

Family Management on Children with Autism: A Phenomenological Study

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Abstract

Background: Children with autism had disabilities in their physical, mental, cognitive development and socialization function, which then brought care giver burden. **Method:** This research used phenomenological approach by involving three type families and was conducted in Pontianak, West Borneo. **Result:** This research found four themes in nuclear families: the role of parent in treatment of autism, the role of nuclear family as a caregiver for autism, the virtue of therapy for children and mood changes as parent. Three themes in extended family: the role of parent in treatment of autism, the role of extended family as a caregiver autism and mood change as parent. Three themes in single parent: the role of single parent with children autism, the virtue of therapy for children and consequences as a single parent. **Conclusion:** Each type of family had differences of parenting pattern and burden level in treatment of children with autism.

Keywords: Autism, Extended Family, Nuclear Family, Parenting, Single Parent

1. Research Background

Family consists of at least parents and children, who must be able to play their role and function in the process of children development, so the children can grow into a person who meets the expectation of family and society (Nainggolan, 2016). The expectation of a husband and wife definitely want to have child born in healthy and perfect condition. In fact, not all children born in this earth with perfect condition, some of them born with physical or psychological limitations, so that they cannot function as normal humans generally or they are called as children with disabilities (Winarsih et al., 2013). The existence of children with disabilities in a family tends to bring a new dynamic to the family. Some families undergo difficulties in facing those dynamics in their family (Sujito, 2017). One of the types of children with disabilities is children with autism.

The symptoms arising from Autism will appear every time, therefore, the treatment needs to be given continuously. Moreover, the treatment requires a lot of energy and cost in an effort of countermeasures and it cannot guarantee the achievement of expected treatment outcome. Thus, it will cause extraordinary fear and hit for the parent when the child is diagnosed as an autism child. The changes that may occur in the family cause

parent and sibling making changes and a lot of sacrifices in the family function optimally (Baghiroh, 2019).

WHO (2017) has predicted the prevalence of worldwide population with Autism is about 1 of 160 children who tends to increase approximately 15-20 per 10.000 children. More than 50 researchers from 21 countries have found that the prevalence level keeps increasing (Kurnia & Muniroh, 2018). Centers for Disease Control and Prevention (CDC) 2014 has reported that the case of autism spectrum disorder overall among 11 ADDM sites is 16,8 per 1.000 (1 of 59) eight-year-old children. The prevalence of autism spectrum disorder in United States of America in 2016 has also increased comparing to the other countries, about 168: 10.000 children (Primasari & Supena, 2020). The autism case increases significantly, it is estimated to increase about 500 children every year in Indonesia. Based on Central Bureau of Statistics in 2016, the number of autism patients is estimated to reach about 2,4 million people. The number of autism children in Pontianak is about 91 people, in Rumah Autis Sayang 6 patients, RSJD Sungai Bangkong 22 patients, Autis Center 14 patients, SLB Kinasih 9 patients, and Sekolah Luar Biasa Autis of West Borneo 40 patients (Nurmanila, 2019).

Family plays a significant role in children personality and character building as well as becomes the first external environment for the children to grow and develop. The parents should give more attention and affection, the presence of absence of support from partner and other family members in treatment, parenting, and care of autism children is also very potential for autism children development, especially in the beginning or critical stages. Taking care of children with disabilities will bring extra challenge that can affect parent capacity to be consistent, emotional adjustment, their relation with their children and other family members. Specifically, coercive parenting practice, difficulty of emotional adjustment from the caregiver, and conflicts that may appear on children relation with the caregiver affect development and maintenance of emotional problem and behavior of children with developmental disabilities (Fathonah & Hernawati, 2018).

The care process of autism children does not only depend on medical therapist, but also the involvement of parent and family. Many other family members besides parents such as grandfather, grandmother, siblings, or caregivers are also involved in intensive assistance for autism children during the treatment process. The parent's reason is varied, for example, busy work, so they may put extra attention to the other smaller children compared to their autism children, they are less likely to accept the presence of Autism children, so they are indifferent, lack of support from the other family members, economic problem, or lack of knowledge in autism children treatment. Therefore, this research is aimed to identify the variety of life situation handling of each family member with autism children in the home.

2. Method

This research used qualitative method to explore family experience with autism children in West Borneo. This research exerted interpretive phenomenological approach. The interpretive phenomenology emphasized on meaning of a phenomenon, so it was not only described, but it was the result of interpretation from the researcher herself (Creswell, 2012; Polit & Beck, 2014). The participants in this research were every family who has autism children with various types of family: nuclear family, extended family, and family with single parent. The number of participants until it reached saturation was about two extended families, three single parent, and three nuclear families. The participants were obtained from nuclear families, extended families, and families with single parent who have children with Autism and lived together in one home. The research was accomplished in June 2022 and conducted in Pontianak, West Borneo by exerting some therapy centers.

The researcher would determine whether the participant candidate fulfilled the requirements and after it has been suitable, the researcher explained the research objectives, time, and place. The researcher came to participants according to the agreement that has been made, so explained the participants' rights to participate in the research voluntarily, and got the rights to be well-treated and not harm the participants. The research process would be conducted when the participants understood explanation and willing to follow this research process. The interview with participants was conducted in depth along with the guidelines. The interview was aimed to achieve the pattern of parenting on autism children who lived in nuclear, single, and extended families. The results of in-depth interview are in accordance with the researcher's ability and experience in developing questions for participants. The researcher used recorded and field notes besides personal protective equipment worn during the process of data sampling in the pandemic era. All recorder tools and notes were used to record all information during the interview (Creswell, 2012).

The data analysis exerted Phenomenological Analysis (IPA). The researcher conducted analysis after completing verbatim transcript. The analysis was started by keywords search and category and then subject matter grouping into sub sub-themes, sub-themes, and themes written in the form of table. The researcher conducted the process of data sampling, and data reduction by summarizing and selecting and also focusing on important things according to the theme. Next, when the theme was found, the following step was data presentation and conclusion, or data verification. The data verification was an attempt to search, test, recheck, or understand meaning, regularity, patterns, explanation, plot, cause and effect, or preposition (Wandi et al., 2013). This research has achieved ethical clearance from research ethics commission of High School of Nursing of Muhammadiyah Pontianak with following permission number: 298/II.1.AU/KET.ETIK/XII/2021.

3. Result

The research result along with in-depth interview method on family participants with autism children obtained the following demographical data from each participant as below:

Table 1. Participant Characteristics

Family Type	Code	Educational Degree	Profession
Nuclear Family	P1	Senior High School	Housewife
	P2	Senior High School	Laborer
	P3	Senior High School	School
	P4	Bachelor	Housewife
	P5	Bachelor	Private employee
	P6	Elementary School	School
	P7	Junior High School	School
Extended Family	P1	Junior High School	Housewife
	P2	Senior High School	Laborer
	P3	Elementary School	Laborer
	P4	Elementary School	Housewife
	P5	Senior High School	Housewife
	P6	Senior High School	Businessman
	P7	Elementary School	Housewife
	P8	Elementary School	Farmer
Single Parent	P1	Bachelor	Private employee
	P2	Bachelor	Housewife + Tailor
	P3	Senior High School	Private employee

Based on the analysis result of interview data on participants, the researcher gained 4 main themes from the type of nuclear family with 15 sub-themes, 3 main themes from the type of extended family with 13 sub-themes; and 3 main themes from the type of single parent with 13 sub-themes. The themes and sub-themes were figured out in this following table 2:

Table 2. Nuclear Family

No.	Theme	Sub-theme
1.	The Role of Parent in Children with autism Treatment	To identify growth disorder on child's physique since the toddler age
		To feel the difficulty of providing appropriate therapy for children with autism
		To try finding the best treatment for children
		To expect cooperation from several parties for the development of children ability with autism

2.	The Role of Nuclear Family as a Caregiver for Children with autism	To take role as a therapist for children with autism while at home
		To understand children ability relating to multisensory development
		To keep socializing despite worry
		To provide direct attention for children with autism
3.	The Virtue of Therapy for Children	Therapy can help children development in daily basic activities
		Therapy process in therapy place is only carried out by the therapist by reporting to parents
4.	Mood Change of Parent	Feel happy when the child gets a compliment
		Feel happy since after the therapy is given, the child growth makes a lot of progress
		Deny the condition of children with autism
		Desperate with the therapy
		Worry about the condition of children with autism

Table 3. Extended Family

No.	Theme	Sub-theme
1.	The Role of Parent in Children with autism Treatment	To identify growth disorder on the child's physique since toddler age
		Challenges encountered by the mother with children autism
		To try searching for the best treatment for the children
2.	The Role of Extended Family as a Caregiver for Children with autism	To take role as a therapist for children with autism while at home
		To identify the development of children ability in doing daily basic activities
		To understand children ability relating to multisensory development
		To keep practicing socialization despite worry
		To provide attention for children with autism
3.	Mood Change as a Parent	Keep being grateful for the condition without comparing to the other children
		Accepting God's decree
		Expressing emotion to children
		Feeling sorry to see the child's condition
		Feeling sad to accept stigma from environment
		Feel tired to take care of children with autism

Table 4. Single Parent

No.	Theme	Sub-theme
1.	The Role of Single Parent with Children autism	To try looking for the best treatment for the children
		To play a direct role as the therapist for children with autism during at home
		To identify growth disorder of children since toddler age
		Positive expectation for the children growth
		To identify the development of children ability in doing daily basic activities
2.	The virtue of therapy for children	Improvement in children emotional
		Motoric improvement
		Cognitive improvement
3.	The consequences as a single parent	Being though in dealing with life
		Being wise in children parenting in the middle of society environment
		Support from many parties is source of strength
		To make sure the children safety while doing other activities
		Economic burden is a challenge

Nuclear family was a family which consisted of father and mother and siblings who lived in one house. In this research, the nuclear family lived together with child autism who was undergoing the treatment together and directly.

3.1 Theme 1. The Role of Parent in Children with autism Treatment

Father and mother as parent of children with autism took care of the child directly. They played many roles, for example they should identify growth disorder of their child's physique since toddler age. Moreover, they noticed changes on their child and attempted to give an appropriate therapy for the child although going through some difficulties. All attempts that have been exerted to provide treatment including appropriate therapy for the child, the parent has expectation. They hoped for cooperation from all parties including to health officer or government to help the treatment for the child. This situation was illustrated in this following citation.

“Based on neurologist, he has explained motoric factors, and other sense delay, for instance walking delay” P4

“When I sent my child to the school, I went around all the schools but they rejected, I said that my child can read, write, and even identify colors, but then, when I said that my child was autism, our school application is rejected, without any compromise” P5

“The first is that our child can live independently as the other can, other children, surely, when he grows, he can easily understand, we want him to be a normal child as the other, but in this current condition, we only expect that he can be independent” P4

3.2 Theme 2. The Role of Nuclear Family as a Caregiver for Children with Autism

The family members mentioned in nuclear family were father, mother, and child. In this research, the one who played as a caregiver in the family was not only father and mother, but also sibling of children with autism. The brother was also involved to give treatment for his children with autism sibling while the father and mother were not at home. The brother also helped to provide therapy or activity in order to stimulate child ability at home. This situation was illustrated in this following citation:

“Sometimes when at home, I bought for him like cards, so he can understand what he is going to write” P5

“He likes coloring activity the most, he likes it the most. Listening to the music? He also likes playing piano the most” P1

“I tell him, I put something in a reachable ordinary place, but he cannot take it” P6

“It seems to be like that, it more leads to misgiving, more attention, so everywhere, it’s like seeing to him continuously” P7

3.3 Theme 3. The Virtue of Therapy for Children

Children with autism needed therapy to develop the ability in doing their daily basic activities. The parents attempted to look for the best therapy and find advantages from the therapy taken. The process of therapy in therapy center or school was only performed by the therapist without involving the parents. The therapist would report to the parents after the therapy process ended and suggested to continue to the therapy practice at home. This condition was illustrated in this following citation:

“The development report is here, we have it, when he is in autism treatment center, he has report, in every semester” P4

“When he wants to pee, he does not take it carelessly, he does not, he enters to bathroom, he wears cloth himself cleverly” P1

“Ordering some simple things like taking water may be ordinary for him” P7

“Like prayer, he prays but in his own version, in the full prayer reading” P5

3.4 Theme 4. Mood Change as a Parent

The parent with autism child often has changes of psychological condition. They felt it since the first time they found the child condition was different until now so far while having treatment. The parent sometimes felt happy when the child got a compliment and the growth was developed. Further, the parent often felt worried or even desperate with the child's condition. At the time of knowing the child's condition, there might appear rejection with the child's condition until they could accept it. This condition was illustrated in this following citation:

“Since he has therapy, thank God, it helps his condition. He can wear cloth himself” P4

“But, when we are hopeless, all will end here, and how is about the child? It is different when the parent who take care of if” P5

“If he is sent there, so he will join other children, no special treatment for him, so we are afraid that this child will experience more setbacks” P5

“It is so different, isn't? But over time we can accept the condition” P6

Extended family was consisted of father, mother, and sibling also grandfather and grandmother who lived in one home. This research involved a extended family who lived with autism children who was undergoing treatment directly and finally found these following themes:

3.5 Theme 1. The Role of Parent in Children with Autism Treatment

The parent in a extended family gave treatment to autism child by frequently sharing tasks to the other family members. The father and mother also performed a direct treatment while they were at home. They started to identify disorder symptoms in their child during their toddler. The mother found it as challenge during the child treatment, although the other family members could help. The change in the child's condition kept requiring the parents to look at the best treatment. This condition was illustrated in this following citation:

“But I found that she is a little bit different in her growth, but I am not comfortable with the parents. From the behavior, she is not as the other normal children. From the beginning, I seem to have understood the possibilities that happened with her, it is just her mother is easily offended. Then, it seems to be difficult saying the suspicion that she is autism and has difficulty speaking.” P4

“Once, other people suggest me to check in the hospital about her condition. But, how can we send her to the hospital? We need to pay bills; we don't have money, so I just give up” P1

“Saying that your child has disorder, abnormality, difficult in understanding lesson, so I gave her therapy, the first therapy at X street, for 6 months, and then in Autism Center.. I just sent her for therapy, when she was at kindergarten, she suggested to be brought there, to the therapist” P5

3.6 Theme 2. The Role of Extended Family as a Caregiver for Children with Autism

The family member in the type of extended family including to grandfather and grandmother were usually involved in the direct parenting. In fact, the role of grandfather and grandmother often substituted the role of parent. They helped to be therapist while at home and giving more concern and attention to the child. The involvement made them understanding child condition and child ability in doing activities. They also taught the child to keep socializing and put aside worry. This situation was illustrated in this following citation:

“We serve, Dad will pick up you later, Dad will wait in Ampera, and bring you to Kakap, I am just waiting, I am tired, later at 1 o'clock, or half past 2, MIN students will out of school. about one to fifteen, that is why she is tired, she just got home but have to go again, just in Thursday around the therapy hours, if it is not, I am back to Kakap” P5

“But sometimes my child was also playing together with my nephew, the game that was commonly played at home when she started acting naughty, so I scolded her to understand” P1

“At the midnight before sleep, she was asked to pee by the grandmother, she was able to tell us when she wants to defecate, say when she was full or hungry, and say when she wanted something” P6

3.7 Theme 3. Mood Change as a Parent

Parent experienced through emotional changes since the time they finally could accept condition of autism child until now in the child treatment process. They often felt tired taking care of child with autism spectrum disorder until they might express emotions to the child. The parent also received stigma from the environment and felt sad when seeing the child's condition. Even though, they keep being grateful for the child's condition without comparing to the other children. They only thought that it was God's decree. This condition was illustrated in the citation below:

"I am not, Miss. When I am with him, I don't think it is weird, I feel he acted usually, the important thing is that he can speak, stand, and walk, so I will not compare him to the other grandchildren, nevertheless, I consider him as a normal child" P7

"But, when he was 4 years old, our child could not speak and get that kind of treatment. So, I was desperate" P1

"Sometimes, I felt pity for her condition, as when she was in a conversation, she could not connect what it meant, then I usually correct her" P4

Single parent was defined as a family which was consisted of only a single parent who lived with the child. In this research, the mother was a single parent who lived with her children with autism. The experience of mother who lived alone with autism child and played her mother role as the only one family's backbone obtained these following themes:

3.8 Theme 1. The Role of Single Parent with Children Autism

Mother as a single parent attempted to give the best treatment for the child. The mother also attempted to look for medication until her role as a therapist at home. The mother started to identify her child's condition in toddler age and decided to accompany the growth and development of her child's ability in doing activities. The mother has also a big expectation to the child, although she knew that the child was different and autism. The following citation would illustrate the statement above:

"We were definitely able to differentiate by comparing to the first child, since then, we immediately brought her to Autism Center" P1

"She was ordered to do rocking activities and taught how to take a bath, but she must be shouted at while teaching. Her mother also shouted at her child the same. Since I knew that my child was like that, here it was" P2

"I noticed that she could not speak, she liked playing remote and looking at the fan, and I felt that this childless normal actually" P3

3.9 Theme 2. The Virtue of Therapy for Child

The therapy given to child could obtain advantages for the development and growth. After fulfilling the therapy session, the mother found that better emotional child development. The motoric and cognitive ability on child were also increased. The following citation would illustrate the statement:

“A lot of changes, when we are at home, taking care of the child is mostly about a few hours, the most of our time is cooking or doing something else, by having therapy, she is already able to walk and then in the next time she can sing” P2

“There must be changes, for instance she is able to know number, write, when I asked her to write, she can obey the order” P3

3.10 Theme 3. The Consequences as a Single Parent

Mother has a double role in the single parent, she not only played the role of mother who took care of child, but also the role of family's backbone. The mother as a single parent might encounter burdens such as family finances and must assure the child's safety before she was left for work. This condition insisted she be a firm figure to live everyday life. The mother got support from family and environment which were the source of her strength. The mother tried to always look wise in parenting and handle social response to her child. The following citation which illustrated about the statement was written below:

“When I move for the first time, I have already told her that she was autism, we moved here only for the therapy, for the goal of outpatient, and they agreed at the beginning” P2

“Alone, sometimes I left her here, and sometimes I sent her to Alma Orphanage” P3

“They have already known about it, it was trembling before, but sometimes people came to help. It is, because this one alley was like a family” P1

“Yeah, here she is, she cries and does not want to be calm. This kind of child cannot be forced, meanwhile the therapy must be firm, otherwise she cannot understand” P1

“Since, I must go for motorcycle taxi in the morning. Taking kids to the school. It is not online, taking kids to school and bring them back to home. I accepted people's request, for example vegetable groceries, it sounded like delivery service. I also used to sell mie, I sell anything, like cakes” P3

4. Discussion

Autism Spectrum Disorder (ASD) was a series of symptoms due to brain nerve damage and growth disorder which cause children to have communication and socialization disorder (Bimantara et al., 2015; Kurniawan & Rakhmawati, 2018). The important role of parent was needed to identify and manage functional disorder on children with Autism Spectrum Disorder (ASD) (Viljoen et al., 2021). The children with autism have characteristics of difficult to focus, get bored quickly, and unable to control unwanted motoric movement (Al Irsyadi & Rohmah, 2017). Usually, the autism children did not only have one disorder, but a complication of sensory, vision and hearing problems (Johnston et al., 2018). The symptoms of Autism Spectrum Disorder (ASD) generally appeared in the beginning stage of children growth (Shabbir et al., 2021). Based

on the signs and symptoms, ASD was divided into two characteristics: social and communication disorder and repetitive behavior and stereotype (Marlow et al., 2019).

Taking care of children with Autism Spectrum Disorder (ASD) continued to be challenging for parents especially mother (Zhao & Fu, 2022). Choosing an appropriate and accessible therapy place was also a challenge for parents. A lot of geographical difference of the region such as urban areas and remote areas could cause a different health service system (Viljoen et al., 2021). The other factors were diagnosis delay, referral process, insufficient primary service officer and availability of health service (de Vries, 2016; Franz et al., 2017). The family with autism children also needed extra cost for their children treatment and medication (Rogge & Janssen, 2019). The parents should have their own cost or health insurance for treatment cost and appropriate therapy for the children. The cost that must be spent by this family would affect economic or financial condition including to buying power and family profession to fulfill life needs (Meng, 2017; Rogge & Janssen, 2019).

The therapy could help children overcoming their limitation. The therapy included behavior therapy, occupation therapy, and medication (Maghfiroh & Rifati, 2019). Those therapies could be performed according to the symptoms arising on each child. Currently, a lot of technological therapy developments have been approved to deliver positive effects on children (Mohd, 2020). The technological-based therapy allowed it to be conducted with a multisensory mix between audio, video, or visual (Span et al., 2015). The current therapeutic options those were easily accessible by parents such as game-based therapy, video games, and mobile-based educational therapy (Viola et al., 2021; Al Irsyadi & Rohmah, 2017). The parents could choose the therapy according to the children need and family economic condition.

The treatment of autism children which involved cooperation of all family members has emphasized the importance of building relation with the parents based on mutual respect and open communication. They should adapt to each other's need and family priority to directly allow the parents taking choice and control of medication decision for the children (Hartley & Schultz, 2015). Further, the parents could control eating dietary habit and give therapy for them in order to develop children's ability while at home. The parent involvement in the process of intervention for autism children was really significant (Samadi & Samadi, 2020). The parents participated within children treatment in order to develop their ability of motoric, social, and cognitive function (Braden et al., 2022). Besides teacher and therapist on the community-based nursing model, the family was involved by suggesting the family continuing school learning for autism children at home (Braden et al., 2022). The parent and family involvement and participation were really important in the process of therapy (Bujnowska et al., 2019; Jordan et al., 2021). They could identify directly about the limits of children ability and need that should be developed (Hodges et al., 2020). A long interaction affected the family members understanding verbal and cognitive ability and behavior of children.

Understanding the children ability and children dislike would enable us to control them (Braden et al., 2022).

The burden of child care experienced by parents could trigger parenting stress. Through some supports, the parents could decrease stress and improve psychological welfare of parents (Hartley & Schultz, 2015). The functional disorder on children was the main source for parents to look for help. Meanwhile, physical disorder on children could cause stress and life quality disorder of parents (Viljoen et al., 2021). The psychological condition of parents might change too along with the time passing according to the children development and change of parenting burden, also role and responsibility within the family (Hodgetts et al., 2015). Feelings of rejection and burden would appear together along with the hope of a changeable and better future of their children (Bonfim et al., 2020). Overtime with adaption to the child's situation, the acceptance would appear on every parent. The mother would be able to accept her child's condition due to that many people support her, change her mindset that she was not the only one who has autism child and believe that the child was a God's gift (Indiarti & Rahayu, 2020).

The parents experienced emotional stress, anxiety, fear, and guilty feeling while seeing their child's condition. Based on the effectiveness of child-based nursing model, the parents with any psychological pressure simultaneously showed some positive feelings (Samadi & Samadi, 2020). The caregivers of autism children showed a positive psychology when they have affection on themselves and family, and put priority on their self-interest. The single parent who played as a caregiver chose to make peace with this difficult situation (Schlebusch & Dada, 2018). Furthermore, the children tended to have intellectual disorder, obstacles in daily basic activities, emotional increase, and behavior pattern disorder which then required treatment and high financing. Those burdens were at risks of caregivers' mental disorder (Salomone et al., 2018). The challenge that must be encountered by a single parent was to accept stigma and negative opinion from social environment or family. The family sometimes did not provide support, instead of blaming the parents because of having different or abnormal child (Viljoen et al., 2021; Zhao & Fu, 2022).

The demands for a complex parenting on children with Autism Spectrum Disorder was to modify the environment, monitor non-compliance, handle with behavioral disorder, and maintenance the children safety (O'Nions et al., 2018). The parents also attempted to physically restrain the children to prevent any harmful behavior. This attempt included keeping the door locked, so the children would not leave home unnoticed and saving dangerous goods that were at risk of injuring children (Hodgetts et al., 2015; O'Nions et al., 2018). The mother as a single parent also has job and always attempted to be strong through her twists and turns of life (Qintari, 2021). The attempt that could be done to assure the children safety when they were left for work was to send them to sibling or relative or orphanage under therapeutic media. So, the children were not only left, but they also got therapy for growth stimulus.

The parents also make efforts in building a positive relation and active interaction with the social group in surrounding environment (Zhao & Fu, 2022). The good relation with environment would enable the rise of a positive response from the environment for family, so the environment could accept the children condition. The parents should also settle with social stigma that might increase their stress level from the children with autism (Herna et al., 2020). The low support from environment to autism status could arouse social distancing imposed by the mother herself (Devenish et al., 2020). To handle with this condition, the mother should be able to keep being wise as her attempt to reinforce and strengthen the mother's emotional and mental. The wisdom could appear due to the process of mother's adaptation towards social rejection for children's condition until positive acceptance.

The mother's positive expectation was initiated from a positive mind that the children who have this difference were the God's gift as the path for her to the Heaven (Qintari, 2021). The parent acceptance to children condition was established from social values and norms in the society (Aba et al., 2020). The parents kept expecting for good future of their children, since they took their children to therapy and various activities, so the children could have other advantages and skills as their life provisions (Holmes et al., 2018). The parents of children with Autism Spectrum Disorder (ASD) have similar expectation that their children could grow normally as the other children in the same age (Aba et al., 2020). However, every parent has different hope concerning to playing, communication, interaction, behavior, and daily life skill which were depended on the process of their children development (Yazıcı, 2020).

5. Conclusions

Autism Spectrum Disorder was a series of symptoms due to brain nerve damage and growth disorder that caused children to have communication and socialization disorder. However, the autism children could grow and develop in the different family types. Each type of family has their own way and parenting method. The type of extended family and nuclear family with the family member who were still able to help autism children treatment have different experience pattern if they were comparing to single parent. The single parent was a type of family with one mother or father who lived with the child. The mother as a single parent played more roles besides her role as a mother and she has to be strong in fulfilling the daily life needs, therapy costs, and dealing with stigma from the environment. Meanwhile, in the extended family type, the children care was also helped by the grandfather and grandmother who were involved to give direct attention, and they even helped the children treatment while the parents must be outside of home. In the type of nuclear family, the children care was focused on father and mother also siblings of child with autism, they gave their attention and invited the autism child to socialize without feeling embarrassed. The parents who initially rejected this condition felt tired, and desperate until expressed emotions to the children would finally end with acceptance and gratitude, even though their child was born with autism.

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