

FAMILY COMMUNICATION TOWARDS ATTITUDES OF ACCEPTANCE OF SPECIAL NEEDS CHILD CARE

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ABSTRACT

Good communication between families and children with special needs can improve understanding, support, and the quality of daily interactions. With open and responsive communication, family members can help children feel respected, appreciated, and more confident in living their lives. Parents of children with special needs also play an active role in various children's activities and provide the care they need. This study analyzes the relationship between family communication, attitudes, and parental acceptance in caring for children with special needs. The research method used is descriptive causality with a quantitative approach. This study was conducted in the Jabodetabek area, and primary data was obtained from selected respondents through structured interviews using questionnaires. Data analysis was carried out using the Structural Equation Model - Partial Least Squares (SEM-PLS) method using SmartPLS version 3. The study's results indicate that interpersonal communication in the family significantly influences parental acceptance in caring for children with special needs. In addition, family communication patterns also contribute to this acceptance, although the impact is minor compared to direct interpersonal communication.

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1. Introduction

Children with special needs require special attention and care due to physical, mental, emotional, or social development limitations. (Al-Dababneh et al., 2012; Makris T, Dorstyn D, 2021). In the family context, the presence of a child with special needs is often a significant challenge that tests the integrity, patience, and communication between family members (Situmeang, 2018). Every family member, from parents to siblings, plays a vital role in supporting and building a positive environment and accepting the conditions of children with special needs (Astutik et al., 2024).

The mental and health conditions of children with special needs create ambiguity and uncertainty about the Child's independence (Lee et al., 2022). In this situation, parents must create meaning in ambiguous situations to determine the right decision-making strategy for caring for children with special needs (Sidharta et al., 2024). Communication between family members is a significant factor because it can influence the family's acceptance of raising the Child (McFadd ED, 2020). Effective communication between family members and children

with special needs can improve understanding, support, and the quality of daily interactions. Through open and responsive communication, family members can help children with special needs feel supported, valued, and helped to achieve their quality of life (Kołtuniuk et al., 2019).

Family interactions with children with special needs can impact the quality of life of children with special needs (Alhumaidi et al., 2023; Galvin et al., 2018). Children with special needs require greater attention, understanding, and support from parents and other family members, including siblings (Gatt, 2022). The Attitude of family members' acceptance of the condition of children with special needs is greatly influenced by the quality of communication within the family. Stafford's research (2022) shows that relationships between family members, including dynamics between siblings, are greatly influenced by family structure, communication patterns, and the role of each member in supporting children with special needs (Stafford, 2021).

Moreover, according to Mikkelson et al. (2011), interactions between siblings of children with special needs have unique characteristics that can last a lifetime; when siblings have positive and open communication, they can be a significant source of emotional support for children with special needs, which in turn strengthens overall family cohesion (Mikkelson et al., 2011). Sibling influence emerges not only in the context of sibling interactions but also emotionally (McHale et al., 2012). Several studies have revealed that social interaction in family communication supports children with special needs (Thomas et al., 2017; Morbey et al., 2024). Communication within the family plays a central role in building harmonious relationships and positively impacts children's mental health (Zadhasan, 2024).

Family communication becomes even more critical when caring for children with special needs because it faces more complex challenges than caring for children (Sharief, 2014). Parents of special needs children are very involved in all their children's activities and provide them with care (Estojero, 2022). On the other hand, the mother's presence encourages the Child to communicate. The mother creates a more facilitative communication environment for the Child than siblings (LeBouef & Dworkin, 2021). In caring for children with special needs, support from community groups, health services, and information sources helps parents cope with their caregiving tasks (Elangkovan, 2020; Eloreidi et al., 2021).

Parents who have children with special needs often experience psychological problems related to their parenting style (Auerbach et al., 2017; Jambekar et al., 2018). The problems experienced require parents and family members to make psychological adjustments for children with special needs (Pozo & Sarria, 2011). Caring for a child with special needs is a tough, full-time, demanding job and places excellent economic pressure on parents' physical and psychological aspects (Heward et al., 2019; Riquelme et al., 2021). In addition, the psychological impact experienced by parents of children with special needs includes emotions and behavior such as anger, sadness, feelings of isolation, and disbelief (Richards, 2013). Apart from the psychological impact, parents often experience large expenditures for caring for children with special needs (Mattson & Kuo, 2019).

Previous studies have shown that communication within the family is essential in supporting children with special needs in emotional, psychological, and social aspects. Several studies have highlighted that effective communication between parents and children with special needs can improve the child's quality of life (Kołtuniuk et al., 2019; Alhumaidi et al., 2023). In addition, the interactions between family members, including the role of siblings, also affect the acceptance and support of children with special needs (Mikkelson et al., 2011; Stafford, 2022).

However, most previous studies have focused more on the general aspect of communication within the family without explicitly relating it to the attitudes and acceptance of parents in caring for children with special needs. Several studies have also focused more on the psychological impacts experienced by parents without exploring how family

communication plays a role in reducing psychological distress (Pozo & Sarria, 2011; Richards, 2013).

This study fills the gap by examining the relationship between family communication, parental attitudes, and acceptance in caring for children with special needs. In addition, this study uses a quantitative method with the Structural Equation Model - Partial Least Squares (SEM-PLS) approach to analyze the causal relationship between these variables in more depth. Thus, the results of this study are expected to provide more comprehensive insights into the role of family communication in shaping parental attitudes of acceptance in caring for children with special needs, as well as provide practical recommendations for families and related stakeholders.

This study is limited to the Jabodetabek area, which has unique social, cultural, and economic characteristics. This is a challenge because the study's results may only partially represent families in other areas with significant differences in culture, tradition, or access to supporting resources for caring for children with special needs. The quantitative research approach with path coefficient analysis focuses on the statistical relationship between variables. Although this method provides measurable results, this approach only partially explores qualitative aspects, such as personal experiences, emotional dynamics, or in-depth narratives from each family member.

2. Method

This study uses a survey method with a quantitative approach to test hypotheses and analyze data descriptively. This approach was chosen because it can provide a clearer picture of the relationship between research variables. Respondents in this study were families who had children with special needs and were domiciled in the Jabodetabek area, which includes DKI Jakarta Province, Bogor City, Depok City, Tangerang City, and Bekasi City. The sample of this study consisted of 150 parents with children with special needs aged 18 years.

The survey method was chosen because of its advantage in collecting data from samples representing the population so that the research results can be generalized more accurately. Quantitative research is based on a positivist approach, which aims to understand a phenomenon based on data that can be measured objectively. Data were collected using a research instrument in the form of a structured questionnaire that was given directly to selected respondents.

The quantitative approach in this study refers to verification logic, which begins with deductive thinking to formulate a hypothesis, which is then tested through empirical data in the field (Creswell, 2018). The primary data used in this study was obtained directly from respondents through structured interviews. The data collected includes several main variables, namely Family Interpersonal Communication (X1), Family Communication Patterns (X2), and Attitudes and Acceptance in Parenting Children with Special Needs (Y1). To analyze the relationship between these variables, this study uses the Structural Equation Model - Partial Least Squares (SEM-PLS) analysis technique with the help of SmartPLS software version 3 (Jonathan, 2013). This technique allows researchers to simultaneously test the relationship between variables and obtain more comprehensive results.

Free variables:

(X1) = Family interpersonal communication

(X2) = Family communication patterns

Bound variables:

(Y1) = Attitude and acceptance of family members

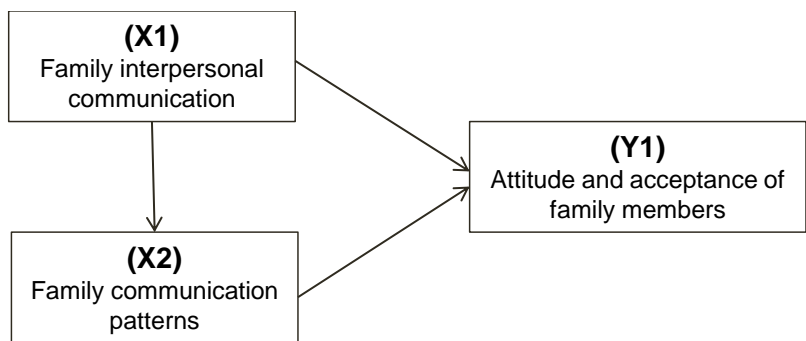


Figure 1. Independent variables and dependent variables

2.1 Operational Definition

An operational definition is a detailed description of research variables that are explicitly formulated so that they can be measured and observed. In this study, the operational definition includes a description of the variables Family Interpersonal Communication, Family Communication Patterns, and Attitudes of Acceptance of Special Needs Child Care. Each variable is explained through aspects that can be observed and measured using relevant indicators. This aims to ensure that the concepts used can be understood consistently and applied in the data collection process. This operational definition also serves as a guide for building valid and reliable research instruments to produce accurate data that can be analyzed according to research objectives.

Table 1. Indicators, operational definitions, parameters, and categories of variables of interpersonal family communication (X1)

Indicator	Operational Definition	Operational Definition	Categories and measurements	Data Scale
Positive interaction (Positivity) (X.2.1)	Attitude creates pleasant interactions	Positive interactions with family members are counted	Measured by the frequency of pleasant interactions	Ordinal
Exchange of Ideas (openness) (X.2.2)	Talking and listening to each other	Calculate the time spent communicating and listening	Measured by the length of communication time in a day	Ordinal
Partner Commitment (Assurance) (X.2.3)	Attitude of certainty or assurance about family members' commitment	Calculated from the Attitude of family members regarding commitment	Measured by the commitment of family members	Ordinal
Sharing roles and tasks (Sharing Tasks) (X.2.4)	Attitudes in carrying out relevant tasks and work in caring for children with special needs	Calculated from the Attitude of family members	Measured Attitude in carrying out tasks and work	Ordinal
Communicating with the surrounding environment (Social network) (X.2.5)	Attitude is spending time communicating with the surrounding environment	Calculated from the length of communication time	Measured Attitude during communication time	Ordinal
Joint activities (Joint Activities) (X.2.6)	Attitudes in carrying out activities together with family members	Calculated from the length of time spent doing activities together	Measured Attitude during joint activities	Ordinal
Communicating	Attitudes to	Calculated from the	Measured	Ordinal

through media (Mediated Communication) (X.2.7)	communicate using technology media	Attitude of using technology media	attitudes in using media to communicate	
Couple's privacy (Avoidance) (X.2.8)	Attitude of respecting the privacy of partners and family members	Calculated from the Attitude of respecting the privacy of family members	Measured from the privacy attitudes of family members	Ordinal
Unfriendly Attitude towards a partner (Antisocial) (X.2.9)	Attitude of friendliness toward family members	Calculated from the friendly Attitude of each family member	The friendly Attitude of each family member is measured	Ordinal
Humor (X.2.10)	The Attitude of using humor to create a fun atmosphere	Calculated from the humorous Attitude of each family member	The humorous Attitude of each family member is measured	Ordinal

Source: Data processing results

Table 2. Indicators, operational definitions, parameters, and categories of variables for family communication patterns (X2)

Indicator	Operational Definition	Parameter	Categories and measurements	Data Scale
Consensual Communication Patterns (X.3.1)	Families tend to depict only the essential things and apply strong beliefs to each family member.	Calculated from meaningful conversations and the implementation of each family member's beliefs	Measured Important conversations and implementation of each family member's beliefs	Ordinal
Pluralistic Family Communication Patterns (X.3.2)	Families tend to be more open about unimportant or formal conversations and do not emphasize deep beliefs in their family members.	Calculated from openness in unimportant or formal conversations; emphasis on a deep belief in family members.	Measured openness in non-important or formal conversations; emphasis on deep faith in his family members	Ordinal
Protective Communication Patterns (X.3.3)	Families tend to emphasize the parents' will for all kinds of decisions.	Calculated from the parents' willingness to all kinds of decisions	Measured by the willingness of parents to make all kinds of decisions	Ordinal
Laissez-Faire communication pattern (X.3.4)	Families rarely interfere in their decision-making, and there is no communication with their family members.	It is estimated that families rarely interfere in decision-making, and there is no communication with family members.	measuring interferes with decision-making and lack of communication with family members	Ordinal

Source: Data processing results

Table 3. Indicators, operational definitions, parameters, and categories of variables of Attitude and Acceptance of Care for Children with Special Needs (Y1)

Indicator	Operational Definition	Parameter	Categories and measurements	Data Scale
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Dimensions of acceptance of parenting (Y.1.1)	Attitude of acceptance of special needs Child care both effectively and verbally	Calculated from receiving affectionate and verbal care	Measured receiving affectionate and verbal care	Ordinal
Refusal of Parenting (Y.1.2)	Attitude of refusal to care for children with special needs in terms of Attitude, aggression, neglect	Calculated from refusing parenting in Attitude, aggression, neglect	Measured rejection of parenting by Attitude, aggression, neglect	Ordinal
Interaction between children and parents (Y.1.3)	Communication interaction between children and parents	Calculated from the frequency of communication interactions between children and parents	Measured from the frequency of communication interactions between children and parents	Ordinal
Adjusting the needs of children with parents (Y.1.4)	Adjusting the needs of children with parents	Calculate the needs of each family member	measure the suitability of the needs of each family member	Ordinal
Fulfillment of responsibility to raise and meet the needs of children (Y.1.5)	The form of parental responsibility to raise and fulfill the needs of family members	Calculated the Attitude of family members towards parents in fulfilling the needs of family members	Measured the Attitude of family members towards parents in fulfilling the needs of family members	Ordinal
The process of accepting the existence of a child (Y.1.6)	Attitude toward the process of accepting the existence of children with special needs	Calculated the Attitude of the family members' acceptance process toward the existence of children with special needs	Measured the Attitude of the family members' acceptance process towards the existence of children with special needs.	Ordinal
The process of rejecting the existence of a child (Y.1.7)	Attitude toward the process of rejecting the existence of children with special needs	Calculated Attitude of the process of Rejection of Family Members towards the existence of the Child	Measured Attitude of Family Members' Rejection Process to the Existence of Children with Special Needs	Ordinal
The process of reducing risk and protecting individuals and their social environment (Y.1.8)	Family members' attitudes reduce the risk and protection of adolescent children with cerebral palsy in their social environment.	Special needs are calculated. Attitudes of family members reduce the risk and protection of adolescent children with cerebral palsy in their social environment.	Measured Attitude of Family Members to Reduce Risk and Protection of Children with Cerebral Palsy with Their Social Environment	Ordinal

Source: Data processing results

3. Results and Discussion

This study highlights the importance of interpersonal communication in the family as a significant factor in shaping attitudes and acceptance toward caring for children with special needs. The results of the analysis indicate that solid interpersonal communication between family members significantly positively influences acceptance and care. Variables that reflect interpersonal communication include several main aspects. Parents who actively communicate pleasantly and positively with family members are recorded to have an

influence of 0.72 (V.25.1). The Attitude of parents to share roles and tasks in the family also contributes significantly, with an influence of 0.74 (V.25.4).

In addition, the active involvement of parents in communication in the home environment shows a significant influence, namely 0.79 (V.25.5). The importance of quality time with family can be seen from the results of 0.81 (V.25.6), emphasizing that joint activities can strengthen family relationships. Parents who maintain and respect the privacy of family members influence 0.77 (V.25.8), while the Attitude of parental friendliness towards other family members recorded the highest value of 0.82 (V.25.9).

On the other hand, communication patterns between family members also significantly contribute to the acceptance of care. Family members who actively ask parents questions to clarify understanding and compliance show an influence of 0.73 (V.26.A.4). The ability of family members to respond to different ideas or opinions in the family records an influence of 0.79 (V.26.B.3). Open communication between parents and children is an essential element, with an influence of 0.77 (V.26.D.2), followed by the ability of family members to listen to each other (0.77, V.26.D.3) and provide support and motivation (0.75, V.26.D.4).

Table 4. Indicator variables: interpersonal communication, family communication, and attitudes of acceptance of caring for children with special needs

Indikator	Hasil Standard	Komunikasi Interpersonal	Komunikasi Keluarga	Sikap dan Penerimaan
Loading Factor	> 0.7	V.25.1;4;5;6;8;9	26.A4; B3;D2 – D4	V.33.1;3
AVE Konstruk Reflektif	> 0.5	0,60	0.59	0,76
Cronbarch Alpha	> 0.7	0.87	0.83	0.69
Composite Reliability	> 0.7	0,90	0.88	0.86
SUMMER	< 0.10		0.083	
p-Value	< 0.05	0,00	0.00	0,00
t-Value	> 1.96	10,60	3.91	2.60
R Square			0,4	

Source: Data processing results

Patterns of attitudes and acceptance of parenting are vital in creating a supportive family environment for children with special needs. The analysis shows that several variables significantly influence this parenting, including the intensity of time spent together, the strength of family ties, and community support. The variable that reflects the importance of quality time between family members, including parents with children with special needs, recorded an influence of 0.89 (V.33.1).

This shows that the direct involvement of parents in activities with children is the main factor that creates a warm and understanding relationship. Activities such as playing, talking, or simply sharing time are natural forms of family agreements to support parenting. Parents strengthen emotional relationships and increase security and acceptance in children with special needs by providing particular time.

The strength of bonds between family members and with community groups has a significant influence in supporting parenting, with a score of 0.85 (V.33.B.3). This indicates that support that comes from close relationships between family members not only improves the quality of parenting but also helps build children's self-confidence. In this case, the community or support group becomes an important factor, such as a group of parents who have children with special needs, which provides information, emotional support, and

opportunities to share experiences. The quality of parenting is also greatly influenced by the family's ability to work together to face the challenges faced by children with special needs.

Support between family members can be in the form of helping each other, providing motivation, and creating a harmonious atmosphere. When family members have good communication patterns and attitudes of acceptance, they can together find the best solutions for the Child's physical and emotional needs. Parenting patterns based on quality time, strong family ties, and community support help children with special needs feel accepted and positively impact their mental and social development. Children become more confident, have a high sense of connection, and improve their ability to interact with their surroundings.

Family interpersonal relationships formed through family communication play an essential role in shaping attitudes of acceptance toward child care, especially in the context of caring for children with special needs. Good communication between family members functions not only as a means of conveying information but also as a medium for expressing empathy, support, and deep understanding of the Child's condition and needs. Harmonious interpersonal relationships and effective communication can create an inclusive family atmosphere where each member feels heard and appreciated, increasing the family's willingness to accept, support, and jointly face challenges in caring for children. Through open, responsive, and mutually supportive communication patterns, families can strengthen cohesion and improve the quality of care that positively impacts the Child's overall development.

Based on the analysis using Structural Equation Model Analysis - Partial Least Structural (SEM-PLS), it shows that the relationship between family interpersonal communication and family communication patterns has a contribution of 60%. This illustrates how important interpersonal communication is in building compelling and harmonious communication patterns within the family. Furthermore, the relationship between interpersonal communication and attitudes of acceptance of caring for children with special needs was recorded at 41.4%. This percentage confirms that good interpersonal communication between family members can significantly influence their acceptance of special needs child care, creating a more supportive and inclusive environment.

In addition, the relationship between family communication patterns and attitudes of acceptance of special needs child care of 28.2% shows that open and responsive communication patterns between family members play a role in building positive acceptance of care. Although its contribution is smaller than that of the direct interpersonal communication relationship, this result still emphasizes the importance of developing supportive family communication patterns where each member feels valued and supported. The combination of strong interpersonal communication and good family communication patterns is the main foundation for increasing acceptance of special needs child care holistically.

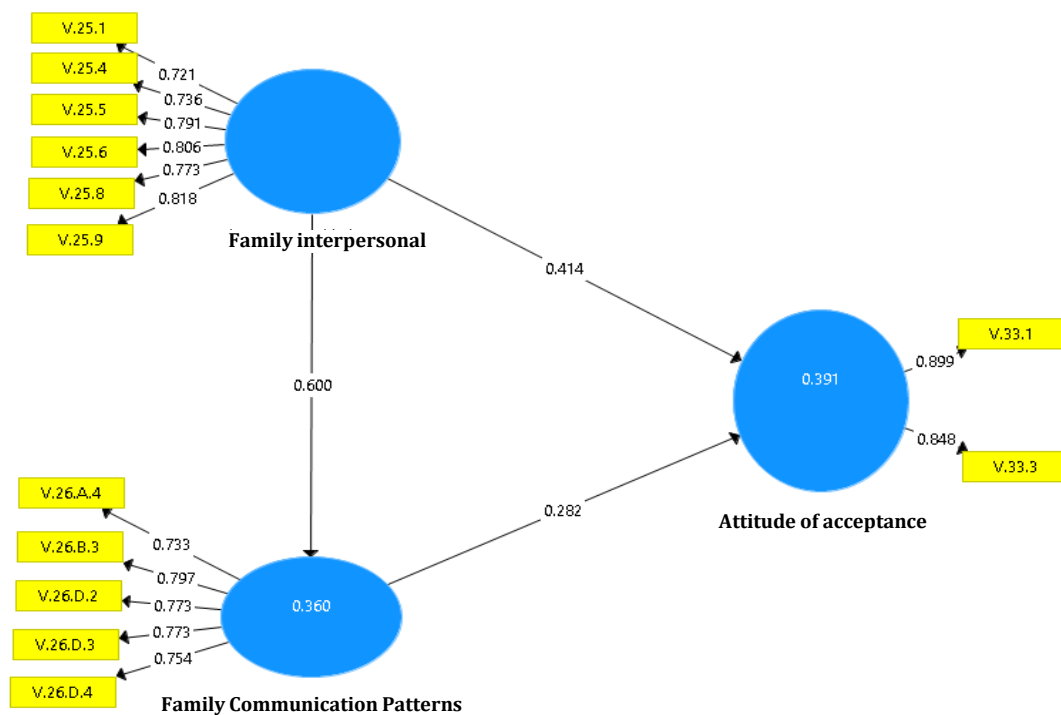


Figure 2. Interpersonal relationships and family communication toward attitudes of acceptance of Parenting

The relationship between family interpersonal communication, family communication patterns, and attitudes of acceptance of special needs child care based on the path coefficients that have been analyzed: Family Interpersonal Communication to Family Communication Patterns (0.60): This reasonably high path coefficient indicates that the quality of interpersonal communication between family members directly and significantly shapes the communication patterns that exist within the family. The better the interpersonal communication—marked by open, honest, and mutually supportive interactions—the more positive the communication patterns created. This shows that healthy interpersonal communication creates harmonious relationships between family members and encourages the formation of cooperative and productive communication patterns, which are the foundation for facing various family challenges, including caring for special needs children.

Family Interpersonal Communication to Attitudes of Acceptance of Care (0.414): This coefficient shows a significant relationship between family interpersonal communication and attitudes of acceptance of caring for special needs children, although its influence is lower than the previous path. This indicates that the quality of interpersonal communication, such as the willingness to listen, understand, and provide emotional support, can increase the family's acceptance of their Child's unique needs. Families with good interpersonal communication are more likely to have a deep understanding, empathy, and inclusive Attitude toward the role of parenting, allowing them to face complex situations with mutual trust and solidarity.

Family Communication Patterns to Acceptance of Parenting Attitudes (0.282): This path coefficient indicates that family communication patterns play a role in influencing attitudes of acceptance of parenting, although with a minor influence compared to direct interpersonal communication. Structured, supportive, and open family communication patterns can create a conducive environment for accepting children with special needs as an essential part of the family. This pattern forms norms, expectations, and collective family views toward parenting, which ultimately strengthens attitudes of acceptance toward

children with special needs. In other words, consistent and positive communication patterns can be a medium to strengthen family attitudes of acceptance. However, the impact could be better than the direct influence of interpersonal communication.

4. Conclusion

The relationship between family interpersonal communication, family communication patterns, and attitudes toward acceptance of care shows interrelated dynamics. Strong family interpersonal communication is the main foundation for building positive family communication patterns and strengthening attitudes of acceptance toward caring for children with special needs. The study results showed that good family communication positively impacts the acceptance and care of children with special needs, as well as identifying family characteristics and children's preferences for family members. Family communication patterns influence attitudes toward children with special needs in several ways. Families with good interpersonal communication tend to be more open and accepting of their children's unique needs. This can be seen from the coefficient, which shows that family interpersonal communication has a significant relationship with attitudes of acceptance of caring for children with special needs, with a value of 41.4%. In addition, family communication patterns also influence attitudes of acceptance, although the effect is small compared to direct interpersonal communication, with a value of 28.2%. This study confirms that the quality of family communication plays a vital role in improving attitudes of acceptance and care for children with Cerebral Palsy, where good family communication contributes significantly to more positive care.

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