

*The Role of the Family on the Mental Health of Autism Children
in the Social Environment*

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Abstract. Having a family member with an autistic child can be difficult for a family because not all family members can accept the autistic child's condition right away. Some believe that autistic children are a barrier to family freedom to act and carry out activities because they must focus on serving and paying attention to autistic children. Some regard it as a family disgrace and a traumatic ordeal for all family members, causing the family to experience its own stressor, worrying about the child's future. Indeed, family acceptance of autistic children can support autistic children's health development, particularly their ability to interact with the environment, as evidenced by their attitude toward autistic children. So, in this study, the author will examine how families react to the presence of autistic children. This study was carried out using library research or documentation studies. The findings of this study suggest that parents of autistic and hyperactive children should form peer groups so that they can always explore feelings, share experiences, and find solutions to the difficulties of accompanying their children. Parents' patience and patience are essential in this case, so that children can achieve abilities appropriate to their age and limitations.

Keywords: *autism, family, mental health, social environment*

Autism is a term used in education and medicine to describe a condition that is typically experienced by children. Autism can affect any child of any race, ethnicity, social or economic status. The term autism is derived from the Greek word *autos*, which means "alone." Its broad definition is to exist in its own world. In 1943, a psychiatrist named Leo Kanner coined the term. Leo Kanner observed eleven children who had difficulty relating to others, isolated themselves, displayed unusual behaviour, and communicated in unusual ways.

Compared to other normal youngsters, children with autism have unique traits. Communication, social interaction, sensory, play patterns, behaviour, and emotions are just a few of its traits. Nevertheless, depending on the severity of the autism, each child's traits are unique from the others. Children with autism spectrum disorders have difficulty interacting socially. It is characterised by difficulties focusing, having a world of their own, and a lack of interest in other people or kids.

Autism can occur due to several factors, namely birth weight, history of asphyxia, maternal age at delivery, father's age at delivery, method of delivery, maternal race, history of use of antidepressant drugs, history of exposure to cigarette smoke in pregnant women, history of stress in pregnant women, number of pregnancies, history of maternal bleeding, sex of child, history of complementary feeding before the child

was six months old and history of infection in pregnant women. Some of these factors will interfere with fetal brain development either directly or indirectly which will then lead to autism.

This study was conducted with the aim of knowing how the role of the family in dealing with mental health in children with autism in the social environment. In addition, this research studies how to handle and cope with children with autism so that they can interact with the social environment.

Definition of Autism

Children with autism have developmental disorders that show signs before they are three. Autism is a serious neurobiological illness that impairs brain function in a way that makes it difficult for kids to interact and communicate with people outside of their immediate environment (Indonesian Autism Foundation).

Autism comes from the Greek word "auto" which means independent. The meaning of this word is aimed at someone with autism who seems to live in his own world. Safaria (2005), explained that Kenner described this disorder as an inability to interact with other people, a language disorder indicated by delayed mastery, ecolalia, mutism, sentence reversal, repetitive and stereotyped playing activities, very strong memory.

Autism has signs since early growth, Kanner calls it infantile autism (autism in children). Furthermore, Safaria explained that the symptoms of autism are included in the category of pervasive developmental disorders (perpassive deelopmental disorder). Developmental disorders are when there is a delay or deviation in development and for autistic symptoms, it is usually characterized by a distortion of the development of multiple psychological functions which include; development of skills, social and language, such as attention, perception of value, to reality, and motor movements. As revealed by Karyn (2004) explains that pervasive developmental disorders is a category created by the American Psychiatric Association to classify children with obstacles or deviations in their social, language, and cognitive development.

Characteristics of Autism Children

According to Suryana (Ratnadewi, 2008; Rahcmayanti, 2008; Setiawan, 2010) autistic children have the following characteristics in the fields of communication, social interaction, sensory, play patterns, behavior and emotions:

a. Communication

- 1) Language development is slow or completely absent.
 - a) The child seems deaf, has difficulty speaking, or has spoken but then disappears.
 - b) Sometimes the words used do not match their meaning.
 - c) Babbling meaninglessly over and over again in a language that other people cannot understand.
 - d) Talk is not used as a means of communication.
 - e) Enjoys imitating or parroting (echolalia). If you like to imitate, you can memorize the words or songs without understanding their meaning.
 - f) Some of these children do not speak (non-verbal) or speak little (less verbal) until adulthood.
 - g) Likes to tug on other people's hands to do what he wants, for example when

he wants to ask for something.

- b. Social interactions
 - a) People with autism prefer to be alone.
 - b) No or little eye contact or avoiding eye contact.
 - c) Not interested in playing with friends.
 - d) When invited to play, he doesn't want to and stays away.
- c. Sensory disturbance
 - a) Very sensitive to touch, such as not liking to be hugged.
 - b) When you hear a loud sound immediately cover your ears.
 - c) Enjoys kissing, licking toys or objects.
 - d) Insensitive to pain and fear.
- d. Play pattern
 - a) Do not play like children in general.
 - b) Does not like to play with children his age.
 - c) Not creative, not imaginative.
 - d) Do not play according to the function of the toy, for example the bicycle is turned over and the wheels are spun around.
 - e) Enjoys rotating objects such as fans, bicycle wheels.
 - f) Can be very attached to certain objects that are held and carried everywhere.
- e. Behavior
 - Can behave excessively (hyperactivity) or deficiency (deficit).
- f. Emotion
 - a) Often gets angry for no apparent reason, laughs, cries for no reason.
 - b) Temper tantrum (raging uncontrollably) if it is forbidden, it is not given what it wants.
 - c) Sometimes like to attack and damage.

Social interactions

The relationship between two people is known as social interaction. There is a reciprocal relationship where one person can have an impact on another person or the other way around. Individuals with persons, individuals with groups, or groups with groups can have a relationship. interaction in H's opinion. According to Bonner's theory in his book "Social Psychology," social contact is a relationship between two or more people. a human being whose actions can affect, alter, or better the actions of other people, or the other way around.

In this study, social Interaction is defined as a relationship, engagement, or shared interest in something that reflects how autistic children communicate themselves to others by employing particular gestures or symbols. Children with autism are unable to build strong relationships in this type of social interaction, either through their behaviour or unique characteristics, such as very poor eye contact, less animated facial expressions, directed gestures, crying or laughing out of the blue, inability to play with peers, inability to feel other people's emotions, lack of social relationships (inability to socialise), inability to adapt to the environment, and lack of mutual emotional involvement.

Children with autism spectrum disorders fall into one of three categories, namely: Alow, which is frequently seen in children who are introverted, apathetic, and

will become irritated if a social approach is made; awarm; passive, capable of accepting social interaction and engaging in play with other kids if the game's structure is customised for him; Active but strange, will approach other kids on their own, although these relationships are frequently improper and one-sided.

Some of the social interaction disorders in autistic children that have been mentioned cause social barriers for autistic children. Autistic children's social barriers will change as they grow older. Typically, as one gets older, the barriers appear to disappear. The following are some of the difficulties that autistic children face: Autistic children may have shown disruptions in reciprocal social interactions since the first year, such as refusing to be loved or hugged, not responding to invitations to be picked up by lifting both arms, being less able to imitate speech or body movements, failing to show an object to others, and abnormal eye movements; reciprocal play is unlikely to occur.

Some autistic children appear indifferent or do not react to their parents' approach, while others become anxious when separated from and attached to their parents. Autistic children are unable to develop games with their peers and prefer to play alone. Although they are interested in having relationships with friends, there are often obstacles due to their inability to understand the rules that apply in social interaction. Because of their lack of social awareness, they may be unable to understand people's facial expressions or express their feelings through vocals and facial expressions. This condition prevents autistic children from empathising with others, which is crucial.

The Influence of Family on the Development of Autism Children

According to Kurniadi, the family is the first social group in human life where he learns and declares himself as a social human being, in interaction with his group. In a real family, communication is must be fostered, so that family members feel a deep bond and need each other. The family is the most important primary group in society that is formed from the relationship of men and women, where this relationship lasts a long time to create and raise children. Having an autistic child is not everyone's hope, because almost everyone wants to have normal, healthy children, can become the next generation, and can go to school well. When that hope is not fulfilled, usually there is disappointment in everyone's heart. This disappointment can have an impact on a person's attitude towards the acceptance of the child he expects. This also happens to parents who have autistic children. Not all parents and their families can accept the fact that they have a family member or child with autism. There are those who refuse and do not believe in the actual situation, so the presence of autistic children becomes a burden for them. Basically, the attitude of the family when they find out that one of their family members, especially their child is affected by "autism", can be a heavy blow for the family. If the family is ready and accepts it gracefully, it will not be a big problem, but if it is responded to with heavy feelings, it will be heavy. In fact, family acceptance of autistic children can support the health development of autistic children, especially their ability to interact with the environment, seen from their attitude towards children with autism.

Attitude is a form of evaluation or reaction of feelings while a person's attitude towards an object is a feeling of support or favor (favorable) or feelings of

being unsupportive or unfavorable to the object, where this attitude is often formed through direct experience. There are several levels of attitude according to Notoatmodjo, namely:

- 1) Receiving, namely that people or objects want to pay attention to the given stimulus.
- 2) Responding, namely providing answers when asked to do and complete a given task is an indication of an attitude.
- 3) Appreciating (valuing), teaching others to work on or discuss a problem.
- 4) Responsible, which is responsible for everything that has been chosen with all risks is the highest attitude.

RESEARCH METHOD

This scientific paper was written using the library research or documentation study method. In the form of scientific written literature, a literature study was conducted to obtain the concept of theoretical policy or doctrine, conceptual thinking, and predecessor writing related to the object of this writing study. Library research that focuses solely on library collection materials, with interview data used to confirm and clarify (clarify) the library data.

This writing is descriptive-analytical, namely describing and analyzing the actions of social workers on the problems contained in the social life of children, and analyzing the efforts of social workers in introducing children's social abilities. Analysis of the data used is a comparative descriptive analysis. The data that has been collected is then compiled and reported as is and logical conclusions are drawn and then analyzed. The analysis does not use numbers and formulas.

FINDINGS AND DISCUSSION

Understanding the Child's Condition

This step is actually the most difficult for parents to achieve, because many parents are 'difficult' or 'reluctant' to handle their children daily at home. They rely a lot on the help of caregivers, maids, relatives and grandparents in the care of their children. In fact, daily care actually has a good impact on interpersonal relationships between children and their parents, because it makes parents: a. understand the habits of children, b. realize what children can and cannot do, c. understand the causes of children's bad or good behavior, d. form a strong inner bond that will be needed in future life. The attitude of parents when they are with their children is very decisive. When parents criticize, criticize, complain and keep repeating lessons, children tend to reject and 'enter' back into their world. It's good for parents to be helped to see the positive side of the child's existence, so that parents can be more relaxed and 'warm' whenever they are with their children. A positive parental attitude usually makes children more open to direction and then develops in a more positive direction. Conversely, the attitude of parents who reject (direct or covert) usually results in autistic individuals who are 'difficult' to be directed, educated and nurtured.

Seeking Alternative Handling According to Children's Needs.

Parents are unsure about what to offer their children because there are so many alternative therapies. In this situation, doctors play a crucial role in helping to equip parents with the knowledge and skills they need to assess the needs of their children.

Every parent must keep in mind that each child has unique needs that are distinct from those of other kids. Every youngster has a distinct and particular profile, according to Greenspan (1998). Individual variations (individual variations) are displayed in

1. How children process information (learning styles), react to sensations, plan actions, and track their behavior or thoughts
2. Their degree of emotional, social and intellectual functioning
3. Their pattern of interaction and communication
4. Their personality; and their family upbringing.
5. These individual differences are very influential in the design of interventions involving parents, therapists and educators.

Hodgdon (1999) explains, there are several steps that can help parents develop effective alternative solutions to their problems, namely: a. Observation of behavior Given that most behavior is based on certain needs, it is important to understand behavior so that it can describe the situation that occurs. To be able to understand the behavior and the underlying reasons, there are several observation and recording techniques that can be chosen, namely: ABC, Functional Behavioral Analysis and Data Collection. In this paper, only one technique will be reviewed, which is the simplest technique but provides comprehensive input regarding the problem at hand: A – B - C A = Antecedent (what happens before the behavior occurs) B = Behavior (what the child does) C = Consequence (what happens after the behavior, or as a result of the behavior) This method is simple but can help us know what precedes or follows a behavior so that modifications can be made as needed.

Intervention at Home

However great a therapist or a therapy center may be, the best teachers are the parents. Parents (not necessarily mothers) do anything for the good of their children, selflessly, and do not know the word "useless". Moreover, from the time spent together, a close relationship between parents and children can be formed. Although the more intensive the better, this intervention does not have to be in the form of continuous treatment every day (because many parents have to work). At least there is an effort from parents and families to continuously provide assistance to their children so that they are directly involved in the child's teaching process. This direct involvement is very influential on the development of children.

Be Positive and Confident in Handling Child Development.

Intensive care can help people with autism, but everyone involved is inevitably faced with frustration and discomfort when trying to communicate with a child who is underprivileged, disinterested, or even unintelligible. Under this kind of pressure, even the warmest and most loving parent can completely lose his mind, even turning into a screaming maniac (Lovaas, 1996). The struggle to improve the quality of life of autistic individuals that can last for years, the uncertainty of the child's future, and the lack of clarity on the final outcome of treatment often affect the lives of parents and families. It is not uncommon for even the most confident parents to become depressed and sickly, because they are worried about the future of their beloved child. It is important to emphasize group handling. The formation of groups also prevents the occurrence of extreme fatigue ("burn-out") in parents from doing everything on their own. This "group" can consist of: therapists or teachers, assistants, parents, caregivers, educators

in schools, parents' siblings, grandmothers, students, even assistants. The important thing is that whoever works in the children's group must be willing to learn, and willing to accept the situation of the children as they are. Whatever skills are needed, can be learned together; but the willingness to accept the child's condition must come from the bottom of the heart. Generally people with autism are sensitive, so their response is often influenced by the attitude of the environment towards them. The more they accept their circumstances, the better the likely response. The more they feel 'unaccepted', the harder it is to form personal contact with them.

CONCLUSION AND IMPLICATION

The findings of this study suggest that because autistic children's conditions differ from those of typical children, the parenting practises used by parents of autistic children have their own unique particular. Because autistic children have difficulties hearing and communicating, as well as making little to no eye contact and showing minimal facial reaction, parents of autistic children must possess specialised expertise about how to care for and teach their children. Parents must be patient when disciplining children to be obedient and obedient to what has been taught in order to teach autistic children independence in daily tasks such as bathing, clothing, urinating, defecating, and other activities. Additionally, as some foods should not be ingested by autistic people, parents must control their autistic children's diet and nutrition. Children's aggression can be avoided by providing special food settings for autistic children.

REFERENCE

- Handayani, Eko. (2008). Anak dengan Gangguan Autism. Universitas Terbuka: Jakarta.
- Rahayu, S.M. (2014). Deteksi dan Intervensi Dini Pada Anak Autis. *Jurnal Pendidikan Anak*. 3(1).
- Triantoro, S. (2005). Autisme: Pemahaman Baru Untuk Hidup Bermakna Bagi Orang Tua. Yogyakarta: Graha Ilmu.
- Widodo, J. Deteksi Dini dan Scernning Autis. tersedia dalam <https://autisme.blogspot.com>.
- Suteja, J. (2014). Bentuk dan Metode Terapi Terhadap Anak Autisme Akibat Bentuk Perilaku Sosial. *Jurnal Edueksos*. 3(1).
- S. A. Nugraheni. (2012). Menguak Belantara Autisme. *Buletin Psikologi*. 20(1-2):9-17.
- Astuti, F. D., dkk. (2018). Factors Associated with the Risk of Autism in Children Under Five Years of Age: A Path Analysis Evidence from Banten. *Journal of Maternal and Child Health*. 3(4):278-286. <https://doi.org/10.26911/thejmch.2018.03.04.05>.
- Banoet, J., dkk. Karakteristik Prosocial Anak Autis Usia Dini di Kupang. *Jurnal PG-PAUD Trunojoyo*. 3(1). 1-75.
- Baker, Bruce L. and Alan J. Brightman, Steps to Independence- Teaching Everyday Skills to Children with Special Needs. (1997). Paul H. Brookes Publishing Co. Inc, Baltimore, US.
- Hodgdon, Linda A. MEd, CCC-SLP, Solving Behavior Problems in Autism – Improving Communication with Visual Strategies, (1999). Quick Roberts Publishing, Michigan- US.
- Holmes, David L. Ed.D. (1997). Autism through the Life Span, The Eden Model; Woodbine, USA.
- Greenspan, Stanley, MD and Serena Wieder, PhD. (1998). The Child with Special Needs, Perseus Publishing, US.