

Phenomenological study of the experiences of mothers who have children with autism at SLB Muhammadiyah Bayongbong, Garut Regency

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ABSTRACT

The prevalence of autistic children in Garut Regency in 2022 is 96 people from 14 schools. The number of autistic children at the Bayongbong Special School is 18, of course for children who experience developmental disorders there will be an impact felt by mothers who have autistic children with the emergence of psychological, social and economic burdens. Of course, every mother who has a child with autism will experience different experiences from one mother to another. The aim of this research is to find out what the experiences of mothers who have children with autism are. This research method uses a qualitative method with a phenomenological approach. Sampling was taken using purposive sampling with three informants and data collection techniques in the form of in-depth interviews. The research results obtained 5 themes 1) symptoms of autistic children, 2) informants' feelings when they found out that their child was diagnosed with autism, 3) coping mechanisms, 4) psychologist's burden, 5) extended family support. It is hoped that the results of this research will provide information about the experiences of mothers who have children with autism, be used as supporting data and references in improving the quality of health services for children, and it is hoped that this research can be used as basic data and a source of information or reference for future researchers regarding mothers' experiences. who have children with autism.

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INTRODUCTION

Children with Autism Spectrum Disorder (ASD) continue to increase every year. According to WHO in 2018, it is estimated that 1 in 160 children in the world suffer from Autism Spectrum Disorder (ASD), while the number of autistic sufferers in Indonesia is estimated to increase by 500 people every year. In 2020-2021, 5,530 cases of developmental disorders in children were

reported(de Jong, 2018). The West Java Provincial Social Service (2020) stated that the number of people with disabilities in West Java is 27,600 people, while there are around 500 people with autism. Based on data obtained from the Region XI Garut Education Service Branch Office, in 2022 in Garut Regency there were a total of 96 autistic children.

Autism is a developmental disorder characterized by impaired communication, language, social interaction, as well as an interest in certain things and repetitive behavior(Syaputri & Afriza, 2022)(Safitri, 2020). This statement is clarified with an opinion(Chasanah & Supandi, 2020)which explains that social interaction disorders are characterized by liking to be alone, no eye contact, and no interest in playing with friends. Communication disorders that can be seen are delays in speaking, and speaking using language that is difficult to understand. And behavioral disorders in autistic children are hyperactive or hypoactive, aggressive, and like to hurt themselves. They tend to have great difficulty controlling their emotions and often have temper tantrums (crying and throwing tantrums). Tantrums are the most typical symptoms that affect children's interactions in their environment(Sukatin et al., 2020)(Palintan, 2020). Based on opinion(Sughiana, 2018)Autistic children who receive good guidance, training and education will be able to have social interactions and approach a normal life. It has been proven that autistic sufferers can survive and achieve because of the continuous support of parents and family.

Rejection of autistic children is seen when they find it difficult to be accepted in the environment like other normal children(Kurniawan, 2021)(Husna et al., 2019). This is what parents face and becomes a burden that causes stress for parents. Several sources of stress influence each other, such as family concerns about the future, hopes for the child's recovery, the mother's ability to care for the child, acceptance of the family and society, especially financial needs for treatment and education. In general, it can be concluded that the impact felt by mothers of autistic children is the emergence of psychological, social and economic burdens(Sari, 2021)(Nurhayati et al., 2023). Based on research conducted by(Suryaningsih et al., 2020)with the title "Experiences of Mothers Who Have School Age Children with Mental Retardation" it is known that this research has 8 themes including the response of psychologists of mothers who have children with Mental Retardation, the impact on the mother's psychology and physique, family obstacles, community and environmental stigma on the existence of children with Mental retardation, support, family efforts, family expectations for children with mental retardation.

Based on research conducted by(Chodidjah & Kusumasari, 2018)with the title "Mother's Experience of Caring for School-Age Children with Autism" it is known that it shows experiencing emotional stress, needing to control children's emotions, worrying about relationships with other people, worrying about the child's future, facing financial problems, and seeking inclusive education. A phenomenon that occurs in society towards children with autism, autistic children are considered a family disgrace, a curse from God, due to sins caused by their parents' actions(Iskandar, 2020)(Panggabean & Saragih, 2023). This stigma can have a negative impact on the child or family, especially the mother, so that many families still hide, lock their children at home, and do not want other people to know about their children's condition. Based on a preliminary study conducted by researchers at SLB Muhammadiyah Bayongbong, the number of students with special needs in 2022-2023 will be 91 students, and currently there are around 18 students with autism. The results of interviews with 4 parents who have children with autism at SLB Muammadiyah Bayongbong said that after being diagnosed with their child as autistic, the parents felt shocked, and confused about how to care for their child, the client's parents felt very stressed when caring for children with autism, especially when they had tantrums, even 2 parents sometimes reprimanded their children with pinches or punches, parents also said they felt embarrassed and angry when they were insulted by their neighbors and family because they had children with autism. For this reason, mothers need strengthening family support, the ability to manage stress due to the presence of children with autism and completeness in their education and care, so mothers and families need the help of professional health workers, one of whom is a nurse,

especially a pediatric nurse. Nurses, especially pediatric nurses, have a role in the initial assessment and identification of children's behavior that leads to autism, especially during infancy. Delays in diagnosis will result in lost opportunities to provide intervention and maximize developmental stimuli for children (Purnamaningsih et al., 2020) (Kristiana & Widayanti, 2021). The role of pediatric nurses is to empower mothers and families who have children with disabilities or children with chronic conditions by teaching effective communication within the family, helping parents understand their child's behavior, finding appropriate sources of support (Emilia & Prabandari, 2019). Parents, especially mothers, are the ones who are responsible for caring for their children. Mothers act as the main caregiver for their children. Therefore, mothers must learn and increase new knowledge regarding parenting patterns for autistic children that are needed to care for their children (Abidin & Julianto, 2020). Based on various phenomena and data, the researcher was interested in conducting research with the title "Experiences of Mothers Who Have Children with Autism at SLB Muhammadiyah Bayongbong, Garut Regency". Based on this background description, the formulation of this research problem is "what is the experience of mothers who have children with autism at the Muhammadiyah Bayongbong SLB, Garut Regency?" The aim of this research is to describe the phenomenon regarding the experiences of mothers who have children with autism at SLB Muhammadiyah Bayongbong, Garut Regency.

It is hoped that the results of this research can increase information and knowledge for students regarding the experiences of mothers who have children with autism, can increase information and knowledge regarding the experiences of mothers who have children with autism, and as an influence on nursing interventions so that they can become a reference for appropriate health service programs, can be used as additional information and data sources for researchers who wish to conduct further research regarding the experiences of mothers who have children with autism.

RESEARCH METHOD

This research on the experiences of mothers who have children with autism uses a qualitative research design. Qualitative research is a systematic and subjective approach used to describe the experiences of mothers who have children with autism (Sujaweni, 2018). According to (Yani, nd) Qualitative research is research used to examine the condition of natural objects, where the researcher is the key instrument, data collection techniques are carried out using triangulation (combination), data analysis is inductive, and the results of qualitative research emphasize meaning rather than generalization.

Mothers who care for children with autism certainly have uniqueness and differences from each individual, in this research it is necessary to use a qualitative design with a phenomenological approach. Phenomenology is a qualitative research method that is applied to reveal the common meaning that is the essence of a concept or phenomenon that is consciously and individually experienced by a group of individuals in their lives. This phenomenological research aims to look and listen more closely and in detail to explanations about the experiences of mothers who have children with autism (Shidiq, 2018). A research variable is an attribute or trait or value of a person, object, organization, or activity that has certain variations determined by the researcher to be studied and then conclusions drawn (Sugiyono, 2017). In this study there is one variable, namely a single variable. The definition of a single variable is a variable that only expresses one variable to describe the elements or factors in each symptom that includes that variable (Pasolong, 2020). The variable used in this research is only one variable or single variable, namely the experience of mothers who have children with autism.

The operational definition explains the operationalization of research variables with variable indicators, namely the mother's experience. Mother's experience is everything that is experienced, felt or experienced by the mother, whether it has happened a long time ago or has just happened, so that it can be a guide for mother's learning. The measuring tool used in this research

is interviews. Subjects or informants in this research were selected using purposive sampling. As stated by (Sugiyono, 2017), the determination of data sources for interviewees was carried out purposively, that is, they were selected with consideration for a specific purpose.

The informants in this research were mothers who had autistic children. The sample used was mothers or those responsible for caring for children with autism. The population of people with autistic children at SLB Muhammadiyah Bayongbong Garut will be 18 people in 2022 (Branch Office of the Region XI Garut Education Service, 2021). Determining the sample size (participants) in qualitative research cannot be determined beforehand and is only temporary. So determining the sample unit (informants) or determining the number of respondents is considered adequate if it has reached the level of redundancy (data is saturated, plus informants or participants no longer provide new information) as stated by Lincoln and Guba in Sugiyono (2017) that Qualitative research sample specifications cannot be determined beforehand. Sampling in this study used a purposive sampling technique where the researcher chose samples that were accessible and made it easier for the researcher. The ideal number of participants in qualitative research using the phenomenological method is 3-10 people (Nursalam, 2016). The informants in this study were 3 mothers or those responsible for caring for children with autism at SLB Muhammadiyah Bayongbong Garut, with the sample inclusion criteria being: Able to communicate well, living at home with an autistic child, not having serious physical illness, caring for the child well. autism, autistic children aged 6-12 years.

The data collection technique in this research uses an interview technique, namely in-depth interviews where the researcher is directly involved in depth with the lives of the subjects being researched and where these interviews are structured and carried out using previously prepared guidelines. (Sunggono, 2003). In-depth interviews are collecting data from sources or informants regarding the phenomenon being studied in detail using semi-structured guidelines. The results of interviews like this emphasize exceptions, deviations, unorthodox interpretations, reinterpretations, new approaches, expert views, or single perspectives (Moleong, 2019). In qualitative research, the research instrument or tool is the researcher himself. The underlying reason is that everything is unclear, uncertain and still needs to be developed during research so that humans as human instruments function to determine the research focus, select informants as data sources, carry out data collection, assess the quality of the data, interpret and make conclusions or findings (Sugiyono, 2017). Apart from humans as research instruments, other data collection tools that support the research process are in-depth interviews, field notes and image and sound recorders.

The data analysis technique used in this research is the Miles and Huberman model analysis because this method provides simple, clear and detailed steps. The steps for data analysis techniques using the Miles and Huberman model (Sugiyono, 2017) are: a) Data Collection, this step is converting the results of voice interviews into text (transcripts), scanning material, typing field data or sorting and compiling The data is divided into different types depending on the source of the information. b) Data Reduction, data reduction is a form of analysis that classifies, directs, removes unnecessary data and organizes data that has been reduced to provide a sharper picture of the results of observations into themes. c) Data Presentation, data presentation is analysis in the form of a matrix, network, chart or graphic. In qualitative research, data presentation is carried out in the form of brief descriptions, tables, charts and relationships between categories. By presenting this data, the data is organized and structured so that it is easier to understand. d) Drawing Conclusions, conclusions are drawing conclusions and verification. The initial conclusions put forward are still temporary, and will change if they are not found. They are still temporary, and will change if strong evidence is not found to support the next stage of collection. Conclusions in qualitative research can answer the problem formulation formulated from the start.

This research was conducted on mothers who have autistic children at the Muhammadiyah Bayongbong Special School, Garut district. This research was carried out from

November 2022 to February 2023 which was used to prepare a research thesis. Then March 2023 will be used to collect data and compile research results.

RESULTS AND DISCUSSIONS

In this chapter, the results of research and discussions carried out at the Muhammadiyah Bayongbong Special School have been described. The data collected in this research was carried out using participant observation and asking several questions through in-depth interviews with informants. During the interview, each informant answered questions with different language styles, facial expressions and voice intonations from each other. The interview data has been collected and then transcribed into a narrative text containing the informant's statements, then the transcripts are read repeatedly to obtain the ideas that the informant means, namely in the form of key words for each statement that are important so that they can be grouped. The results are presented in table form with interpretation of each data and the analysis process is carried out while maintaining authenticity and not reducing the meaning contained.

This research was conducted at each informant's home in several different villages. The first informant lives in Sukasenang village, the second informant lives in Simpangsari, and the third informant lives in Karyajaya village. Different room sizes with bright lighting, interview time in the afternoon because most informants work as housewives. Before conducting in-depth interviews, the researcher first explains the aims and objectives. After explaining the aims and objectives of the researcher and the informant, they were willing to become respondents by filling out the informed consent form. The respondents who were informants in this research consisted of three informants, namely mothers who have children with autism at SLB Muhammadiyah Bayongbong. The number of informants was deemed sufficient because it had met the data saturation level, and the researcher did not find any new words from the last informant. The characteristics of the respondents that the researchers describe here are age, religion, highest level of education, occupation, and age of children with autism. The first informant was named Mrs. A is currently 29 years old, Muslim, last vocational school, works as a housewife, has an autistic child who is 8 years old, currently studying at SLB Muhammadiyah Bayongbong.

The second informant named Mrs. N is currently 31 years old, is Muslim, has a bachelor's degree, works as a housewife, has an autistic child who is 11 years old, is currently studying at SLB Muhammadiyah Bayongbong. The third informant named Mrs. R is currently 29 years old, is Muslim, has a vocational school education, works as a private employee, has an autistic child who is 7 years old, is currently studying at SLB Muhammadiyah Bayongbong. Participant characteristics can be observed more clearly in the following table:

Table 1. Informant demographic data

No	Informant	Age	Religion	Last education	Work	Having an Autistic Child
1	I 1	29	Islam	vocational school	IRT	8 years
2	I 2	31	Islam	S1	IRT	11 years old
3	I 3	29	Islam	vocational school	Private sector employee	7 years

Theme Analysis

From the results of discussions and in-depth review of interview transcripts with food informants, researchers formulated 5 themes that emerged in this research, these themes are as follows:

Table 2. Symptoms of autistic children

No	Informant	Informant Statement	Sub Theme	Category
1	1	"..My child walks normally, he can talk "mama" "abah" "nenen" well because I give him a cellphone every day and I never talk to him because of housework and I'm busy playing with my cellphone, from there my child forgets to talk because the focus of the cellphone is on sight and hearing, so it is not stimulated when speaking. Even when called, my child didn't respond. "And it's difficult to socialize with his friends, when he plays he always plays with children under his age, never with friends his own age."	Children's behavior is different	Social interaction disorders, and communication disorders
2	2	"...he doesn't want to write, and if he writes like he doesn't have the energy, he's like a weak person, it's hard to hold a pencil, and he can't concentrate either..."		fine motor disorders,
3	3	"...my child is lacking in socializing, and in speaking it is very difficult to mention vocabulary and almost rarely speaks, at first I was not worried because I thought that my child rarely spoke because he was quiet like his father. And when studying in class, my child has difficulty concentrating, when the teacher explains, he can't stay still and is always wandering around the class."		Social interaction disorders, communication disorders, and behavioral disorders

Based on table 4.2 above, it can be seen that from the results of the interview how behavior was different in autistic children by the three informants, a statement was obtained that the disorders that occurred in children with autism in the first and third informants experienced social interaction disorders, communication disorders and behavioral disorders. The second informant experienced fine motor skills.

Table 3. Rejection reaction

No	Informant	Informant Statement	Sub Theme	Category
1	1	"...Destroyed, sad, regretful, why should I, why not other people, sometimes I want to be like a normal child in general..."	The informant's perspective when he found out that his child was diagnosed with autism	Sad and regretful
2	2	"...It's sad, because of course everyone hopes to have the perfect child..."		sad
3	3	"...I'm really sad, I regret it, I feel like I failed as a mother, I couldn't give the best to my child..."		Sad and regretful

Based on Table 4.3, it shows that the rejection reactions of the three informants were different, such as the first informant and the third informant feeling sad and regretful, not being able to give the best to the client, and the second informant feeling sad because the hope of all mothers was to have perfect children.

Table 4. Coping mechanisms

No	Informant	Informant Statement	Sub Theme	Category
1	1	"...at first I didn't accept it and thought maybe I couldn't talk because I was still small and then I could do it myself, but it turned out that was wrong. and the acceptance phase was long, why	Coping Mechanisms	Emotion focused coping, And Problem focused coping

		did I have to be like that, why wasn't it normal like other people, then first I took it to a psychologist, then I also took it to speech therapy, and then I took it to PKPN. During treatment, I always have tantrums because I don't want to..."	
2	2	"...when at school there were many obstacles in learning, I took him to the doctor, and consulted several psychologists, I didn't believe my child was autistic, but after several doctor's results all said he was diagnosed with mild autism, I surrendered and tried to accept it..."	<i>Emotion focused coping, and Problem focused coping</i>
3	3	"...I asked my friends a lot about my child. Coincidentally, my friend also has a child with developmental disorders, and I took my child to a psychologist on the advice of my friend."	<i>Problem focused coping</i>

Based on Table 4.4, it can be seen that the results of the interview on how to cope with coping mechanisms when they find out that their child is diagnosed with autism, the statement obtained is that the third informant is Problem focused coping where an action leads to problem solving, and the first informant and second informant are Emotion focused coping, and Problem focused coping where an action is centered on emotions and can only accept the situation and take action to solve the problem.

Table 5. Emotional burden

No	Informant	Informant Statement	Sub Theme	Category
1	1	"...I'm annoyed because my child cannot yet be independent in his daily activities. I'm also tired because of what other people say, physically tired because I have to do extra work because I can't be independent."	Emotional problems in caring for clients	Annoyed, and Tired/Tired
2	2	"...I'm annoyed because I have to be helped all the time and can't be independent, I really shouldn't compare it to other normal children, like my sister who is 2 years old, I can be asked to do anything, but my older sister is having trouble with everything, that's why I'm annoyed..."		Annoyed
3	3	"..Upset, because when I come home from work he always calls me and hits me. and I can't be independent when it comes to eating and studying, I have to be really extra in pushing it."		Annoyed

Based on table 4.5, it can be seen that from the results of interviews regarding the emotional burden experienced by the three informants when taking care of their children with autism, it was found that the first informant felt annoyed and tired of taking care of the client, the second informant and the third informant felt annoyed because the client could not yet be independent.

Table 6. Extended family support

No	Informant	Informant Statement	Sub Theme	Category
1	1	"..the support is there, like someone taking me to treatment or during my child's therapy and giving treatment suggestions. Because my husband works outside the city so there is no one to accompany me, that's why my brothers always accompany me."	Support received from extended family	There is instrumental support and informational support

2	2	"..if there was no financial assistance, but the family helped in terms of care and attention, when I was overwhelmed with homework they offered to entrust my child to them..."	There is instrumental support
3	3	"..from the family just helping in taking care of me when I work.."	There is instrumental support

Based on table 4.6 above, it can be seen that the results of interviews regarding family support from the three informants obtained statements from the second informant and the third informant that there was instrumental support, namely staff support in assisting with client care. And the first informant provided instrumental support and informational support because he always directed and provided advice in client treatment.

Discussion

In this sub-chapter, the researcher explains in detail a description of the themes identified from the results of interviews conducted in depth with informants who have autistic children. These themes include: Symptoms of autistic children, rejection reactions, coping mechanisms, emotional burden, extended family support. The themes obtained in the results of this research are described separately, but the resulting themes tell the experiences of mothers who have children with autism.

Symptoms of Autistic Children

From the statements of all informants who felt various symptoms of children with autism shown by the clients to the informants, the three informants revealed that the children's behavior was different. The majority of informants also recognized signs of developmental disorders in clients such as communication development disorders, social interaction disorders and behavioral disorders, and difficulty concentrating. This is in accordance with the definition of autism, Autism Spectrum Disorder (ASD) is a complex developmental disorder involving communication, interaction, social and imaginative activities, symptoms begin to appear before the child is 3 years old. Children with autism have problems in the areas of communication, social interaction, sensory perception disorders, play patterns, behavior and emotions.(Ayuningtyas et al., 2022)

Based on the two informants, clients experienced communication disorders, this is in line with what Yatim (2007) stated that disorders in verbal and non-verbal communication include language skills and delays, or not being able to speak at all. Using words without connecting them to their commonly used meanings. Communicates with body language, and can only communicate for a short time. The other person cannot understand the words or does not use the words in the appropriate context. Imitating or parroting (Ekolalia), imitating words, sentences or songs without knowing the meaning. Parents think that their child is only experiencing delays in the development and growth process. The parents only became aware when various kinds of oddities and oddities began to be seen in their child's behavior, so that the three informants said that the informant was late in providing therapy or other treatment to the client.

Rejection Reaction

From the statements of the three informants, it can be seen that the results of research on the informants' rejection reactions towards children with autism can be categorized into several categories, including the first and third informants feeling sad and regretful, and the second informant feeling sad about the client's condition. This is in line with what Safaria (2019) stated that most parents experience shock mixed with feelings of sadness, worry, anxiety, fear and anger when they learn of the diagnosis that their child has autistic disorder. This feeling arises because children are the future of the family, children whose arrival they have been waiting for must suffer from disorders like other children. Feelings of disbelief that their child has autism sometimes cause parents to look for another doctor to deny the previous doctor's diagnosis. After learning the facts

from various sources, most parents feel very devastated and are forced to accept the fact that their child is autistic.

Coping Mechanisms

The results of this research show that participants said they used two types of coping, namely problem focused coping and emotion focused coping. This coping is very influential on the development of the informant's child because this coping involves the actions that the informant will take in dealing with problems with the informant's child.

The first type of coping is problem focused coping which focuses on the problem. The three informants who have children with autism brought their children to therapy. Apart from bringing them to the therapy place, several informants who used problem focused coping tried to find information about autism. The second type of coping is emotion focused coping which focuses on one's emotions. Several informants tried to be patient, surrender to Allah, and accept their child's condition. When all the informants found out that their child was autistic, they immediately looked for a place of therapy for their child. This was a problem focused coping mechanism shown by the mother. They also tried to find information about autism. This is in line with previous research conducted by Triana and Andriany (2010) regarding stress and coping in families with mentally retarded children, such as autism, which revealed that families with mentally retarded children interpret stress and coping with various meanings, namely acceptance, responsibility, life lessons, exams, trials, and sadness.

The emotion focused coping mechanism was demonstrated by two informants who accepted and surrendered to what was given by Allah SWT. This is in line with research (Marlinda, 2011) in his research he revealed that mothers who have autistic children use more accepting coping mechanisms, namely being patient, drawing closer to God. This is in line with previous research conducted by Claudia and Putu (2019) that mothers use self-adjustment mechanisms and coping mechanisms in an effort to achieve resilience. The self-adjustment mechanisms developed by mothers with autistic children are divided into two, namely the adjustment mechanism to the child's characteristics and the adjustment mechanism to the response to the surrounding environment. Meanwhile, the coping mechanisms developed include self-control, surrender, diversion, seeking information, seeking help, and solving problems together.

Emotional Burden

Based on research results, the emotional burden felt by informants who have children with autism is an accumulation of several categories as follows, namely, annoyed by the behavior of clients who cannot yet be independent, annoyed by the behavior of children who are always having tantrums, and tired of the stigma of society. In the researcher's opinion, the burden of psychologists is felt by all informants, because of the complex problems that informants have to face in caring for children with autism.

The above statement is also strengthened by the opinion (Desvi, Amitya, and Dicky, 2018) that parents who have children with autistic disorders experience parenting burdens which can be grouped into three dimensions. First, the burden related to the personal aspects of parents, namely the emergence of psychological problems such as feeling embarrassed about the child's condition, feeling guilty, or feeling bored with the life they live. Second, the burden related to the obstacles experienced by autistic children, such as difficulty controlling the child's behavior and emotions. And third, the burden associated with the parenting role in general, for example frequently arguing with a partner. The emotional burden experienced by the informant was the amount of energy and time left to take care of a child with autism, disruption of work, limited interaction and socialization of the informant with his environment, reduced attention of the informant to other children, embarrassment at other people's views when the informant brought his child into the environment, worry with the client's future.

Extended Family Support

The family is the most important support system, the family is seen as a system, so if one person in the family is sick or has a problem it will affect other family members. Family involvement in client care can improve optimal results compared to just one individual.

Based on the statements of the three informants, it can be concluded that all informants received help from extended family in client care, both in terms of energy and advice and information provided for the good of the client. According to (Friedman, 2010), family support is the support provided by the family to the patient, consisting of four aspects, namely emotional support, information support, instrumental support, and support in assessment. This is in line with previous research conducted by (Yiyi and Latifah, 2017) that there is a very significant positive relationship between family support and parental self-acceptance. So family support can help informants achieve optimal client healing. The family is the main system for a mother's strength in taking care of her child, in addition to the societal stigma against mothers who have children with autism. With the help of the extended family, whether in instrumental assistance, information assistance, or financial assistance, it is the mother's strength in caring for her child, leading to the mother's acceptance of having a child with autism.

CONCLUSION

Based on the results of research discussions regarding "Experiences of Mothers Who Have Children with Autism at SLB Muhammadiyah Bayongbong, Garut Regency" for three informants who have children with autism, which was carried out from June to August 2023 with five themes, namely: Symptoms of autistic children from Three informants revealed the occurrence of different child behavior, the majority of informants also recognized the signs and presence of developmental disorders in clients such as interaction disorders, communication disorders, fine motor disorders and behavioral disorders. The rejection reaction is feeling sad and regretful. The coping mechanisms used by the three informants were two types, namely problem focused coping and emotion focused coping. Emotional burden, namely being tired/tired of taking care of clients and annoyed with the client's behavior. Family support, all informants received support from the extended family with various forms of support such as instrumental support and informational support.

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