revealed that (61%) of mothers stated that the corona epidemic had a negative impact on their children's behavior, whereas (56%) of mothers said their children's rehabilitation had been negatively impacted, and (36%) of mothers stated that the corona epidemic had a negative impact on their children's psychological state. in addition, the results showed that there were no statistically significant variations in the impact of the corona epidemic on children with autism spectrum disorder and intellectually disabled children attributed to child' gender, disability level, and education level of mothers, but there were statistically significant variations in the impact of the corona epidemic on children with autism spectrum disorder and intellectually disabled children attributed to disability type of child in favor of autistic children.

Al-Tal et al. (2021) conducted a study to determine the family support levels provided to autistic children. To collect data related to the study, the researcher created an instrument with 29 items distributed across three dimensions (psychological, training, and recreational). 86 mothers of autistic children were registered in special education centers in Amman for the

academic year 2019/2020 were included as a sample of this study.The results showed that the family support for autistic children during the Corona pandemic from the mothers' point of view was average in the total degree and in its three dimensions. The results also showed that there are no differences in the level of family support for autistic children due to the economic status of the family, the educational level of the mothers and the age of the child.

Huang et al. (2021) investigated the effects of the COVID-19 epidemic on autistic children and their families. The sample consisted of 406 parents of autistic children in China, this study used questionnaires to collect data. The results revealed that 50.3 percent of parents believed their children were having sleep issues, 47.3 percent of parents believe their children's time spent outside has decreased. About 40% of parents believe their children's cognitive abilities have improved understanding and language expression. 36.2 percent of parents said their children's emotional and social functioning had deteriorated. The training intensity of children has dropped according to 60.8 percent of parents. crying, losing temper, and being easily distracted were the most prevalent aberrant behaviors identified in autistic children. Although 81.3 percent of parents said they were not anxious, 98 percent said their family training was under stress.

Oomen et al., (2021) examined impact of COVID-19 epidemic-regarding changes in the health of mind, their daily routines and social lives, satisfaction with epidemic-regarding advice and information, the desire of participants to the direction. The sample consisted of 1044 adults with and without autism in three European countries: UK, Netherlands, and Belgium, this study used a mixed-method approach to collect data. The results revealed that there is an increase in anxiety symptoms and depression due to the epidemic for both groups' autism and non-autism, which was higher in autistic adults. Furthermore, individuals with autism had higher levels of anxiety regarding their jobs, medicines, and food, as well as their personal security and safety. Also, adults with autism were more stressed because of losing their daily routines. In addition, adults with autism have problems regarding guidance that has been canceled owing to the epidemic and indicated a need for more advice and information about autism.

Saudi autistic children are more affected by the emerging conditions related to the spread of the epidemic caused by the Coronavirus than ordinary children, as they are more connected to the daily routine, which makes them feel psychologically stable and safe in light of the compulsory home quarantine, which prevents them from communicating with colleagues, specialists, and teachers and stops behavior modification programs and training on skills and educational programs provided by centers and schools as a result of the closure.The objective of this study was to determine the level of family support of Saudi autistic children during the COVID-19 Pandemic from parent's perspectives. The following research questions are addressed in detail by the study.

1. What is the level of family support (psychological support, training support, and recreational support) of Saudi autistic children during the COVID-19 Pandemic from the perspective of parents?
2. Are there statistically significant differences between the responses of parents of autistic children attributed to the child's sex (male/female), the parents' education level (secondary or less, Diploma and Bachelor's degree or higher), and the economic level of the family (Less than 3000 riyals, from 3000-6000 riyals and more than 6000 riyals)?

2. Method

The current study relied on the quantitative method because of its suitability to the study objectives. The quantitative approach is characterized by its ability to study the relationships between different variables in an extensive manner and to explain the cause and effect, which leads to an accurate prediction of the phenomena under study (Saunders, Lewis & Thornhill, 2016).

Population and Sample

The study population included all parents of autistic children registered in government and private institutes and centers affiliated with the Ministry of Education and Social Affairs in Jeddah. As for the study sample, it consisted of (156) parents of autistic children, who were chosen randomly.

Research Instrument

Based on the method adopted in this study, the researcher found that the appropriate instrument to achieve the objectives of the study is the questionnaire. Therefore, the questionnaire prepared by Al-Tal et al. (2021) was adopted, which is related to measuring the level of family support for autistic children. The questionnaire contains (29) items divided into (3) dimensions: psychological support, training support, and recreational support. The five-point Likert scale has been adopted, with "1" very low to "5" very high.

Instrument Validity

The instrument was presented to (10) faculty members specializing in special education working in Saudi universities to verify its validity. They were asked to express their views on the clarity of the items, and the extent belongs and represents the family support provided to children with autism. The wording of some items has been modified to suit the Saudi environment, and thus the number of items of the questionnaire remained (29).

Instrument Reliability

The reliability of the study instrument means obtaining the same results when adopting the instrument in collecting data from the same sample and conditions. To measure the internal reliability, Cronbach's alpha test was used, based on Saunders et al. (2016), the answers of the

sample members that obtain a value of 60% or more are considered to be of acceptable reliability.

Table (1): Cronbach Alpha Test

Variables	Cronbach Alpha Value
psychological support	0.782
Training support	0.806
Recreational support	0.822
All items	0.806

The above table showed that the internal consistency values were acceptable and ranged between (0.782 - 0.822), which represents a value higher than 0.60, which indicates that all dimensions and items of the questionnaire are internally consistent.

Data Analysis

The researcher relied on the SPSS program to answer the questions of the study, where the researcher used the arithmetic mean and t-test for two independent samples, as well as One Way ANOVA, where Cuevas, Febrero, and Fraiman (2004)mentioned The t-test for two independent samples is used when comparing two means, while the one-way ANOVA is used when comparing three or more means.The means mentioned below were used to explain the results of the means of each item and dimension.

Table (2): Explaining Means

Mean	Information
1,00-2.33	Disagree (DA)
2.34-3.67	Moderate Agree (MA)
3.68-5.00	Agree (A)

Source: (Bryman & Bell, 2011)

3. Results and Discussion

3.1. Respondents Profile

Table (3): The Children and Parents Profile (N=156)

Variables	**Category**	**N**	**%**
Gender of children	Male	83	53.2
	Female	73	46.8
Education level of parents	Secondary or lower	3	1.9
	Diploma	10	6.4
	Bachelor's degree or higher	143	91.7
Economic level of the family	Less than 3000 riyals	6	3.8
	From 3000-6000 riyals	48	30.8
	More than 6000 riyals	102	65.4

The descriptive analysis was employed to describe the profile of the respondents in terms of 'gender of children with the disorder, education level of parents, and economic level of the

family '. The majority of children were male representing 53.2%, while 46.8% were female, respectively, as shown in Table 3. With regard to the education level of parents, table 3 shows that the overwhelming majority have bachelor's degree or higher with a rate of 91.7%, while 6.4% of parents have diploma degree, and 1.9 % of parents have secondary or lower degree. With respect to the economic level of the family, 65.4% of families have more than 6000 riyals monthly income, as well as 30.8% of families, have from 3000-6000 riyals monthly income, while 3.8% of families have Less than 3000 riyals monthly income.

Result Related to the First Question

Mean scores and standard deviation were employed by the researcher for every item and dimension in order to answer the study's first question.

Table (4): Mean scores and standard deviation

N	Item	Mean	St.dev	Result
	Psychological support			
1	The family expresses their joy to their son when something good happens to him	4.54	0.85	A
2	We encourage our son when he fails to perform a task	3.92	1.13	A
3	We help our son to feel that he is an important family member	3.83	1.28	A
4	We help our son to feel that he is a loved one in his family	3.69	1.27	A
5	We understand our son's negative feelings as a result of home quarantine	3.84	1.20	A
6	We told our son about the Covid 19 pandemic in a simple and convenient way	4.21	0.99	A
7	We accept our son's problems, no matter how severe they are	3.97	1.19	A
8	We make video calls with the people our son loves (teacher, speech therapist, grandfather or grandmother... etc)	4.06	1.03	A
9	We Set a daily time for deep breathing and relaxation exercises	4.03	1.13	A
10	We Set a daily time to listen to quiet music	4.04	1.06	A
	Total	**4.01**	**0.65**	**A**
	Training support			
11	Specific times for bathing and self-care have been determined	4.00	1.08	A
12	Mealtimes were set.	3.78	1.27	A
13	Sleep and wake times are set.	3.73	1.28	A
14	We contact the center to continue training online.	3.79	1.22	A
15	The daily to-do schedule is created in a clear and simple form in the form of a visual schedule using words and pictures	4.05	1.12	A
16	Together with our son, we perform math lessons by playing with appropriate tools	4.06	1.11	A
17	We benefit from online training materials provided by professionals or free training courses that have become available recently	4.00	1.11	A
18	The daily schedule was posted in a clear place for our son and the rest of the family.	3.99	1.14	A
19	Together with our son, we accomplish reading lessons through storyboards and other attractive means	3.99	1.10	A
	Total	**3.92**	**0.71**	**A**
	Recreational support			
20	We allow our son to use electronic games for a specific period of the day	4.11	1.10	A
21	We share our son's drawing and coloring with the materials he prefers	3.77	1.29	A
22	We involve our son in making the deserts or the dishes he loves	3.70	1.27	A
23	We share with our son the formation of figures out of putty or clay	3.87	1.20	A
24	We do group exercises at home / inside the park	3.94	1.09	A
25	We share with our son the games he loves (cubes, puzzles, forming with colored	4.00	1.07	A

	sand... etc).			
26	Specific times for watching TV have been determined	3.43	1.40	MA
27	We provided simple musical instruments for our son to play (percussion, wind instruments, etc.)	3.78	1.26	A
28	A place has been found inside the home for sensory therapy (a place with low lighting, music and sensory toys such as a swing or a "trampoline")	3.58	1.41	MA
29	We share our son with the dramatic play through the dolls	3.85	1.23	A
	Total	**3.80**	**0.77**	A
	Over all	**3.91**	**0.46**	**A**

Table (4) was shown that the family support had with mean value (3.91) and a standard deviation of (0.46). This indicates that the family support of children with autism spectrum disorder was high from the point of view of parents of children with autism spectrum disorder who are registered in government and private centres and institutes of the Ministry of Education and the Ministry of Social Affairs in Jeddah.

The researcher interpreted this result on the basis that families are fully aware of the effects of the Corona pandemic and the need to prepare to face those effects associated with caring for their children with autism spectrum disorder, as a result of the closure of centers and institutes that care for these children. Families also responded quickly to the role related to training their children, meeting training needs, and continuing with treatment plans. The families also made double efforts to obtain information regarding the nature of this disease.This result is inconsistent with the results of Al-Tal et al. (2021).

Also, Table (4) showed that the mean score of psychological support of children with autism spectrum disorder is high from the point of view of parents with (4.01) and a standard deviation of (0.65). Item 1, which state “The family expresses their joy to their son when something good happens to him” has the highest means score among the items of psychological support of children with autism spectrum disorder (4.54). While item 4, which states, “We help our son to feel that he is a loved one in his family” has the lowest mean scores among items of psychological support of children with autism spectrum disorder with (3.69). Through this result, it can be said that families have sufficient capabilities that enable them to deal psychologically with their children with autism spectrum disorder and to overcome the difficult conditions of home quarantine as a result of the Corona pandemic, and the parents’ answers indicated that there is a good awareness of training or practical knowledge to deal with children, such as helping to breathe deeply. Relax and listen to soft music. This finding is inconsistent with Al-Tal et al. (2021); Agwa and Elmasry (2021).

In addition, Table (4) revealed that the mean score of training support of children with autism spectrum disorder from the point of view of parents was (3.92) with a standard deviation of (0.71). This means that the training support of children with autism spectrum disorder is high. Item 16, which states, “Together with our son, we perform math lessons by playing with appropriate tools” has the highest means score among the items of the training support of children with autism spectrum disorder with (4.06). While item 13, which states, “Sleep and wake times are set” have the lowest score of the means among the items of the training

support of children with autism spectrum disorder (3.73). The result can be explained by the fact that families focused on sticking to the routine for autistic children in matters related to bathing times, meals, sleeping and waking up, and that families realized the importance of their children acquiring the skills provided by specialized training courses related to reading and arithmetic, which required them to make double efforts and dedication to move forward in Improve and support training for their children. This finding is inconsistent with Abdelfattah et al. (2021); Agwa and Elmasry (2021); Al-Tal et al. (2021); Huang et al. (2021); Oomen et al., (2021).

As regards the recreational support of children with autism spectrum disorder, the mean scores was found (3.80) with a standard deviation (0.77). In other words, the recreational support of children with autism spectrum disorder from the point of view of parents of children with autism spectrum disorder was high. Item 20, which state "We allow our son to use electronic games for a specific period of the day" has the highest means score among the items of the recreational support of children with autism spectrum disorder with (4.11). While item 38, which states, "A place has been found inside the home for sensory therapy (a place with low lighting, music and sensory toys such as a swing or a "trampoline")" have the lowest means score among the items of the recreational support of children with autism spectrum disorder with (3.58). The researcher believes that this result is acceptable, given that the entertainment requirement related to the use of video games, for example, does not require a budget or additional information required from families, and there are multiple options for families to choose what suits their children and determine the times of their use, but there are shortcomings with regard to providing tools and spaces for treatment sensory because it requires an extra effort from families to prepare the places designated for this type of treatment and to preserve the child's privacy. This finding is inconsistent with Al-Tal et al. (2021).

Result Related to the SecondQuestion

The independent sample 't' test and one-way ANOVA were used to determine the significance of statistical differences of the family support of autistic children attribute to the sex of the child, the parents' education level, and the economic level of the family

Table 5. Independent Samples T- test of sex

The Variables	N	Mean	St.dev	df	t	Sig
Male	83	3.95	0.44	154	0.948	0.454
Female	73	3.88	0.48			

Table (5) showed that the mean of male autistic children for family support was (3.95) and the mean of female autistic children for family support was (3.88). In addition, the Sig of two groups of gender is (0.454), which means that there is no significant difference of sex according to point of view of parents of students with autism who are registered in

government and private centers and institutes of the Ministry of Education and the Ministry of Social Affairs in Jeddah. This result converges with the results of Agwa and Elmasry (2021).

Table 6. ANOVA test of the parents' education level, and the economic level of the family

Variable	Groups	Sum of Squares	df	Mean Square	F	Sig
Educational level	Between groups	0.290	2	0.145	0.692	0.502
	Within groups	32.108	153	0.210		
	Total	32.399	155			
Economic level	Between groups	0.846	2	0.423	2.051	0.132
	Within groups	31.553	153	0.206		
	Total	32.399	155			

Table (6) showed that there are no differences among groups according to the educational level and economic level. Where, the Sigs are (0.502), (0.132) respectively, which indicates no statistically significant difference ($\alpha \leq 0.05$) of educational level and economic level related to family support. This finding is inconsistent with the findings of Al-Tal et al. (2021).The researcher explains these results to the necessity of the support that children need, regardless of the child's gender, because they depend on others to help them and meet their needs to overcome the psychological, training and recreational burdens caused by the closure resulting from the Corona pandemic. Practicing and maintaining activities related to the daily routine, such as organizing schedules for sleeping, waking and meal times, is one of the duties of parents, regardless of their educational or economic level.

Conclusion and Recommendations

This study found that the family support provided to autistic children registered in government and private centers and institutes of the Ministry of Education and the Ministry of Social Affairs in Jeddah, from the parents' point of view, was high. The results also showed that there are no statistically significant differences between the responses of parents of children with autism spectrum disorder about family support attributed to the child's sex, the type and level of education of the parents and the economic level of the family. This study concluded that parents are able to provide support to promote the elimination of bad appearances and behaviors that may be caused by the closure resulting from measures to prevent the spread of the Coronavirus, and that they are able to bridge the gaps resulting from the suspension of schools and specialized centers, and have demonstrated a high ability to deal with their children and the continuity of in their rehabilitation. The study recommends the following:

1. The necessity of providing families with sufficient information regarding autistic children about the importance of family support for them and how to implement support in its various aspects.
2. Conducting more studies related to people with disabilities and the impact of the Corona epidemic, and researching more aspects of family support.

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