The Influence of Family Social Support on Autistic Children's Social Interaction Ability in SLB Surakarta

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Article Info

ABSTRACT

Background: Social interaction makes it difficult for autistic children to have social relations with their environment. In this case, the family, which is the closest environment and the first place for children in providing the basis for the formation of behaviour, attitudes, and education, has an important role in dealing with the problems faced by autistic children because of their ability to social interaction is very minimal. Support from the family is needed to stimulate the development of social skills of autistic children to live their daily lives. This study aims to provide an overview of the influence of family social support on the social interaction skills of autistic children in SLB Surakarta.

Method: This research is quantitative research with a cross-sectional research design. The sampling technique in this study was cluster sampling, and the number of samples used was 36 respondents. The collected data will be analysed univariately and bivariately. The hypothesis test used is Kendall's Tau.

Result: The results of Kendall's Tau statistical test analysis show a ρ value of 0.015 or ($\rho \leq 0.05$), a correlation coefficient value of 0.381 in the weak category, and the direction of the correlation is positive.

Conclusion: Family social support influences the social interaction skills of autistic children in SLB Surakarta.

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INTRODUCTION

Autism is a complex developmental disorder which causes children to be unable to grow and develop optimally from the beginning of their lives (Farida, 2015). The cause of autism is damage to the brain, resulting in neurodevelopmental disorders and severe neurobiological disorders so that children are unable to interact and communicate with the outside world effectively (America Psychiatric Association, 2013).

Autistic children have prominent main symptoms, which include disturbances in interacting with the environment, disturbances in communication, and disturbances in behaviour (Asrizal, 2016). Social interaction is a real difficulty for autistic children in having social relationships with their environment (Yuswatingsih, 2021). Disrupted interactions in autistic children are caused by language disorders that focus on the cerebellum, so communication and social interactions will also be disrupted. This condition is supported by the habits of autistic children who prefer to be alone and fixated on one thing or object (Ulfah, 2015). Apart from that, autistic children are less able to adapt to their peers and cannot respond to stimuli from other people, causing them to be less able to interact with other people around them.

Social interaction disorders are characterised by lack of eye contact, flat facial expressions, undirected movements, inability to play with peers, inability to feel what other people feel and lack of reciprocal social relationships (Yuwono, 2009 in Ernawati et al., 2015). It is not uncommon for children to interact in their style,

such as screaming, doing something repeatedly, or even banging their heads (Ernawati et al., 2015). Thus, autistic children need exceptional support from their environment, especially the family environment.

The family is the closest environment that plays a significant role because most of a child's time will be spent in the family environment (Rafikayati &jauhari, 2018). The family is the first place for children to provide the basis for forming children's behaviour, attitudes, and education, so it significantly influences children's development. In the family, children receive love, a sense of comfort and family acceptance of their condition, which will significantly influence the child's social development so that it influences the child's social interaction abilities both within the family and society, in adapting, behaviour, social attitudes and trying to live independently (Tuegeh, 2012).

Social support is defined as support or assistance that individuals need and can be obtained from various sources such as family, friends, doctors, professionals, and community organisations (Seno, 2019). Social support is also defined as the existence of other people who can be relied on to provide assistance, encouragement, acceptance and attention so that it can improve the welfare of life for the individual concerned (Saputri & Indrawati, 2013 in Bintang & Mandagi, 2021). Social support from the family will maintain the condition of individuals with autism in interacting in the surrounding environment to influence their development positively.

Autistic sufferers continue to increase every year. Based on data from the World Health Organization (WHO, 2018), it is estimated that 1 in 160 children worldwide have autism. Based on the Centers for Disease Control and Prevention (CDC, 2018) report, the prevalence of autistic sufferers increased from 1 per 150 population in 2000 to 1 per 59 in 2014. The Ministry of Women's Empowerment and Child Protection (KPPPA) explained that referring to the prevalence of ASD, there are two new cases per 1000 population every year with a population of 237.5 million people in Indonesia with a growth rate of 1.14%, it is estimated that The number of people with autism spectrum disorders in Indonesia is 2.4 million people with an addition of around 500 people each year (Firdaus, 2020 in Tahsa & Ekawati, 2021). In 2009, it was estimated that 1 per 500 births were autistic in Central Java. This figure has increased over time (Priyatna, 2010; Rahmawati, 2015). Based on information from the Surakarta Health Service, there is no official data on autism cases. It is estimated that out of every 250 births, there is one child with autism. So, it can be concluded that for every 250 births, 0.4% of children with autism are in Surakarta (Lestari, 2009 in Wardhani, 2017 in Supriyanto, 2021).

Currently, many autistic children have started attending special schools or centres for autistic children in Surakarta. According to Article 32 Paragraph I of Law no. 20 of 2003, Special Schools (SLB) are education for students who have a level of difficulty in following the learning process due to physical, emotional, mental, or social disorders and/or have the potential for exceptional intelligence and talents. One of them is the Surakarta State SLB. The Surakarta State Special School has several special classes, namely the autism class. Of the 184 students with special needs, there are 40 students with Autism Spectrum Disorder (Sukamto, 2019 in Amalia, 2020).

The role of parents is crucial in dealing with the problems faced by children, especially autistic children, because their social interaction skills are very minimal. Support from the family, especially parents, is needed to stimulate the development of autistic children's social abilities to live their daily lives. With family social support, autistic children will feel loved and appreciated so that their existence can be a guide in interacting with family members and developing them in the social environment.

Based on the description above, the author is interested in researching "The Influence of Family Social Support on the Social Interaction Abilities of Autistic Children in SLB Surakarta."

METHOD

This type of research is quantitative research with a cross-sectional research design. According to Siyoto & Sodik (2015), cross-sectional research is used to study the dynamics of the correlation between risk factors and effects using an observation approach or collecting data at one time (point time approach). The population in this study was all children at the Autism Harmony SLB, 54 students, and at the Autism Alamanda SLB, 26 students. The sample will comprise 36 students with autism at Autism Harmony SLB and Alamanda Autism SLB.

The sampling technique used in this research is cluster sampling. According to Siyoto and Sodik (2015), cluster sampling (area sampling) is an area sampling technique used to determine whether the object to be studied or the data source is comprehensive. In this case, several clusters will be selected first as samples, which will later be selected again to become unit members of the sample cluster. This research sample has inclusion and exclusion criteria that can determine the sample as a research object. The instruments used in this research were a family social support questionnaire and a social interaction questionnaire adapted from Soerjono Soekanto (1990) in Aini (2008).

RESULTS

Autism Alamanda. SLB Autis Harmony is a private school at Jalan Sungai Indragiri No.7 Dadapsari RT 01 RW 03, Sangkrah, Pasar Kliwon District, Surakarta City, Central Java Province. Autism Harmony SLB combines TKLB, SDLB, SMPLB, and SMALB under the auspices of the Cemerlang Children's Education Foundation, which has its school building. This school was founded on August 13 2007. The curriculum currently being implemented is the 2013 curriculum. Learning is carried out for 5 days, from Monday to Friday, with a full-day learning model. Supporting facilities at SLB Autis Harmony include 12 classrooms, one library, one place of worship, one teacher's room, one administration room, one UKS room, one storage room, and four bathrooms, in good condition. Apart from that, the electricity source comes from PLN with an electric power of 1300w.

Autism Harmony SLB consists of 12 classes, including six for elementary school, 3 for middle school, and 3 for high school. This school has 12 teachers and 54 students, namely 44 men and ten women, with a principal named Etty Prasetyastuti, SE., S.Pd., MM.

SLB Autis Alamanda is a private school at Jalan Pajajaran Timur VII RT 02 RW 11, Banjarsari District, Surakarta City, Central Java Province. This school was founded on March 31 2002. The curriculum currently being applied is the 2013 curriculum. Learning is carried out for 5 days, starting Monday to Friday, with a full-day learning model.

The supporting facilities for Autism Alamanda SLB consist of 9 classrooms, one library, one place of worship, one administration room, one self-development room, one skills room, one UKS room, one dining room, one principal's room, one warehouse room, one kitchen space, and two bathrooms. Apart from that, the electricity source comes from PLN with 1300w of electricity and the internet. Alamanda Autism SLB consists of 9 classrooms, including six classes for elementary school and three classes for middle school. This school has ten teachers, one employee, and 26 students, namely 19 boys and seven girls, and a principal named Siti Aminah, S.Pd.

1. **Data Analysis**
   a.   **Univariate Analysis**

This type of analysis is used to research a variable. This analysis aims to explain or describe the characteristics of the research variables. The results of these statistical calculations will later become the basis for subsequent calculations (Siyoto & Sodik, 2015). Univariate analysis in the research included age, gender, family social support, and social interaction abilities.

1) **Distribution Based on Age**

An overview of characteristics based on age from the research that has been conducted is as follows:

Table 1. Age Frequency Distribution

Age	Frequency	Percentage (%)
<10 years old	15	41,7%
10 – 13 years old	17	47,2%
>13 years old	4	11,1%
Total	36	100%

Source: primary data (by SPSS 21 version, 2022)

Based on the table above, the age of the research sample of 36 respondents was 15 children aged <10 years (41.7%), 17 children aged 10 - 13 years (47.2%), and four children aged >13 years (41.7%). 11.1%).

2) **Distribution Based on Gender**

An overview of characteristics based on gender from the research that has been conducted is as follows:

Table 2. Genre Frequency Distribution

Genre	Frequence	Percentage (%)
Male	30	83,3%
Female	6	16,7%
Total	36	100%

Source: primary data (by SPSS 21 version, 2022)

Based on the table above, it is known that the results of this research involved 36 samples of children with autism who were divided into 2, namely male and female. The number of samples of children with autism who were male was more significant, namely 30 children or 83.3%, while the number of samples of children with autism who were female was six children or 16.7%.

3) Distribution Based on Family Social Support

An overview of characteristics based on family social support from research that has been conducted is as follows:

Table 3. The Family of Social Support Frequency Distribution

The Family of Social Support	Frequency	Percentage (%)
Less	3	8,3%
Enough	11	30,6%
Good	22	61,1%
Total	36	100%

Source: primary data (by SPSS 21 version, 2022)

Based on the table above, the results obtained from filling out questionnaires by parents of children with autism were more in the good category, namely 22 people amounting to 61.1%, while in the fair category, 11 people amounting to 30.6%, and in the poor category, three people were amounting to 8 .3%.

4) Distribution Based on Social Interaction Ability

An overview of characteristics based on social interaction abilities from research that has been conducted is as follows:

Table 4. The Ability of Social Interaction Frequency Distribution

The Ability of Social Interaction	Frequency	Percentage (%)
Less	13	36,1%
Enough	17	47,2%
Good	6	16,7%
Total	36	100%

Source: primary data (by SPSS 21 version, 2022)

Based on the table above, the results obtained from filling out the questionnaire by parents of autistic children were in the quiet category, namely 17 people, amounting to 47.2%. In contrast, in the poor category, there were 13 people at 36.1%, and in the good category, there were six people at 16.7%.

b. Bivariate Analysis

Bivariate analysis involves dependent and independent variables (Murti B, 2013). These two variables are the main ones, namely the influence (free) variable and the affected (bound) variable (Siyoto & Sodik, 2015). The independent variable in this research is family social support, and the dependent variable is social interaction skills. The data obtained from the two variables is data in ordinal form. Based on the data available, the data analysis used was Kendall's Tau statistical test using the SPSS version 21 application. The following are the results of data analysis on the influence of family social support on the social interaction abilities of children with autism.

Table 5. Results of Analysis of the Effect of Family Social Support on Social
Interaction Abilities at SLB Surakarta

			The Family of Social Support	The Social Interaction Ability
Kendall's tau_b	The Family of Social Support	Correlation Coefficient	1.000	.381*
		Sig. (2-tailed)	.	.015
		N	36	36
	The Social interaction Ability	Correlation Coefficient	.381*	1.000
		Sig. (2-tailed)	.015	.
		N	36	36

*. Correlation is significant at the 0.05 level (2-tailed).
Source: primary data (by SPSS 21 version, 2022)

Based on the data analysis above, a value of ρ = 0.015 is obtained, where if the value of ρ ≤ 0.05, then Ha (alternative hypothesis) is accepted, indicating that family social support influences social interaction abilities. Meanwhile, the correlation coefficient obtained at 0.381 shows that the strength of the influence of family social support on social interaction abilities is in the weak range and the positive correlation direction.

DISCUSSION

This research aims to determine the effect of family social support on the social interaction abilities of autistic children at SLB Surakarta. This research was conducted at Autism Harmony SLB and Alamanda Autism SLB with 36 samples of autistic children. Data collection in this research used family social support and social interaction skills questionnaires. The data scale used in this research is ordinal, with hypothesis testing using Kendall's Tau test.

This research was conducted with a sample of autistic children who attended SLB Autism Harmony and SLB Autism Alamanda. The research results were on 36 respondents; 3 had less family social support (8.3%). Also, 11 respondents had sufficient family social support (30.6%), and 22 respondents had good family social support (61.1%). Meanwhile, the results of the social interaction abilities of autistic children showed that 13 respondents had poor social interaction abilities (36.1%). Also, 17 respondents had sufficient social interaction skills (47.2%), and six respondents had good social interaction skills (16.7%).

The results of Kendall's Tau test analysis show a significant influence between family social support and the social interaction abilities of autistic children with a ρ value of 0.015 (ρ ≤ 0.05). This shows an influence between the independent and dependent variables with a correlation coefficient value of 0.381, which shows that the strength of the influence between the two variables is in the weak category and is positively correlated.

Based on the research results, it can be seen that family social support will influence the social interaction abilities of children with autism. This research aligns with Kapp, SK (2018), namely that adequate social support will help autistic people achieve a high quality of life. Social support from the family will encourage children to start interactions, which can be especially beneficial for children with difficulties interacting. Increases in autism symptoms over time are also associated with parental acceptance of the child's autism due to lower perceptions of the child's likelihood of overcoming his challenges. Acceptance of autistic children will encourage better recognition and response to their child's social interactions. Social support is necessary because individuals with lower initial skills will experience more benefits from the social environment, such as from parents, to increase the growth and development of the child's abilities.

In research conducted by Galpin J et al. (2018), it was stated that parents of autistic children perceive social support as acceptable and very useful. Limited social support in the family can be associated with a more positive mood, nurturing, and reduced stress. The support available within the family is varied and very helpful but is considered insufficient to meet the needs of autistic children. Research conducted by Renzo et al. (2020) states that regardless of the type of treatment, rehabilitation programs for autistic children usually also focus on parental support to manage typical autistic symptoms better and stimulate the child's social skills. The preliminary results of this study underscore the importance of parental support, given the changes in habits experienced by families and children with autism.

Apart from that, this research found that most family social support was in a suitable category, and this was in line with research conducted by Asyhari et al. (2020), where the results of research that had been conducted showed that most family support was in a suitable category. This research found that most of the social interaction abilities of autistic children were in the sufficient category. This is also in line with research conducted by Yuswatingsih (2021). From the results of research conducted by Yuswatingsih (2021), it was concluded that almost all of the social interaction abilities of autistic children at the Thousand Colors Autism Special School Kepanjen Jombang had sufficient criteria.

CONCLUSION

Based on the research results, it can be concluded that the description of respondents' family social support was obtained from data from 36 respondents: 22 respondents (61.1%) had good family social support, 11 respondents (30.6%) had sufficient family social support, and three respondents (8.3%) had insufficient family social support. Meanwhile, the description of respondents' social interaction abilities was obtained from 36 respondents. As many as six respondents (16.7%) had good social interaction skills, 17 respondents (47.2%) had sufficient social interaction skills, and 13 had good social interaction skills, which is lacking. The results of the hypothesis test using Kendall's Tau test showed that the Sig value was known. It is 0.015 where the Sig value. Less than 0.05 ($0.015 \leq 0.05$) means that Ha (alternative hypothesis) is accepted and Ho (null hypothesis) is rejected. Meanwhile, the correlation coefficient obtained at 0.381 shows that the strength of the correlation is in the weak range with a positive correlation direction. In this case, it shows the influence of family social support on the social interaction abilities of autistic children at SLB Surakarta.

REFERENCES

Amalia, D. R. (2020). Hubungan Existence Sibling Dengan Bahasa Reseptif Pada Anak Autism Spectrum Disorder di SLB Negeri Surakarta. *Skripsi*. Diploma IV Terapi Wicara Politeknik Kesehatan Surakarta.

American Psychiatric Association. (2013). *Diagnostic And Statistical Manual of Mental Disorder Fifth Edition*. United States of America: America Psychiatric Publishing.

Anisah Asyhari. (2020). Gambaran Dukungan Keluarga pada Anak Autis di SLB YPAC Nasional Surakarta. *Journal of Chemical Information and Modeling*, *53*(9), 1689–1699.

Asrizal. (2016). Penanganan Anak Autis dalam Interaksi Sosial. *Jurnal PKS*, *15*(1), 1–2. https://ejournal.kemensos.go.id/index.php/jpks/article/download/1340/747/3913

Bintang, A. Z., & Mandagi, A. M. (2021). Kejadian Depresi Pada Remaja Menurut Dukungan Sosial Di Kabupaten Jember. *Journal of Community Mental Health and Public Policy*, *3*(2), 92-101.

Di Renzo, M., Di Castelbianco, F. B., Vanadia, E., Petrillo, M., D'errico, S., Racinaro, L., & Rea, M. (2020). Parent-Reported Behavioural Changes in Children With Autism Spectrum Disorder During the COVID-19 Lockdown in Italy. *Continuity in Education*, *1*(1), 117–125. https://doi.org/10.5334/cie.20

Dr. Sandu Siyoto, SKM., M. K., & M. Ali Sodik, M. (2015). *dasar metodologi penelitian*.

Farida, F. (2015). Bimbingan keluarga dalam membantu anak autis (kehebatan motif keibuan). *Konseling Religi*, *6*(1), 63-88.

Galpin, J., Barratt, P., Ashcroft, E., Greathead, S., Kenny, L., & Pellicano, E. (2018). 'The dots just don't join up': Understanding the support needs of families of children on the autism spectrum. *Autism*, *22*(5), 571–584. https://doi.org/10.1177/1362361316687989

Heryani, E., Jurusan, D., Politeknik, K., & Jambi, K. (2015). Hubungan Dukungan Keluarga Dengan Interaksi Sosial Pada Anak Autis Di SLB Prof. Dr Sri Soedewi Masjhun Sofwan SH Jambi Tahun 2015. XIII, 175–180.

Kapp, S. K. (2018). Social support, well-being, and quality of life among individuals on the autism spectrum. *Pediatrics*, *141*(April), S362–S368. https://doi.org/10.1542/peds.2016-4300N

Murti, B. (2013). *Desain Dan Ukuran Sampel Untuk Penelitian Kuantitatif Dan Kualitatif Di Bidang Kesehatan*. Yogyakarta: Gadjah Mada University Press.

Rafikayati, A., & Jauhari, M. N. (2018). Keterlibatan Orangtua Dalam Penanganan Anak Berkebutuhan Khusus. *Abadimas Adi Buana* , 55-64.

Rahmawati, I. (2016). Hubungan Riwayat Umur Kehamilan Dengan Resiko Menderita Autis Pada Anak Umur 18-36 Bulan Di Posyandu Wilayah Desa Menganti. *Jurnal Kesehatan dan Budaya*. 8(02).

Seno, S. (2019). Hubungan Dukungan Sosial Terhadap Kemampuan Sosialisasi Anak Berkebutuhan Khusus : Studi Meta Analisis. *Widya Wacana: Jurnal Ilmiah*, *14*(2), 35–40. https://doi.org/10.33061/j.w.wacana.v14i2.3474

Supriyanto, F. D. (2021). Hubungan Antara Pola Komunikasi Orang Tua Dengan Kemampuan Bahasa Ekspresif Pada Anak Autism Spectrum Disorder di SLB Surakarta. *Skripsi*. Diploma IV Terapi Wicara Politeknik Kesehatan Surakarta.

Tahsa, O. A., & Ekawati, Y. N. (2022). Dukungan Sosial Keluarga Terhadap Anak Autis Dalam Menjalani Program Terapi Di Pusat Layanan Autis Provinsi Jambi. *Jurnal Psikologi Jambi*, *6*(02), 41–51.

https://doi.org/10.22437/jpj.v6i02.17367

Tuegeh, dkk. (2012). Peran Keluarga dalam Memendirikan Anak Retardasi Mental di Yayasan Pembinaan Anak Cacat Manado. *Jurnal Juiperdo* (Vol. 1, No. 1).

Ulfah, I. M. (2015). Interaksi Sosial Peserta Didik Autis di Sekolah Inklusif. *Jurnal Pendidikan Khusus*, *5*(1), 1–8.

Yuswatingsih, E. (2021). Kemampuan Interaksi Sosial Pada Anak Autis. *Hospital Majapahit (Jurnal Ilmiah Kesehatan Politeknik Kesehatan Majpahit Mojokerto)*, *13*(2), 40-48.