

## Special Needs Parenting in Muslim Families during the COVID-19 Pandemic: A Mixed Method Approach

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### Abstract / Abstrak

*The COVID-19 pandemic worldwide has changed human life. The issue of education for children with special needs is increasingly difficult to implement during the pandemic. This study aims to obtain an overview of parenting styles during the COVID-19 pandemic for Indonesian Muslim families who have children with special needs. This research use a mixed method with a sequential explanatory approach where the quantitative method was followed by qualitative. Participants involved 18 families who have children with special needs. Data collection used the Parenting Scale which consists of 30 items. The results showed that most of the subjects experienced dysfunctional parenting with verbosity as the highest dysfunctional aspect. Qualitatively, the results lead to dysfunctional parenting. The pandemic period was indeed not easy to go through, especially for families who have children with special needs. This research shows that the challenging circumstances created by the pandemic can result in dysfunctional parenting. Parents should remain alert for signs of over-reactivity, verbosity, and looseness that can hinder effective parenting.*

### Keywords / Kata kunci

*COVID-19 pandemic;  
Dysfunctional Parenting;  
Quantitative descriptive;  
Parenting scale;  
Special needs children*

Kehadiran COVID-19 yang menyebabkan pandemi di seluruh dunia telah mengubah kehidupan manusia. Isu pendidikan bagi anak berkebutuhan khusus semakin tidak mudah dilaksanakan selama pandemi. Penelitian ini bertujuan untuk melihat gambaran pola asuh di masa pandemi COVID-19 pada keluarga muslim Indonesia yang memiliki anak berkebutuhan khusus. Penelitian menggunakan mixed method dengan pendekatan *sequential explanatory* dimana penerapan kuantitatif diikuti kualitatif. Partisipan melibatkan 18 keluarga yang memiliki anak berkebutuhan khusus. Pengumpulan data menggunakan *Parenting Scale* yang terdiri dari 30 item. Hasil penelitian menunjukkan sebagian besar subjek mengalami disfungsi parenting dengan verbositas sebagai aspek disfungsi tertinggi. Secara kualitatif, hasil mengarah pada disfungsi parenting. Masa pandemi memang tidak mudah dilalui, terutama bagi keluarga yang memiliki anak berkebutuhan khusus. Penelitian ini menunjukkan bahwa keadaan menantang yang ditimbulkan oleh pandemi dapat mengakibatkan pola asuh disfungsi. Orang tua harus tetap waspada terhadap tanda-tanda reaktivitas berlebihan, verbositas, dan kelonggaran yang dapat menghambat pengasuhan efektif.

*Pandemi COVID-19;  
Pengasuhan tak  
berfungsi;  
Deskriptif kuantitatif;  
Skala pengasuhan;  
Anak berkebutuhan  
khusus;*

### Introduction

There are various functions carried out within the family; religious functions, sociocultural functions, love and affection functions, protection functions, reproduction functions, socialization and education functions, economic functions, and environmental development functions (Wirdhana, 2012). Family is the first and foremost place for a child to know the existence of God, a place to teach and instill religious values to grow children as people who are pious and have good morals. A

family is also a place for a child to receive guidance and instill the values of cultural wisdom as well as a place for children to learn to interact and adapt to a diverse environment. Family provides a foundation for children to learn about the relationship between family members who love each other is a function of love and affection. The protection function makes a family a place of refuge for family members which creates a feeling of security and peace. Becoming a place to plan the continuity of offspring and humankind is a

productive function of the family. Socialization and education function make a family the first place for education and adjustment while for economic function, family supports family members' independence. Finally, family members are educated in harmony with the environment in environmental development function (Mungksa, 2020).

Islam's classified family functions are similar to what Wirdhana (2012) proposed but there is a spirit underlying family function. It is stated in the Qur'an surah Attahrim verse 6 which reads *"Allah Swt. says, "O you who believe, protect your self and your family from the fire of hell whose fuel is men and stones, guardians of the angels who are harsh and harsh, who do not disobey Allah in what He commands them and always do what is commanded."* In other words, Allah underlies the function of the family is to protect all the members. Darmiyanti (2018) explains that Islamic parenting is a process of communication and interaction between parents and children in nurturing, educating, guiding, and protecting. Besides, there are four concepts in Islamic parenting, namely responding, monitoring, mentoring, and modeling. When children have mistakes, parents should appropriately respond to them quickly and precisely. Monitoring is watching the interaction of children with their social environment. Furthermore, mentoring is actively helping children to have the desired behaviors. The parent's roles are important in making children active, and creative in doing something they want. Modeling is setting oneself as a positive and consistent example for children.

Maisarah et al. (2018) argued that parenting challenges faced by parents of children with special needs include a lack of education given to the child, neglect of the child with special needs, and failure to provide adequate care for the child. These issues may arise due to a variety of factors, which can range from a lack of knowledge or understanding about the child's condition to societal stigmatization and discrimination against individuals with disabilities. It is therefore essential for parents, caregivers, and educators to be aware of these challenges and proactively

address them to promote the well-being of children with special needs. Strategies such as providing specialized training and support to parents and caregivers can also be implemented to facilitate the development of effective caregiving practices.

The pandemic of COVID-19 worldwide has changed human life and made adjustments in all aspects. In the economic field, the effects of COVID-19 have been felt the hardest. According to data from the Central Statistics Agency, all business sectors experienced a decline in income of 82% (BPS Release Semester 1, 2021). This situation affected not only families but also various things. Saepuloh (2021) stated that the pandemic has forced everyone to return home. The parenting role, which used to be like an extension of the mother's duties after pregnancy and childbirth, becomes a task and a burden for the father and mother unexpectedly. The phenomenon of fathers being forced to return home during the pandemic raises various challenges in economic, social, educational, and childcare. Dewi and Khotimah (2020) explained how parenting used during the COVID-19 pandemic can make children's behavior healthy, physically and mentally. Parents may accompany children during online learning, take time to do activities together, and conduct innovative activities at home. These things can activate intense communication with their children.

Hewett and Frenk (1968, as cited in Amin, 2015) identified at least five (5) roles and functions that parents have in relation to children with special needs, namely: 1) as the primary companion who assists the child in handling and educating them; 2) as an advocate who understands, strives for, and maintains the child's rights to receive education that is suitable for their needs and characteristics; 3) as a complete and accurate source of data regarding the child's personality and behavior; 4) as a teacher who plays an educational role in the child's daily life outside of school hours; and 5) as a diagnostician who determines the characteristics and types of special needs of the child and is capable of conducting treatment outside of school hours. In

Islam, parents are obliged to ensure that their children, whether normal or with special needs, do not become weak, as stated in the Quran surah Annisaa verse 9, which translates to, *"And let those [executors and guardians] fear [injustice] as if they [themselves] had left weak offspring behind and feared for them. So let them fear Allah and speak words of appropriate justice."*

In Islam, there is equality between men and women on all fronts, including in married life. This equality is stated by Allah in the Quran surah Annahl verse 97 means *"Whoever does good, both men and women in a state of faith, We will surely give him a good life and We will reward him with a better reward than what they have done."* Having fathers return home during a pandemic should be a positive effect in parenting. They can take on a role not only in education but also in kitchen matters. However, not all families realize that. Shofiyah et al. (2022) research showed that the pandemic had an impact on parental care. One of the trigger factors is parenting disorder in which they lack understanding and skills as well as financial difficulties.

The concepts of patriarchal and gender equality are relevant to one of the items in Arnold's measuring instrument, namely, the level of mutual support and cohesion between partners in child-rearing. The responsibility of caring for children with disabilities is not solely the responsibility of the mother, but rather a joint task of both the father and mother, as well as all family members.

Sumargi and Sofronoff (2015) explains that a lot of parents in Indonesia still use ineffective parenting strategies such as shouting when dealing with problematic behavior in children. The Know Violence in Childhood Report (2017) shows that 73.7% of children aged 1-14 years in Indonesia experience violent discipline or psychological aggression and physical punishment at home. In addition, the Indonesian Child Protection Commission recorded 4,294 cases of violence against children committed by families and caregivers (2011-2016). The most cases occurred in 2013, to the extent 931 cases of child abuse, but this number continued to decrease to 921 cases in

2014, 822 cases in 2015, and 571 cases in 2016 respectively.

The data for this study was collected over a three-month period in the middle of 2020, during the ongoing COVID-19 pandemic. It is worth noting that the measuring tool developed by Arnold was not specifically designed for use during a pandemic, but instead was developed rationally. It is important to recognize that disruptions to caregiving can occur at any time, including during times of crisis such as a pandemic.

Researchers (Arnold et al., 1993) described three forms of dysfunctional parenting, namely: laxness or weak discipline (permissiveness), overactivity (the authoritarian discipline, displays anger and irritability), and verbosity (nagging parenting). Dysfunctional parenting certainly affects the behavior and emotional development of children. Research has found that dysfunctional parenting leads to negative consequences for both parents and children. Negative consequences that occur in children affect mental health (Maikovich-Fong & Jaffee, 2010), child welfare, including increased child aggression (Del Vecchio & O'Leary, 2006; Knox et al., 2011), low academic ability and cognitive (Rodriguez & Guzman, 2021), and behavioral disorders (Tichovolsky et al., 2013). If this negative impact is not handled properly, problematic behavior in children will persist and can increase the risk for more serious problems such as mental disorders, unemployment, anti-social behavior, and crime.

Dysfunctional parenting can take various forms such as extremely low care, emotional abuse, and overprotection (Adenzatoa et al., 2019). Dysfunctional parenting is a vulnerability factor for psychopathology that affects both neurobiological and psychological development. The most common psychopathological consequences associated with dysfunctional parenting are emotional dysregulation and disturbance, changes in inhibitory control and executive function, cognitive and awareness disorders, changes in self-identity and self-agency, mentalizing dysfunction, relational problems, and low social competence. Several

scholars have hypothesized that many of these psychopathological disorders share a common lack of mental integration resulting from dysfunctional parenting.

The study by Lim (2020) examined the relationship between dysfunctional parenting and peer attachment, as well as the role of self-esteem during early adolescence. The results revealed a negative effect of dysfunctional parenting on self-esteem and a positive effect of self-esteem on peer attachment. Beckerman et al. (2018) explained that negative parental attributions mediate the relationship between stress in dysfunctional parenting, which leads to stress associated with the risk of violence. Many of these children experience serious short-term and long-term consequences, with an increased risk for physical, psychological, and behavioral problems such as child abuse and neglect.

Negative parental attributions are an important predictor of subsequent disciplinary actions and potential abusive behavior by parents. Parents who frequently blame their children are at risk of perpetrating abuse. Additionally, high expectations for the child, positive attitudes toward physical discipline, high levels of stress, and experiences of childhood neglect by their own parents are potential risk factors for negative attributions (Milner, 2003; Beckerman et al., 2018). Parental stress experiences are mediated by negative parental attributions (Beckerman et al., 2018).

The study by Otani et al. (2018) revealed that negative self-beliefs are associated with perceived dysfunctional parenting. The social learning theory is an important framework for understanding the transmission of dysfunctional parenting, particularly physical violence and harsh parenting practices. This theory posits that parents imitate the parenting behavior of their own parents (Bandura, 1973; Alink & Madigan, 2019). Although these parenting practices may be viewed as having "positive effects" (e.g., "I turned out good because I was physically punished"), they may still encourage parents to repeat these behaviors on their children. This social learning theory is supported by research findings that

indicate physical violence increases the risk of harsh parenting practices or physical violence towards their own children.

Another model used to explain the transmission of dysfunctional parenting is the social information processing model (Milner, 1993; Alink & Madigan, 2019). This theory suggests that parents may have cognitive, attentional, and attributional deficits in processing their child's behavior and responding to it. Harsh parents may pay less attention to their child's behavior and tend to interpret it negatively.

The attachment theory is also important to consider. This theory states that children form emotional bonds with their parents, and the quality of this relationship is highly dependent on the parenting practices they receive. The emotional bond between a child and their primary caregiver serves as a blueprint for interactions and other social relationships in adulthood. Research (Alink & Madigan, 2019) has shown that children who experience abuse are more likely to have insecure or disorganized attachment relationships compared to children who do not experience abuse. Conversely, unresolved or insecure attachment representations in adulthood are associated with parenting problems and violent behaviors. Children with special needs are fully cared for by their parents at home during the COVID-19 pandemic. The pandemic affected education for special needs children which is not easy to implement under normal circumstances. They are children with special characteristics that are different from children in general which are not always showing mental, emotional, or physical disabilities (Darmono, 2015). Children with special needs are children who experience physical deviations or social behavior characteristics (Effendi, 2006). However, children with special needs often become a burden for parents since they have misunderstandings or ignorance about children's needs. This research aims to study the parenting of Indonesian Muslim families with special needs children during the COVID-19 pandemic. There are 18 families with special needs children who become clients in a therapy center.

The results of this study provide knowledge to parents that conditions that are out of the ordinary can make parenting not work according to its function. This condition certainly has an impact on their special children who in normal conditions, are not easy to grow and develop properly. This makes parents need to be more vigilant and more able to control themselves so that parenting can run well even in tough situations. Religious teachings can help parents to be more patient and wiser.

The COVID-19 pandemic has created a unique and challenging environment that has affected families and parenting practices worldwide. This research focuses on how the pandemic has impacted and exacerbated already existing dysfunctional family dynamics, such as domestic violence, child abuse, neglect, substance abuse, and mental health problems. Furthermore, it highlights the need for tailored parenting interventions that address the specific challenges and stressors associated with the pandemic. The research also sheds light on the long-term effects of dysfunctional parenting during the pandemic, such as children's mental health problems, academic performance, and social relationships. Overall, dysfunctional parenting research during the pandemic has identified some significant challenges faced by parents and families, and inform policies and interventions that can support families during and after the pandemic. This research aims to study how parenting in a Muslim family with special needs children during the COVID-19 pandemic.

### Method

This study applied a mixed method which is a combination of quantitative and qualitative research methods. It used sequential explanatory approach in which the quantitative is followed by the qualitative (Ivankova et al., 2006; Heri et al., 2022).

The participants of the research were 18 parents of clients at a therapy center for children with special needs. The researchers only chose a small sample size to make sure their similarities were taken into account, and because they were

one of the therapy center's managers, the parents trusted them. Even though the study was meant to be qualitative, the researcher thought there was insufficient information, so they utilized the Arnold measurement tool. They signed an informed concern before having an interview. Quantitative data were collected using a questionnaire; the Parenting Scale compiled by Arnold et al. (1993), which was developed in 1993 and published in 2015. The scale consists of 30 items with a score of 1 to 7, where some items are in a positive context (16 items) and some are in a negative context (14 items). This scale measures the dysfunctional practice of parental discipline towards children. There are 3 identified dysfunctional factors, namely laxness, overreactivity, and verbosity. Scales 1 to 7 have different meanings according to the context of the item. As an example, for the item: "When my child misbehaves...", scale 1 is chosen if 'I do something right away' and scale 7 is chosen if 'I do something about it later'. Another item state: "When my child misbehaves...", scale 1 is chosen if 'I give my child a long lecture' and scale 7 is chosen if 'I keep my talks short and to the point'.

The original measuring instrument (questionnaire) from Arnold was in English. The items were translated into Indonesian, as the native language of the respondents. After the translation was carried out by taking into account the relevant editorials and according to the provisions of psychometric item preparation, a trial was also conducted to determine the reliability index of the measuring instrument. By using Cronbach's Alpha because the item is in the form of a scale, the reliability index is .532. Based on psychometric criteria, this instrument is considered feasible and quite reliable because the range for moderate reliability is between .5 to .7. This scale measures the dysfunctional practices of parental discipline towards their children. Besides, collecting qualitative data used in-depth interviews.

To analyze the result of the questionnaire, used SPSS 24 to count the simple statistics to find out the percentage and the mean. In qualitative data analysis, the writer recorded and transcribed

to analyze the data. Then coding was made to categorize participants' responses to be analyzed.

**Results**

Data analysis provides two main results: demographics data respondents and descriptive of parenting scale. One third of children with special needs are girls (6 person) and the remaining two thirds are boys (12 person). As for the specialties of children or the type of diagnosis, the majority are Intellectual Disabilities (78%), Down Syndrome (17%), and the rest are Deaf (5%). Besides that, there is also data on the number of children that parents have, including children with special needs as listed in table 1. This can add to the burden of parenting in each family.

There are 7 families having two children and 5 families with three children. Most families have 2 up to 4 children. The number of children owned by respondents is one of the demographic data that must be studied since there is a belief in Indonesia culture that the more children you have, the more prosperous you are. However, the number of special needs children influences a parenting style. Two children will be easier to take care compared to family having five children.

Meanwhile, the level of education is also demographic data studied. Most families have a high school in their educational background. Nevertheless, there are still a lot of parents who only graduated from the elementary school level. The table 2 also shows that those who have higher educational backgrounds are very low in numbers.

The average age of respondents is 49.28 years. It explained that most parents having special needs children are in the middle-age phase. Participants have an elementary school for a minimal level of educational background. A few parents graduated from postgraduate levels. 18 families are having various numbers of children; one up to six children (see table 3).

The results of the data analysis showed that most of the respondents scored 3.06 out of a scale of 7 (see figure 1), where the average was less than the median. This means that most parents are dysfunctional in their parenting during the pandemic. Of the three

dysfunctional parenting factors, namely laxness, over-reactivity, and verbosity, it was found that the verbosity factor obtained the highest score of 4.01. The qualitative data (table 4) resumes some themes of problems and how the parents' responses towards them.

Table 1  
*Number of Children in Family besides the Special Needs Child*

Number of Children	Amount
One	1
Two	7
Three	5
Four	4
Five	-
Six	1

Table 2  
*Parents Level Education*

Level of Education	Percentage
Elementary	17%
Junior High School	5%
Senior High School	56%
Graduate	11%
Post Graduate	5%
Others	6%

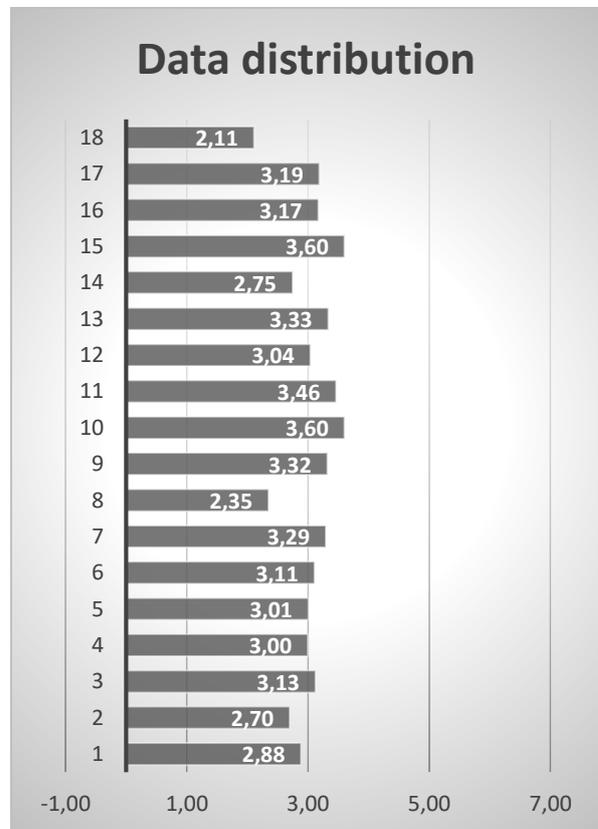


Figure 1. Parenting score

Table 3  
*Respondent Demographic Data*

Category	Min	Max	Mean	Standard deviation
Parental age	38 years old	63 years old	49.28 years old	7.54
Parent education	Elementary	Postgraduate		
Number of children	1	6		

Table 4  
*Qualitative Result*

No	Theme	Responses	Parenting
1	Child behaves badly	Debates, long advice, yelling, bad language, slapping, hitting	Over-reactive
2	Child having problem	Piling up problems, holding grudges	Over-reactive
3	Parents are angry or stressed	Forgetting the child's condition, not tolerating	Over-reactive
4	Parents forbid children to do something	Nagging, reminding repeatedly	Verbosity
5	Parents make rules	Often don't follow the rules	Verbosity
6	Parents face the problem	Telling their children about the problem	Verbosity
7	Types of parents	Set limits on what children are allowed to do	Verbosity
8	Parents were not at home / away from the child	Did not know what the child was doing, leave the child	Laxness
9	Kids do wrong and apologize	Handling as usual	Laxness
10	Children complained of facing problems	Ignoring complaints	Laxness
11	Parents forbid children to do something	Give up, back down, let the child	Laxness

## Discussion

This study measures the parenting behavior and discipline of parents who have children with special needs during the pandemic. Although it does not specifically measure parenting behavior related to religious contexts, all research subjects come from Muslim families. It is called that Islamic values implicitly also underlie the behavior measured by the respondents. Behavior that occurs in human practice is a manifestation of his belief in God because the relationship between psychology and religion is complex (Kusuma, 2014).

Quantitative data illustrates the three dysfunctional parenting applied in Muslim families during the pandemic of COVID-19. Demographic data collected convey some information about the parents' condition including their age, educational background, and the number of children among the 18 families involved. In addition, qualitative data explain some parents' responses in handling their children having special needs.

The COVID-19 pandemic has forced children with special needs to spend their days at home. The therapy process, which was previously assisted by professionals, is now completely left to the parents. On the other hand, the parents are also in a condition that may be quite severe. With the shift in work activities from the office to being at home, some even experienced layoffs which had an impact on the deteriorating economy, making the process of caring for children with special needs not run well.

From the demographic data, it is known that respondents have different numbers of children. The more children there are, the more difficult it is to give special attention to all children. Having special needs children demand parents to spend extra time and attention on them. Besides, it is also possible that the siblings will feel neglected if the mother spends most of her time caring for her child with special needs. This makes parenting conditions more complex. Here, the role of the family as an inclusive education unit is also interesting to discuss.

Most parents are in the phase middle age who have on, individuals have developmental tasks to fulfill social responsibility as an adult and a citizen (Jannah et al., 2017). They have been able to guide children and teenagers to become an adult who is responsible and happy, as well as accept and adjust to various change. Therefore, most of the respondents are predicted to be in a fairly good functional stage of parenting. However, the result shows that most parents still have dysfunctional parenting in their family.

Dysfunctional parenting data analysis shows that verbosity is the highest position applied. Verbosity is defined as the use of more words than needed to convey a message (Nordquist, 2020). In Indonesian society, it is known as "garrulous." It implies that most parents tend to have this dysfunctional parenting during the pandemic. Nevertheless, other dysfunctional parenting which are laxness (weak or unable to be firm with children) and over-reactivity (too reactive) also occurred in Muslim families.

Verbosity shows that since there is an ineffective communication pattern so in parenting, parents feel they have to use more words that may not be needed. Actually, this style of communication makes parenting become ineffective. Qualitative data also explain that verbosity mostly happens in the family.

A high voice and screaming are also responses that parents often make when they know their children doing something considered bad. Bad language sometimes comes out of the mouths of parents with the intention of disciplining children. "I asked why did you throw the food? I'll explain how to appreciate food" is an example of a parent's response. What parents annoy at may not necessarily be conveyed to children because there is a possibility that children have not been able to practice eating neatly. There is also the possibility that the child feels his emotions are uncomfortable and wants to convey his feelings but doesn't know what to do. Bad behavior by children with special needs should be traced to the source of the cause. "I hit him because he refused to sleep while it was getting late at night", that is also what parents do because of the fatigue they

experience. "Time for rest" practice cannot be used because their child is still very active and doesn't want to sleep yet. The pain received as a result of being hit sometimes in some children with special needs is not felt as painful, but in some sensitive children, it is very painful. Although a light blow even a touch that was slightly hard for them was already very painful.

The majority of parents when children show bad behavior tend to make over-reactive responses. When a child does something they don't like, there is a response from parents who insult their child, say harsh things, or even call their child's name out loud. Children with special needs do not know what to answer and do not understand what is being said. They only know their parents screaming, high-pitched speech, and facial expressions that are red with anger. Not a few parents become frustrated because they are not able to convey what they feel to their children. They want their children to see and understand their resentment. Facial expressions and loud voices caught by children do not make them understand but instead, make them afraid. Non-verbal responses are also seen in some parents when they see bad behavior from their children such as slapping and hitting. They only accept pain but the message conveyed is not certain they understand.

When parents know there is a problem with their child, often the problem is stored away and accumulates to a large extent. A number of feelings are hidden by parents of children with special needs such as shame, fear, discomfort, dislike of what is there, and worry about all possibilities. Large families often contribute to labeling parents who have children with special needs. "All extended families blamed me when they found out I had a child with special needs. They say none of our descendants have ever been like that." The greeting may not be received only once so it will accumulate into pent-up emotions. When there is a trigger, the problem they are keeping explodes and has bad consequences for children and parents. Parents who express their emotions because of the accumulated burden of problems make children afraid and even

traumatized by the attitude of their parents who cannot control their emotions.

There are also parents who hold grudges against the response received by the surrounding community. The condition of children with special needs requires more attention and support from the extended family. The condition that often occurs is that parents often break up because they are not strong enough to face comments from the surrounding community, both extended family and neighbors. Revenge that is stored by parents will certainly accumulate and can explode when parents feel that no one is helping. "I was afraid to get pregnant again because of the condition of my first child. No one has come to give me support, I have trouble taking care of this child. All the family went away when they found out I had a child who was different from normal children. We'll see if I can make this child successful, I'm sure they will come close." The expression of buried grudges does lead to positive motivation, but there are many other grudges that do not always have positive motives.

Being a parent of a child with special needs cannot be separated from conditions that often make them angry and stressed. Attitudes and behavior of children who are not in accordance with parents' expectations certainly make some parents unable to accept this situation. Tolerance for mistakes made by children is sometimes not possible for some parents because they feel tired of the conditions they face. Work and life demands make them often have high-stress levels and make them discouraged. "Yeah... I get angry if my child is not taken care of at home, I'm tired from coming home from work and seeing that the child is not clean while the nanny is busy with herself." Parents are not always at home because there are mothers who also have to help the family's economy by earning a living. If there is stress at home, it's no different, "I'm tired at home picking up children all day, taking care of the house, the father comes home and doesn't help hold the child." Sources of parental stress can come from the home, workplace, and even the surrounding environment, both extended family and neighbors.

When children are not allowed to do something, parents forbid their children not to do something repeatedly. The character of some parents who want their children to move quickly and neatly often makes them grumble. "I have reminded you many times not to hit. but I still play punch ..., every time I come home from school something is always lost ... and lost. I have said many times to check first...". Actually what parents do are good at reminding their children to be neat and disciplined with their things. However, the condition of some children with special needs is not as optimal as that of children in general in taking care of themselves and their belongings. The attitude of parents who nag their children sometimes makes children only understand that their parents are nagging by not understanding the message being conveyed. The limitations of children with special needs in capturing information are also things that are sometimes forgotten by parents. Receiving information at normal speed is still a difficult problem for them, especially information that is very fast with nagging.

Parents of children with special needs usually get assistance from a therapist. Some rules or schedules must be synchronized between home and school. The majority of parents are unable to implement it firmly and often do not even carry out what has been agreed upon. Agreements for behavior change, rules for maintaining diet, and reward systems that have been made with therapists are often not implemented by parents. They say they don't do it for reasons of being busy at home where they have to take care of many things. "Sometimes I'm tired from coming home or from work so I just let my child do what they want," "They've been at school all day, of course, it's enough with the teacher and chaperone."

When children interfere with activities that parents are doing, the majority of parents ignore the disturbance. They have an understanding that children with special needs are destined to be a test in their life so they have to accept that. Disruptive children can be because they need attention from their parents or indeed their limitations require the presence of other people. The cooperation of

families who have children with special needs is needed so that they get attention and affection that can help them grow and develop properly.

Learning from a community that has the same experience makes parents gain new knowledge to deal with their children as well as face their families and society. They learn to set some limits on what their child is allowed to do. In other words, the influence of the community and the knowledge gained together from sharing the experiences of fellow parents who have children with special needs make them the type of learning parents. They learn to determine what their children are allowed to do, and how to deal with their small community, such as a large family, to the community in which they live. Often the labeling of society that seems cruel makes parents feel weak.

Parents are not always near their children because they also have various other activities. Work, shopping, or other activities that require them to be away from children make them unable to be close to children. Ideally, they follow what the child is going through, but most of them don't know what the child is doing either when they are left at home or when they are at school. The majority of their reason is entrusting their children to the school. They also rely on God's protection for their children and families. There are times when parents do not follow the conditions that are being experienced by children whether they are at home or at school. Parents tend to leave them with a nanny or companion at home. "I usually already trust the babysitter when she eats and sleeps at home." "When I'm at school, I usually entrust it to the class teacher or the accompanying teacher, ma'am." If there are certain things that require special attention, usually new parents will come as if they are sick because the school will inform them.

Communication between children and parents is sometimes not always used by parents to ask how children feel, and what they are doing. There are times when parents convey to children that they are facing a problem. "I don't know if he understands or not, but sometimes I tell him that I'm having a hard time, I don't have any money."

"They understand or not, if I'm noisy with his father, but I see him being more sensitive." Parents who have children with special needs are no different from parents in general. They have both positive and negative emotions with a number of problems also coming their way. Telling children about what they feel sometimes makes parents a little relieved and reduces the burden, but whether it is understood by the children of the parents also cannot be sure. What they do is just let go of a little burden that doesn't need a solution because they realize their child has limitations. The feeling of having someone to talk to maybe that can be a reason for parents why they express feelings or share the problems they feel.

One of the roles of parents with children with special needs is to accompany them with full attention and affection. But the reality that happens a lot is that many parents ignore their children when they complain about the problems they face. There are various reasons that make parents this neglect, such as busy schedules, lack of knowledge about how to handle children with special needs, and some are even embarrassed to have children with special needs. The shame and regret of having a child with special needs sometimes make parents neglect their child. "I rarely take my children to public places."

Some parents say there is no need to worry too much about their children for such moral matters because they are different children. They are no longer considered by the general public because of their shortcomings. This perception is of course very unfortunate because children with special needs also need to be equipped with independence to live and also the habituation of behavior needed in socializing with other people. They will interact with other individuals starting from their family, school environment, and neighbors, to become part of the community where they are. Apologizing behavior must be cultivated from childhood, including in children with special needs. They also have to understand morals and social values in general such as apologizing for mistakes. Back to parents with children with special needs, many consider children with special needs to be children who are

"different" from normal children so there is permissiveness for them.

There is an attitude of parents who respond to children's behavior very casually and don't even take any action. They backed away from their child and even gave up by doing nothing. Bad behavior does not get attention and improvement as well as good behavior that does not get praise and appreciation. In certain conditions, their children are the ones who get angry when their parents say no to their requests. But parents feel unable to fight and defend what they should forbid their children.

When children do something they don't like, parents often let it happen. Children are allowed to do what should be prohibited on the grounds that they don't want their children to be disappointed and cry. Preferring not to argue a lot with children, not wanting to be tired of rebuking, and avoiding debate are often the reasons parents do omissions. When parents rebuke children, they are angry and parents choose to be silent and let it be, rather than being heard by others.

The last point that can support the findings of this study is the trauma that children feel due to communication with parents. In this study, namely the discovery of aspects of verbosity in dysfunctional parenting which can cause trauma to children. As stated by McGuire et al. (2019) through a study with mixed methods that the trauma that children get in communicating with parents can be intervened by increasing support for parents for positive parenting. Parents are also asked to identify things that will hinder their communication with their children so as not to cause trauma.

### Conclusion

Quantitative data illustrates that all families apply dysfunctional parenting which is laxness or weak discipline (permissiveness), overreactivity (the authoritarian discipline, displays anger and irritability), and verbosity (nagging parenting). Verbosity is the most frequently occurred type after that overreactive and laxness. Even though parents have different backgrounds in education, level of age, and some children, they admit that they have

those three dysfunctional parenting. In addition, qualitative data explain more details about parents' responses to some problems. There are some themes explored such as children behaving badly, children having problems, parents being angry or stressed, parents forbidding children to do something, and parents making rules. Besides parents facing the problem, types of parents, parents were not at home/ away from the child, kids do wrong and apologies, children complaining of facing problems, and parents forbidding children to do something are also the themes in qualitative exploration.

For further research, the number of respondents can be increased to get more representative results. In addition, the role of other family members in inclusive care and education in families with special needs children also can be considered. Experimental research design can be an alternative to explore the effectiveness of psychoeducation in reducing dysfunctional parenting.

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