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## PARENT-CHILD CHARACTERISTICS AND ITS CORRELATION TO PARENTAL REJECTION OF AUTISM SPECTRUM DISORDERS CHILDREN

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### Abstract

*The presence of autism spectrum disorders (ASD) children in the family affect the parental acceptance and rejection of a child's condition which involves a psychological response at every process. This study aims to determine the correlation between parent and children characteristics with parental rejection level of children with ASD. Cross-sectional analytic was performed in this study. The variable was categorical and numerical. The participant of this study were sixty one parents of ASD children in South Jakarta that recruited by cluster random sampling. This study used parental acceptance-rejection questionnaire which adapted from Parent Acceptance-Rejection Questionnaire (PARQ) and modified by researcher. Bivariate analysis showed that there was no significant correlation between parent gender ( $p=0,0145$ ;  $r=0,264$ ), parent age ( $p=0,104$ ;  $r=0,425$ ), parent ethnic ( $p=0,123$ ;  $r=0,345$ ), parent religion ( $p=0,072$ ;  $r=0,345$ ), parent occupation ( $p=0,138$ ;  $r=0,285$ ), parent income ( $p=0,010$ ;*

*r=0,938), amount of children ( $p=-0,121$ ;  $r=0,353$ ), and child gender ( $p=-0,088$ ;  $r=0,499$ ) with parental rejection of ASD child. In contrast, there was a significant correlation between parent education level ( $p=0,008$ ;  $r=-0,337$ ) and child age ( $p=0,020$ ;  $r=-0,296$ ) with the levels of parental rejection. In conclusion, only parents educational background and child age which affects to parental rejection of ASD child condition. This result showed that it is quite important to all nurses for giving more attention to factors that may relate to parental acceptance which can be affecting to child care.*

### **Keywords**

Autism Spectrum Disorders, ASD, Child Care, Acceptance, Rejection, Parents

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## **1. Introduction**

In Indonesia, the number of special need children keep rise. Based on the World Health Organization (WHO), as much as 7% of the total number of children aged 0-18 were special need children (around 6.230.000 children) (Ministry of Health RI, 2010). One of the special need children is child with autism spectrum disorder (ASD) which occurred to 1 of 150 children at 2000, and this number increased became 1 to 68 children in 2010 identified with ASD (Center of Disease Control, 2015).

Children with ASD showed social interaction and communication deficit, and repeated behavior (Karst & Hecke, 2012). Taking care of children with ASD for a mother became a difficult experience and challenge to handle their ASD child's behavior and disabilities (Lee, et. al. 2012). For parents with ASD children, the acceptance of a child's condition becomes an important part of a parent's life that involves a psychological response at every process. Aylaz, et al. (2012) explains that parents who have ASD children are shocked at the first time they know about child's diagnosis. Psychological acceptance of parents for their child's diagnoses was an influence between the behavior of and the mental health problems of the parents (Karst & Hecke, 2012).

Parental acceptance and rejection of children has an impact on children. A study of the parents of children with Down syndrome found that parental acceptance has an important influence not only on children's education but also on the integration of children's social life (Ozyurek, 2012). Parental acceptance of autistic children plays a role in parental involvement in the handling of their children, ranging from ensuring the doctor's diagnosis, fostering

communication with the doctor, seeking another doctor if the doctor is considered less cooperative, telling the truth when consulting the child's development, enriching the knowledge, and accompanying (Rachmayanti & Zulkaida, 2007). This shows that the acceptance of parents brings a positive impact in supporting the optimization of child development.

The parental acceptance process against the child's condition should be a critical concern in nursing care because this process experienced by parents since it first received the diagnosis of their child. In addition, acceptance and rejection is closely related to the parental psychological response that is suspected to be the cause of various negative impacts for parents and children. Therefore, based on the analysis of existing problems and the results of previous research, researchers designed a study to find the existence of the relationship between the characteristics of children and parents with the degree of rejection of parents to the condition of children with ASD.

## 2. Research Method

*Study Population.* The participants in this study were parents with ASD children at South Jakarta. The research was conducted at public and private special school located in South Jakarta. Determination of school which is used as research place is done by cluster random sampling method. In this study, researchers retrieved data start from the first cluster. However, in the data collection process of this study, respondents obtained from schools which were in the first cluster still not meet the target number of samples that have been determined. Therefore, researchers used other clusters that have been randomized previously. The total of cluster used in this study was nine clusters (sub districts) that had school for special needs children. The participants were 61 parents. The data retrieval process took approximately 7 (seven) weeks starting from April 20, 2016 to May 30, 2016.

*Measures.* This study measured parental acceptance-rejection by using adapted and modified Parental Acceptance- Rejection Questionnaire (PARQ). This instrument also adjusted to parents with ASD children's condition by researchers. The total number of instruments was 24 items with alpha Cronbach 0,811. The questionnaire contains four scales: (1) warmth/affection, (2) hostility/aggression, (3) indifference/neglect, and (4) undifferentiated rejection. In detail there are 8 questions on warmth/affection, 6 questions on each hostility/aggression and

indifference/neglect, and 4 questions on undifferentiated rejection. After modifications by the researchers, warmth/affection dimension changed to the dimensions of coldness. Scores on the PARQ standard are scattered from the lowest score of 24 (indicating the maximum score that perceives acceptance) to a maximum score of 96 (indicating the maximum score perceiving rejection). Interpretation of PARQ results in this study was conducted numerically. With results showing the higher the score obtained, the higher the level of parental rejection.

*Statistical Analysis.* This study used bivariate analysis to determine whether there was a significant relationship between two variables. Bivariate analysis used to determine the relationship between numerical dependent variable and numerical independent variable is done by Pearson statistic test. In the categorical independent variable and numerical dependent, bivariate analysis was done by Spearman Test. The analysis was performed with a confident interval of 95% at  $\alpha = 0.05$ .

### 3. Result

**Table 1:** Parental Rejection Level (n=61)

Variable	Mean	Median	Standard Deviation	Min-Max
Parental rejection level	36,787	37	6,969	26-53

**Table 2:** Relationship between Parent Characteristic and the Parental Rejection Level (n=61)

Variable		r	p
Relation to ASD Child	Father	-0,145	0,264
	Mother		
Age	Early Adulthood	-0,104	0,425
	Middle Adulthood		
	Late Adulthood		
Ethnic	Betawinese	-0,123	0,345
	Sundanese		
	Javanese		
	Batak		
	Others		
Religion	Islam	-0,072	0,345
	Christian		
	Protestant		
	Hindu		
	Buddha		
	Others		
Educational History	Elementary School	-0,337	0,008*
	Junior High School		
	Senior High School		
	Bachelor Degree		
	Master Degree		
	Doctoral Degree		

Variable		r	p
Occupation	Others	0,138	0,285
	Unemployment		
	Entrepreneur		
	Private sector employee		
	Civil sector employee		
	Laborer		
	Others		
Income	< 3.100.000 IDR	0,010	0,938
	3.100.000 IDR		
	> 3.100.000 IDR		

\* significant at  $\alpha=0,05$  of Spearman test

**Table 3:** Relationship between The Amount of Children that Parents have and Parental Rejection Level (n=61)

Variable	R	P
Amount of children	-0,121	0,353

**Table 4:** Relationship between ASD Children Characteristics and Parental Rejection Level (n=61)

Variable		r	p
Gender	Male	-0,088	0,499
	Female		
Age	Middle Childhood	-0,296	0,020*
	Early Adolescent		
	Late Adolescent		

\* significant at  $\alpha=0,05$  of Spearman test

## 4. Discussion

The average result of parental rejection level showed that most of the attitudes of parent tend to accept their children condition. In another research result also showed that all parents who became respondents can fully accept the condition of their children who have ASD (Rachmayanti & Zulkaida, 2007; Rufaidah, 2014). Parents with ASD children showed high levels of acceptance and active adaptation to their child's diagnosis (Poslawsky, et. al., 2014). On the other hand, another research showed the different result. Research conducted by Pancawati (2013) showed that as many as three of four respondents of the study showed an attitude that was less able to accept the condition of their children who bear autism.

Parent-child relationships, both as father and mothers, did not have a significant correlation based on the result of this study. Both mother and father's parents can accept the

condition of their autistic children, although with varying degrees of acceptance depending on the child's basic abilities and the number of children the parents have (Agustikasari & Prasetyaningrum, 2016). Another study related to parents' acceptance and rejection of children in general, found that father affection has a unique portion and depends on the diversity of a particular child (Ahmed, Rohner, & Carrasco, 2011; Carrasco & Rohner, 2011; Veneziano, 2003; at Rohner, et al., 2012).

The relationship between parent age and parental rejection level on the results of this study did not show a significant correlation between the two. This is not in line with the theory that age and stage of development can affect a person in response to loss, in this case the loss of a perfect child figure (Potter & Perry, 2009). In addition, previous research also states that there was a relationship between the ages of parents with the acceptance of parents because age is associated with the level of emotional maturity of individuals (Rachmayanti & Zulkaida, 2007). The difference of this result obtained because in this study, the distribution of age group of parents tend to be homogeneous with most samples are in middle adulthood group, so condition in other age group less depicted.

Ethnic variables examined in this study did not show significant results with the level of parental rejection. This is in contrast to the theory that one's culture can influence the individual's interpretation of the process of acceptance, build appropriate emotional expression, and stabilize conditions amid the loss of a perfect child in the family (Potter & Perry, 2009). The difference in the results of this study with existing theories is suspected to be due to the influence of the type of research that is only cross-sectional because the research conducted in America showed results in accordance with the theory. Cohort studies conducted on white, black, and latino races show that there is a relationship between ethnicity and parenting knowledge (Rowe, et al., 2016).

The results of this study found that there was no significant correlation between parental religions with the level of parental rejection. The results of this study can be different if the study not only see the parental religion, but conducted further studies related to the level of religiosity and the strength of parent relationship with God. So that the results of research can be in line with the results of other studies conducted on parents with children with autism in West Bekasi that there is a relationship between the dimensions of religiosity with parental acceptance (Subhan, 2011). Individuals who have a strong relationship with the supreme power will show

fortitude and ability to undergo the process feelings of loss (in this case, losing a perfect child expected) (Matheis, et al., 2006; in Potter & Perry, 2009).

The correlation between parental education levels and parental rejection level indicates a significant correlation between the two variables. This correlation shows a negative direction, which means that the higher the parental education, the level of parental rejection decreases. Mothers with high school education upwards have a higher acceptance rate compared with high school educated women down (Wardhani, et al., 2012). The education level of parents in this case relates to the mindset of parents in resolving the problem (Rachmayanti & Zulkaida, 2007). Based on these results, obtained no relationship between the types of work parents with parental rejection. Research conducted by Gnanasekaran et al. (2015) showed that as many as 43% of parents stopped working, cut working hours, or changed other jobs because of their child's condition.

From the results of this study found that there is no relationship between parental incomes with the level of parental rejection of the child's condition. This is not in line with the results of research conducted by Rachmayanti and Zulkaida (2007) that the family income affects the acceptance of parents associated with supporting facilities in therapy. In theory it is also argued that socioeconomic status can influence a person to include support and resources to adapt to the sense of loss and physical response to stress (Cohen, Doyle, & Baum; in Potter & Perry, 2009). This difference in outcomes can occur because this study covers only one type of research site, the special need school and does not describe in detail the impact and parental responses to the financial pressures used to care for their child in therapy, medication, and others.

Based on the results of bivariate analysis, no significant relationship was found between the numbers of children with parental rejection level. The direction of the relationship between these variables is positive, which means that the greater the number of children the parent has, the greater the level of parental rejection. This is in line with the results of studies on parents in Chile found that parents who have large numbers of children, four or three times more risky to act bad to children than with families who have fewer children (World Health Organization, 2014).

This study also found that the child's age had a significant correlation with the parental rejection rate. The age difference of children may show different symptoms of autism (Lai, et al., 2013). The results of this study also showed the direction of significant negative correlation,

which means the increasing age of children, the level of rejection of parents declining. Based on a study conducted by Weiss et al. (2012), the rising problem of child behavior, the acceptance of parents to children psychologically decline.

In addition, the age of the child is also related to the time of identification of a diagnosis of ASD. ASD can be detected starting at 18 months and can be diagnosed with certainty from 2 years of age (Center of Disease Control, 2014). Parents take time to accept the diagnosis of developmental disorders in their child (Poslawsky et al., 2014). In addition, one's acceptance will continue to grow stronger over time (Potter & Perry, 2009).

In the correlative analysis results, it was found that gender variables did not have a significant relationship with parental rejection level. In contrast to age, the sex of children does not show differences in ASD child behavior. The severity in autism symptoms did not differ between the sexes, both female and male (Lai et al., 2011). This can be a consideration regarding the absence of a relationship between the sex of the child and the degree of parental rejection.

## 5. Conclusion

In conclusion, only parents educational background ( $p=0,008$ ;  $r=-0,337$ ) and child age ( $p=0,020$ ;  $r=-0,296$ ) which affects to parental rejection of ASD child condition. This result showed that it is quite important to all nurses for giving more attention to factors that may relate to parental acceptance which can be affects to child care. The results of this study can be an additional reference for pediatric nurses in designing and performing nursing care. In addition, the results of this study can be one of the nurse studies in nursing care to not only focus on ASD children, but also to parents who indirectly have an impact on parents life and child development.

The role of nurses and other health provider has an important role for both parents and children. A parent acceptance process to the condition of a child with ASD is a process that is not easy for parents to pass. Thus, provision of education and motivation as a source of strength for parents is needed. Even if needed, the nurse can create a parent group intervention between parents who have ASD children, so it can provide space for parents to exchange their ideas and experiences.

The results of this study can be used as basic information for further research relating to the acceptance of parents to ASD children. The researchers suggest that further research can be



done with more number of population, range, wider area, and sample variation. In this study, the place of study is less varied so that the scope of the data taken cannot represent all age groups of children and the various conditions of ASD children. This study targeted respondents with ASD child ages ranging from 0 to 24 years. However, this is not fulfilled because all of ASD children who attend the special school were in school age and above. Therefore, for further research would be better to use a research site that includes the special school, therapy center, hospital, etc.

## 6. Conflict of Interest

The authors declare that they have no conflict of interest.

## 7. Acknowledgement

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