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Parental Experiences in Autism Childrearing

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ABSTRACT

This research is concerned about the experiences of parents raising children with ASD (Autism Spectrum Disorder) or commonly called autism. Autism is a disorder that most children suffer since infancy and toddlerhood. Parenting and raising children with autism compared to other normal children certainly have differences in the care, nurturing, growth, and development of these children. This research aims to find out the parenting experience of parents who have children with autism. This research used qualitative research methods, phenomenology, with interviews as the data search method. Interviews were conducted to several informants, including parents of children with ASD. The interviews were conducted online due to the Covid-19 pandemic, which requires us to minimize the intensity of physical interactions and social distancing. The research findings indicated that many parents suffered denial or shock when they recognized that their child had an autism spectrum disorder. Family and community support have a big impact in providing encouragement and acceptance for parents. The role of community and environment is very significant for children with autism and parents. In educating and caring for a child with autism, strength and patience are required. The research findings also identified that the major concerns of parents are usually about their children's future and the acceptance of children with autism by the society.

Keywords: *Autism Spectrum Disorder, Childrearing, Parental Experience*

INTRODUCTION

Autism is a neurodevelopmental disorder that affects early brain development and is characterized by impaired social relating and reciprocity, disordered language and communication development, and restricted interests and repetitive activities. Autism is a complex disorder influenced by genetic factors, epigenetic factors, and exposure to environmental modifiers (Milton, 2015). Leo Kanner was a psychiatrist who first introduced the term autism in 1943 (Dewi et al., 2018). Kanner conducted research on eleven children who experienced difficulty relating to others, the habit of isolating themselves, strange communication, and behavior that was not like children in general (Rahayu, 2014). Autism derives from a Greek word, *autos*, which means “his own world.”

The Directorate General of Population and Civil Registration, Ministry of Home Affairs of the Republic of Indonesia, launched data on the Indonesian population in the first semester of 2020. This data shows Indonesia’s population totaled 268,583,016 people as of June 30. According to a press release by the Directorate General of Population and Civil Registration, Ministry of Home Affairs of the Republic of Indonesia, 135,821,768 people are male. This number has increased by 0.71% compared to 2019, which was 134,858,411 people (Astari, 2021). In 2018, the entire population of Indonesia was 265 million, with 133.17 million men and 131.88 million women. According to age groupings, children (0–14 years old) make up 70.49 million of the population overall, or roughly 26.6% of the total. 179.13 million individuals (67.6%) of the population are in the productive age range (14–64 years), while 85.89 million persons (5.8%) are over the age of 65. This data is based on projections by the National Development Planning Agency (Bappenas).

The prevalence of autism increased from 1 per 150 people in the population in 2000 to 1 per 59 people in 2014. Males are more probable than females to be diagnosed as autistic, with a ratio of 1:37 for males and 1:151 for females (Prevention, 2023). ASD (Autism Spectrum Disorder) rates are increasing globally, including in Indonesia. According to the statistics, it is predicted that 4 million persons in Indonesia, which has a population of 237.5 million and a population growth rate of 1.14%, have ASD (Wiwin, 2019). These data indicate that the number of autistic people is still very high, including in Indonesia. This high rate indicates that all parties, both the government and the community, are expected to provide a friendly environment for autistic people and support them.

Although the actual rate of children with autism in Indonesia is still quite high, it is not known exactly the number, as the government has never conducted a survey. The head of the Indonesian Autism Foundation stated that there has been a tremendous increase. The number of autistic children around ten years ago was estimated to be one in five thousand. Nowadays, the number of autistic children has increased to one in five hundred. Currently there are around 6,900 children with

autism in Indonesia. Autism is a condition with developmental differences affecting children in their infancy or toddler stage. This condition affects several aspects of a child's development, such as communication, social interaction, imagination, and attitude.

In some cases, autism may not be detected immediately. Some parents do not know the initial symptoms or do not recognize that their children have an autism spectrum. Most parents aware of the oddities in their children tend to respond by comparing their children with others. The surrounding environment would also respond with words such as saying that their child is strange or comparing their child with other people's children, and so forth. The mentality of parents who have children with autism conditions needs to be stronger. Some parents are also willing to consult with a number of different doctors until the doctor finally diagnoses that their child has autism.

The acceptance process in this phase is complicated as parents will experience a denial phase, where parents cannot accept that their child has autism (Bram, 2020). The parents' response when they realize that their child is autistic can lead to self-blame and long-term blame. The long process of acceptance usually leads to neglect of their autistic child (Meleady, Nearchou, et al., 2020). In fact, in this phase, children with autism need support, care, and love to grow and develop well while understanding their condition. When parents find out that their child has autism symptoms, they must be able to accept the situation. In addition, the surrounding environment and society should also support and affection for people with autism around them. In reality, when knowing that there is a person with autism around them, some people avoid them and consider them as weird people. This attitude may also impact on those children who do not want to have friends or hang out with children with autism. The surrounding community should also encourage parents who are in the process of the denial phase, where parents with autistic children also need support from the environment and the surrounding community. Children with autism deserve care and supervision from specialized doctors (Rabba et al., 2019).

The role of the family in the care of autistic children is significant. This role does not only come from the nuclear family, as the extended family also plays a major role in providing support. In addition, the acceptance of extended family will also be very meaningful. This is because the parents of autistic children are afraid that the extended family will not accept their children. A family is a group of several people who are still bound or have blood relations. In addition, the family is also the child's first environment for interaction and socialization. Soerjono, as cited by Sukma et al (2021), stated that family is defined as the smallest social unit that lives in society and has certain roles. There are several family functions such following below:

1. **Affective function:** This function is also defined as a base in the family that is closely related to the internal family. This function is closely

related to the psychology of family members to be ready to relate or interact with the outside community.

2. **Socialization function:** a function of the process of developing individuals who generate interactions. The family is the first place for individuals to socialize, such as instilling values, norms, and culture within the family and the culture of society.
3. **Reproductive function:** a function that aims to fulfill biological needs, form families, and continue offspring.
4. **Economic Function:** The function to fulfill basic and secondary needs in the family, such as food, clothing, shelter, and education.
5. **Health Care and Maintenance Function:** The function of the family is to carry out health care practices, prevent health problems, and treat sick family members. This function is related to the ability and capability of the family to fulfill the health care of family members (Pattiruhu et al., 2019).

Children with autism also have the right to education. Parents can enroll their child with autism in a special education school and the teachers and staff at the special education school will help them learn and care for their child. However, not all children with autism experience school and are treated under the supervision of doctors. Some parents view children with autism as unfit for school, resulting in children with autism only being cared for by their parents in a basic manner.

Inadequate parenting patterns for children with ASD will have a high possibility of unfavorable outcomes (Kwok & Kwok, 2020). Parenting patterns are very important in the care of children with special needs. Positive parenting will lead to a positive assessment of the child. Children judge themselves by the experiences they get from their environment. Three patterns of parenting behavior are associated with different levels of child competence, they are authoritative, authoritarian, and permissive (Ayun, 2017). Meanwhile, most people in the community, especially in rural areas, still do not accept autistic children. Children with autism are still perceived as a disgrace and a strange thing.

Childcare is the comprehensive care and education of children outside the home to complement the care and education children receive from their families (Morrison & Flegel, 2016). Childcare programs cater to a variety of needs. According to Baumrind, as cited by Rusilanti et al. (2015), there are four types of parenting styles:

1. **Democratic Parenting:** a parenting style that prioritizes the child's interests but does not hesitate to control the child. Parents who use this parenting style tend to have a rational parenting style. In democratic parenting, parents allow their children to express their opinions and make decisions.

2. **Authoritarian Parenting:** Authoritarian parenting is the opposite of democratic parenting. In authoritarian parenting, parents set standards for children in making certain decisions. Typically, this parenting style is also associated with threats. In authoritarian parenting, parents tend to provide rules and regulations that their children must obey.
3. **Permissive Parenting:** a parenting style where parents give their children as much freedom as possible. Parents do not regulate, demand, or control children much. Parents also do not provide much supervision in their parenting and give their children as much freedom as possible.
4. **Neglectful Parenting:** In this parenting style, parents spend little time and money on their children. Parents' time is mostly spent on personal activities, such as work. In this parenting style, children and parents tend to engage in a low level of communication and supervision.

Education in the family is one of the strategic ways to instill good values and norms to be implemented in society (Dewi et al., 2018). Since families are where children first learn to interact and socialize, they play a major role in shaping their personalities. A habit that results in a child's innate personality is established by the example and habits that parents set through modeling and application. Parents who unintentionally provide a poor example for their children will mold their personalities to be identical. This often happens by parents and is unintentionally imitated by children, commonly called imitation.

Some inappropriate actions towards children with autism, such as shackling by the child's parents, still exist in Indonesia. One of the instances occurred in Kulonprogo, Yogyakarta. A child with special needs was shackled by his parents in a chicken coop because the victim often wandered out of the house and habitually broke things. Afterward, the victim was taken to the community health center by local residents and referred to the hospital. After undergoing treatment for 21 days at the hospital, the victim was cared for by her grandmother in Magelang. The victim's parents were charged with Article 80 Paragraph 2 and Article 80 Paragraph 1 of Law No. 35/2014, amending Law No. 23/2002 on Child Protection with a maximum of five years imprisonment (Zebua, 2020).

Children with autism deserve the same attention and opportunities in society as other children. This opportunity must be obtained in various fields, including education, health, and public facilities. The definition of health services is a concept used in providing health services to the community. Health services are also defined as a concept applied to provide services for a long period of time and continue to be provided to the public and society (Tjokro & Mamesah, 2022). According to the Indonesian Ministry of Health, health services are efforts to organize individuals or organizations to prevent and improve health, maintain and cure diseases, and restore the health of individuals, groups, families, and public communities. The organization of health services is regulated in Law No. 32/2009, which has been

updated from the previous law. In Law No. 32/2009, it is explained that health services are any activities carried out in an integrated and sustainable manner to maintain and improve the quality of public health in the form of disease prevention, health improvement, disease treatment, and health recovery by the government and the community. Health is a human right and one of the elements of welfare that must be realized in accordance with the ideals of Indonesia as referred to in Pancasila and the 1945 Constitution.

Several studies on autism have attracted the interest and attention of researchers in the past. A research that was conducted by Ansari et al. (2020) discusses the mental tendencies of children through parents, with parents who have children with autism disorders as research subjects. This study compared the mentality of parents with ASD children with their siblings. Results from this study indicated that parents used significantly fewer mind-related descriptors for their children with ASD compared to their siblings. Differences were moderated by ASD severity, with the largest differences seen in parents whose children had severe ASD symptoms. The difference between this research and the research to be conducted this time is that this research discusses children's mentality through parents. The research to be conducted examines how parents experience parenting children with autism disorder.

The next previous research on autism is one that was conducted by Riandini (2015). This research aims to determine the effect of parenting styles on the development of autistic children's communication skills. In the results of the study, it is known that there are three parenting styles which are authoritative, authoritarian, and permissive. This study discusses parenting patterns applied to children with autism. This research contrasts with Riandini's in that it discusses experiences regarding difficulties and how to survive in parenting children with autism. This research aims to find out the parenting of children with autism, the difficulties faced, the knowledge of parents about autism, and the experience of parents in parenting children with autism. This research is expected to provide benefits for everyone, add information, and add references for students or the general public. This research can also be used as relevant research for further research on similar topics.

RESEARCH METHODOLOGY

This research is a type of qualitative research. Qualitative research is a research procedure that uses descriptive data in the form of written or spoken words. This qualitative research method is usually used to examine the condition of natural objects. A qualitative approach is a process of research and understanding based on a methodology that investigates a social phenomenon and human problems (Fauqi, 2022). In this research, Husserl's phenomenology is used, where research data is obtained from experiences experienced by individuals. In this research, the data used is the experience of parents of children with autism.

This research is located in Tuban, East Java. This research location was chosen because several interview informants have children with autism, following the purpose of this research, which intends to find out the parenting experience of parents of children with autism. The data obtained in this study used primary data and secondary data. The primary data obtained directly from the research object was obtained through interviews, while the secondary data was obtained from books, articles, and online sources concerning the research topic. This data is obtained from direct informants, parents with children with autism spectrum disorders.

The data collection methods used in this research are case study, observation, and interviews. In the observation data collection method, the observer performs two roles simultaneously, as both an observer and an official member of the group being observed (Nixon et al., 2023). This interview data collection technique is carried out to obtain data that has yet to be obtained during observation. Researchers should make the best use of this to dig deeper into information. For this reason, before conducting an interview, the researcher must first compile a research instrument. The case study method has long been used in research as a data source as it is utilized to test, interpret, and even predict.

This research uses the interactive model data analysis technique proposed by Miles and Huberman, which consists of data collection stages followed by data reduction, data display, and conclusion drawing. At the data collection stage, the researcher tries to get relevant data from informants to be used as a basis for researching the predetermined theme. At the data reduction stage, the researcher tries to get relevant data from informants to be used as a reference or foundation in research on themes determined by the researcher (Nixon et al., 2023). The next stage is data display, in which researchers turn semi-finished data into a matrix that will be used to generate conclusions. This data is already uniform in writing and has a clear topic flow.

RESULT AND DISCUSSION

The research data was obtained using the interview method. This research uses Husserl's phenomenology; therefore, field observations are also conducted regarding the experiences of parents and families in raising children with autism. Every parent must have their own way of parenting and parents of children with autism. Parents have their own methods of providing care for children. From the results of the interviews, researchers interviewed five people who were parents and families of children with autism.

The first informant is 45 years old Mr. Rozak. Mr. Rozak is the father of a child with autism named Bayu. Bayu is Mr. Rozak's second son. Bayu is 12 years old, the same age as a fifth grader in elementary school. When Bayu was born, according to Mr. Rozak, there was nothing that looked different about Bayu from other children. Bayu was born normally. When children of Bayu's age started to walk and talk at a year old, Bayu still was not able to do them like other children. Bayu's parents began to become worried. Then, Bayu was examined at the local health center in the sub-district. The health center staff told them that there was something different about Mr. Rozak's child. Mr. Rozak and his wife were surprised and confused about what to do. After the acceptance process that happened to Mr. Rozak and his family, they tried to take care of Bayu as best they could. Bayu was cared for like any other child. Bayu often went to play at neighboring houses, although Mr. Rozak and his family had to go around to neighbors' houses to look for him because Bayu did not come home. Then, at age five, Bayu was not sent to school even though he should have been old enough to enter kindergarten. When Bayu did not want to eat and had tantrums, he was usually taken for a ride on a motorcycle around the neighborhood. This habit continues to this day. Despite not going to school, Bayu is quite familiar with the community. He dares to play with other friends, although, at his age, Bayu still finds it difficult to communicate with the people around him.

"My wife and I were surprised at first, but we tried to accept it. My wife and I tried to take care of Bayu as best we could. When he was having trouble with his eating or was not feeling well, I tried to take Bayu for a walk. Sometimes his brother also takes him to play or take him for a walk when I'm not home. My wife usually accompanies Bayu when he starts to have an interest in playing with the surrounding environment, often while playing, she brings food for Bayu. Currently his condition is not much tantrum, but to speak is still difficult and needs to be slowly. The neighbors and the environment here also help, if Bayu plays at a neighbor's house, usually our neighbors will take Bayu home. In addition, we as a family also try to understand Bayu's condition as well as possible... My wife and I decided not to send Bayu to regular school because around here there are no children like him who go to regular school. We also didn't know whether the regular

school would accept him or not. Therefore, we let Bayu stay at home while my wife and I try our best to take care of him.”

The second informant is 64-year-old Mrs. Suminarsih, who is the parent of a child with autism named Andre. Andre is the first child of Mrs. Suminarsih. Currently, Andre is in good condition. Mrs. Suminarsih allows Andre to do whatever he wants to do freely. Mrs. Suminarsih works as a vegetable seller at the market, and Andre helps as a parking attendant at one of the large markets in the sub-district. Mrs. Suminarsih allows Andre to develop according to what he wants, not without reason. In the past, there was a child who had a mental disability in her village and was isolated from the community. Mrs. Suminarsih did not want that to happen to Andre. Andre also did not have the opportunity to get an education because there was no money for it. According to Mrs. Suminarsih, Andre was raised in the best way possible. Andre was also born with a traditional birth attendant, not a midwife or in a hospital, so at the time of birth, Mrs. Suminarsih and her family did not recognize any symptoms in Andre. Until now, Andre has been able to mingle with the community and speak, although his conversation partner still needs to listen carefully to Andre’s speech. Even so, Andre was able to develop like other children until he reached the age of 25.

“My son was born with the help of a traditional birth attendant, not a midwife or delivered in a hospital. I did not recognize any signs or symptoms that my child was experiencing. Then I only realized after something strange happened. But, I took care of him as best I could. He was late compared to his friends, he could only walk at the age of two, while for speaking, he was also a little late. Until now his speech is still not very fluent. Andre is a fairly independent child, he often helps neighbors and the community. That’s why he is well known in this neighborhood. Now he helps out as a parking attendant at the local market, and he usually takes a pedicab home. I let him do whatever he wants, as long as it doesn’t hurt him. I used to be confused about how to treat him. The problem is that there is no doctor here. So I took care of him as best I could. Thank God he is healthy, until now. And the child can also mingle in the community. I am grateful, although initially my husband and I found it difficult to accept and did not know how to take care of him. But now he has grown and turns 25 years old, so I am grateful.”

The third informant is 67-year-old Mrs. Ngajinah. Mrs. Ngajinah is a grandmother who takes care of her autistic grandchild named Lala, who is currently 15 years old. Lala has been cared for by Mrs. Ngajinah since childhood because Lala’s parents are working abroad. Mrs. Ngajinah takes care of and educates her granddaughter as best she can. Lala was taken to the doctor before being diagnosed with autism. At that time, Lala’s parents were shocked but later accepted Lala’s condition wholeheartedly. Lala started speaking at the age of two, although she was still limited to speaking one or two words. Then, Lala began to learn to walk when

she was just over two years old. Unlike most children with autism who do not go to school and only do activities at home, Lala still has the opportunity to get an education. Lala attended a special elementary school (SDLB) at the age of 10. Every time she goes to school, Mrs. Ngajinah or her sibling takes her by public transportation. Wherever Lala goes, she always goes with her family. Lala's speaking ability has developed since school due to therapy and meeting other friends. Mrs. Ngajinah and her family also pay attention to Lala's food intake, such as giving Lala only a little too sweet food. Lala's speech development has also been quite good. In the family environment, Lala is usually taught to speak slowly when she has started to understand words and has learned to speak.

“Lala, my granddaughter, was born normally. Then her parents felt there was something strange about Lala, so Lala was taken to the doctor and has been diagnosed with autism. My family and I, especially Lala's parents, were shocked, because no one in my family had been diagnosed with autism before. But slowly we began to accept Lala's condition. We tried to take care of Lala as best as we could, the family tried to give her the best. Although she was still having trouble speaking, the family encouraged Lala to speak slowly every day. Until finally Lala was able to mingle with friends in the neighborhood and began to talk more, the family decided to send Lala to special school education. That is because around here, especially in the rural areas, there are no schools for children with autism. The family was afraid that Lala would not be able to blend in and be accepted if she attended a regular elementary school. With me accompanying her to and from school, Lala started attending the special elementary school when she was 10 years old. Lala and I take public transportation back and forth, if I can't take her then I take turns with other family members, her uncle or her grandmother. Family members help each other. The school also helped Lala develop quite well, she was more courageous in meeting other people. In addition, her speaking ability is also increasing, this may be due to her experiences at school with her teachers and friends.”

The fourth informant is 36-year-old Mrs. Mala. Mrs. Mala's first child is an 8-year-old Nela. The first time Nela was diagnosed with autism, Mrs. Mala felt very shocked. At that time Nela was only one and a half years old but was unable to speak, even though Nela was diagnosed with non-verbal autism. This situation frightened Mrs. Mala even more. At that time, Mrs. Mala was still quite young, and it was not easy to accept the reality of raising children with special needs. She was also worried about Nela's future, how she would take care of her, and so on. However, Mrs. Mala tried to strengthen herself and began to take care of her child as best she could, providing treatment such as therapy and consultations with several doctors that cost much money. All efforts were made for the good of her child. Mrs. Mala's efforts were not in vain because, slowly, Nela began to speak, call her mother, and so on. At the age of 6, Nela started attending a public

kindergarten. At first, Mrs. Mala was afraid to send Nela to a public kindergarten. Mrs. Mala's fear was evident when some of Nela's schoolmates considered Nela to be a 'weird kid.' However, this did not stop Mrs. Mala from sending Nela to school. The support from teachers and other parents, especially parents of children with autism, made Mrs. Mala and Nela eager to return to school. Moreover, since Nela has been at school, her growth has been quite good. This positive improvement encouraged Mrs. Mala to continue sending Nela to elementary school.

“When I gave birth to Nela, I was quite young. It was pretty difficult for me to accept the condition of my child at that time. However, I thought again that this was God's will. I slowly tried to accept it and live with it. There were some worries and fears that I felt such as how to take care of her, then the future of my child and many more thoughts at that time. Then, it was as if I got the strength to go through it as best I could. I tried to consult a doctor, do therapy and so on, because at that time Nela had a speech delay... when she was 6 years old I decided to put her in a public kindergarten, with the hope that she would be able to socialize, and get to know the outside world. Although it was difficult at first, for me it was difficult because I was afraid that my child would be bullied or treated inappropriately. However, beyond my expectations, all the teachers, parents, and other students were kind, supportive, and understanding of Nela's condition.”

The fifth informant is 39-year-old Mr. Mujib, who has a 15-year-old daughter with autism named Aulia. According to Mr. Mujib, Aulia could not even sit down when children her age started crawling. However, Mr. Mujib is still trying to teach Aulia to learn to crawl, sit, and talk. It is not easy for Mr. Mujib to raise children with special needs like Aulia. This difficult situation challenges Mr. Mujib to raise Aulia as best he can. When Aulia reached the age of 10, she could walk and talk. Her parents often take Aulia to interact with the local community. Currently, Aulia attends a special education school. Although Aulia initially did not want to attend school, the family did not force Aulia to always go to school. When Aulia has not been picked up from school, she will wait like the other children in other public schools. Occasionally, Aulia can also buy her own food from the food seller in front of the school. This growth makes Mr. Mujib happy because Aulia can grow healthily and do some of her activities independently.

The experiences of parents in parenting and having autistic children are very diverse, ranging from how they first learned that their child had autism to experiencing the denial and shock phases. However, these feelings do not last long because parents immediately try to consult doctors to determine what should and should not be done in parenting children with autism. Most parents began to accept the conditions and circumstances experienced by their children gracefully, then began to care for and raise their children properly. Parents consider their children a gift from God that must be appreciated. On average, parents raise their children with democratic parenting, where children are free to act according to their will,

without parental punishment or control. Parents provide opportunities for children to develop themselves. In addition to the acceptance of parents who know that their children have autism disorder, some concerns are felt, for example, about the future of their children (Meleady, Clyne, et al., 2020).

Regarding educating and raising children, each parent of a child with autism has their own way (Lloyd et al., 2019). Some financially stable parents can afford to send their children with autism to school. However, this also requires much discussion and thought for parents. This is due to the fear that their friends and environment will not accept their child. In addition, there is also the fear of parents that their children cannot get along with their friends.

On the other hand, parents who have low financial resources decide not to send their children to school or only educate them at home. In addition, parents with autistic children are very careful in caring for their vulnerable children. Children with autism usually experience limitations and delays in speaking and walking. These conditions require parents' patience to wait when their children begin to learn to read or walk (Mazzone & Nader-Grosbois, 2016).

Community and family involvement is critical for parents and children with autism because the community environment provides opportunities for socializing (Liao et al., 2019). This may have a good impact if full support is obtained and acceptance in the community. However, it is quite common for families and children with autism to be bullied or excluded in the community (Qin et al., 2021). In some cases, the child is being hidden from the community or even being isolated at home by the family. In these cases, the community plays a major role in supporting and nurturing the existence of autistic people, providing full support for their parents, as well as extended family who provide reinforcement and are not ashamed to have a family with mental or physical limitations. For parents, this support is very helpful, especially when parents are experiencing the denial phase (Bram, 2020).

CONCLUSION AND SUGGESTION

Conclusion

Autism Spectrum Disorder (ASD) is a disorder in the nervous system development experienced by a person, usually since birth or when entering toddler age. Children with autism are usually identified by their difficulty in communicating, understanding other people, and controlling emotions. Therefore, it is quite difficult for them in social life or communicating with others. Since autism cannot be immediately recognized or is known late when stepping on the age of toddlers, many parents experience a period of denial or shock when they find out their child has autism spectrum disorder. Support from the community and family plays a big role in providing encouragement and acceptance for parents.

For this reason, the role of society and the environment is very substantial for both the children with autism and the parents. In educating and taking care of

children with autism, strength and patience are necessary since it is not easy to care for and control emotions. Parents usually feel a big concern about the child's future and how the community accepts children with autism.

Suggestion

The community and parents' understanding of ASD or children with special needs must be improved. This is due to the community's role in avoiding the alienation and bullying of people with ASD within the community. This awareness must be increased in the community. The perception of autism as a disgrace or something shameful must also be eliminated in the community. In addition, parents' knowledge with children with autism must also be complemented with understanding and health opportunities to check their children's conditions. This will affect how parents raise their children with ASD. The high cost of ASD needs and check-ups makes some parents reluctant to have their children examined. Specialized health services for children with ASD will also help educate parents.

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