

How Religious Beliefs Influence Understanding on Disability: A Study of Muslim Family's Perception on Autism

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Abstract

Religion, spirituality and culture are important influences on health beliefs and behaviors, which leads to implications on health communication area. Religious, spiritual beliefs and cultural perspective also play important roles in how individuals interpret and explain disability, such as in understanding the Autistic Spectrum Disorder (ASD). In communal culture country like Indonesia, where Islam is the dominant religion, Muslim families tend to have strong intergenerational family ties and values of collectivism. Therefore, this study aims to find out about whether and how religious beliefs inform parents' understanding of how to raise special needs children. Data were drawn from in-depth interviews with 5 Muslim parents who have autistic children. Results indicate that religion helps them to accept and understand the condition of their children, and affect their childrearing goals to make the children live independently and find the children's best potential. Religious perspective also brought them to opt for alternative medicine and holistic treatment in order to seek progress for their ASD children.

Keywords: Autism, Religion, parenting, childrearing

Background

In Indonesia, although the exact number of children with autism in is not known yet, the prevalence of persons with autism are increasing. Kresno Mulyadi, a psychiatrist and author on a book about autism, said that the amount of autism cases in Indonesia has increased rapidly. Based on the study conducted in Indonesia by Wignyosumarto, Mukhlas, & Shirataki in 1992, it was estimated that the rate of ASD (Autistic Spectrum Disorder) was 11.7/10 000 on that year (Elsabbagh, et. al., 2012). Meanwhile in 2011, according to the Department of National Education, the numbers rocketed to 1 among 500 children born with autism (Harjono & Anna, 2011).

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But the exact amount is still yet to be confirmed, because in 2009 the Ministry of Health in Jakarta said that one in every 150 children in Indonesia is born with autism, and the number of children diagnosed with the disorder is continuing to increase (Mardiyati, 2011). Two years later, in 2011, according to the United Nations Goodwill Ambassador of Education and Cultural Organization, Christine Hakim said it is estimated that 8 among 1.000 children born in Indonesia, suffered from autism (Radius & Mulyadi, 2011).

Parenting a child with ASD (Autism Spectrum Disorder) is not an easy thing. Children with ASD generally have complex problems in their development and are behaviorally defined by compositions of impairments in three domains: (1) reciprocal social interaction, (2) mutual verbal and nonverbal communication, and (3) inflexible behavior patterns, interests and activities (Bolte, et.al, 2010).

As a result, parents often experience challenges at a personal and social level across various context, which include an increase in personal stress, effects on interpersonal relationships, as well as increasing isolation (Altiere & von Kluge, 2009; Wang et al., 2011; Divan et al., 2012). But while the behavioral problems associated with ASD increase parental stress, parents with ASD children could cope with the challenges by applying some strategies, which include acceptance the biological basis for ASD (known as “accommodation”), “resistance” to the biological basis, and “transcendence” of them (such as using a spiritual pathway to understanding their situation) (Gray, 2001; Divan et al., 2012).

The transcendental way, is where parents draw on their religious faith as a way to make sense out of their children’s suffering (Gray, 2001). This strategy is part of a meaning of suffering process that parents with disabled children usually went through. The process eventually would make parents feel stronger and tougher while eliminating despair in accepting the realities of life they experienced with ASD children (Hersinta & Soepomo, 2012).

The spiritual and religious paradigm of parents with disability children, may have strongly affected their appraisal of children with disabilities. Dyches, Wilder, Sudweeks, Obiakor and Algozzine (2004) noted that member of various cultures may appraise the stressor of autism differently, and these appraisals may be considered to be negative or

positive. There are people who believe that mental retardation or developmental disability is a punishment for the sins of the parents (Skinner, Bailey, Correa, & Rodriguez, 1999; Dyches et al., 2004), but adversely, there are people who accept the child as a blessing or gift from God, feeling that they have been found worthy of such a child or that they have been given this challenge to become a better person, as found in a study on a group of Latino-Catholic parents (Dyches et al., 2004).

As the largest Muslim-majority country in the world, Islam has always been the religion of most of the population of modern Indonesia, with some 88 percent of this nation's 210 million people officially profess Islam (Hefner, 2000). Religion has become one of the important considerations in all aspects of life, and Muslims have strong intergenerational family ties and values of collectivism, preservation of their cultural and religious identity, and minimal acculturation to Western ideologies (Azmi, 1997; Jegatheesan, Miller & Fowler, 2010).

Several provinces in Indonesia have a strong base of Islam's religious traditions, such as Nanggroe Aceh Darussalam (NAD, which known as "Serambi Mekah") and West Sumatra, which use religious terms to represent identity. Islam also became a widespread religion in Java, and it affects various social and cultural aspects, such as building's design, traditional norms, values and customs. And part of Islam's popularity in Indonesia has always been its adaptability. For example, early Islamic preachers used Indonesian shadow puppet shows to disseminate the religion. Even today, many Indonesian Muslims regularly consult shamans (mystical healers believed to have paranormal powers) to have fortunes told, or to have spells cast and removed (Sims, 2007).

Meanwhile, there is very limited literature related to autism and religious/cultural perspective, especially in Indonesia, for most of the researches were focused on psychological and pedagogical areas. For example, in London School Centre for Autism Awareness (LSCAA), we found that most current researches (2010-2012) done by students and lecturers were in the area of interpersonal communication (among families and therapist), education media to enhance communication for ASD children, psychological communication process in parents with ASD child, and public relations or media use, such as research on campaign strategy for increasing autism awareness.

Therefore, the purpose of this paper is to explore impacts of religious perspective in understanding autism; about whether and how religious beliefs could inform parents' understandings of how to raise a child with autism. The result of the findings would give insights about religion and culture attribution to perception on ASD among families Indonesia, including its impacts to childrearing practice and goals.

Related Literature

Influence of Religion and Spirituality on Health Beliefs and Behavior

Religion and spirituality are important influences on health beliefs and behaviors, and many health-related practices observed in cultures around the world are rooted in religious and spiritual traditions. These two elements had profound influence on views of health and illness in many cultures, and in the end have a number of implications for health communication area (Wright, Sparks and O'Hair, 2008).

As stated by Warner & Mochel (1998), religion gives people meaning in their lives, and it validates the culture and lifestyle of people in a society. Religion serves as an explanatory system for what occurs to members in a society such as illness, death, and unfortunate accidents. Religion gives validation for the present state of society by linking the present with the past experiences of the group, and reinforces peoples' goals in life. Religion also validates peoples' beliefs about health and illness. This includes validation for beliefs causation, diagnosis, and treatment of disease.

But cultures attribution of linking illness to spiritual forces often caused direct conflict with the western biomedical model that attributes diseases to microorganisms, such as viruses, or to lifestyle influences. Some cultural groups such as Mexican immigrants in the United States believe that health problems are meant to be or caused by God or supernatural forces (Wright, Sparks & O'Hair, 2008).

Based on a research done in Goa, India, by Divan, Vajaratkar, Desai, Strik-Lievers and Patel (2012) it was found that religious support was central for the majority of families with ASD children there. Most experienced healing retreats as transformative, along with other local common practices included prayers and ceremonies to remove "bad spirits," consuming blessed foods and holy water and fasting.

Shaked's (2005) qualitative study of 30 ultra-Orthodox Jewish Israeli families of

children with autism revealed similarly positive interpretations. Twenty families regarded their children as having a high spiritual status or appointed to carry out an important religious mission, a view that is based on the Jewish variant of the doctrine of reincarnation (Jegatheesan, Miller & Fowler, 2010).

According to Levin (1996) and Robinson & Nussbaum (2004), religious beliefs and practices are often associated with social and psychological mechanisms that can enhance health and well being (Wright, Sparks & O'Hair, 2008). Religious organizations provide opportunities for people to develop and expand their social network, and also provide a sense of belonging, fellowship, and cohesiveness, as well as provide instrumental and emotional resources, such as monitoring others for illness and providing encouragement, hope and aid (Robinson & Nussbaum, 2004; Wright, Sparks & O'Hair, 2008).

Religious Perspectives and Parental Beliefs on Autism

Although in previous 10 years there were research reports on family adaptation to autism specifically, most research emanates from Western cultural perspectives. And as stated in a study by Jegatheesan, Miller and Fowler (2010), there is a growing recognition in research on children with disabilities that religious beliefs can play an important role in how individuals interpret and explain disability.

Like other families, families of children with special needs also hold a variety of religious beliefs that inform their understanding of children and childrearing. Following the diagnosis of a disability, religious parents may draw upon their faith to help them make sense of and construct meanings around disability (Jegatheesan, Miller and Fowler, 2010).

While majority of parents with disability children have to face various challenging situations, such as financial constraints and limited services, they eventually could innovate strategies for creating a secure, loving, and rewarding space for their child and families. These strategies included seeking religious help, actively going out to work, selective disclosure to close family, and situational and selective socialization with gradual reintegration into wider community networks; similar strategies have been described in other studies with families with children with ASD [Gray, 1994, Wang et

al., 2011, Woodgate et al., 2008; Divan, et.al, 2012].

Jegatheesan, Miller and Fowler (2010) referred to two previous studies, which shed light on the religious beliefs of families from South Asia. The first is from Gabel (2004), who conducted 2-year ethnographic study of 20 Asian Indian Hindu families of children with mental retardation in the United States. In keeping with Hindu beliefs about reincarnation and karma, parents believed that disability was a gift from God, given to them as a result of sins committed in their previous life. They believed that the person with the disability or his/her family had lessons to be learned in their present life as a result of past life actions. The birth of a child with a disability also was a way to release them from the cycle of death and rebirth. While in second research done by Jacob (2004) on American families with South Asian cultural roots, also provides a brief overview of similar cultural beliefs of retribution for past evil deeds. The research stated that the parents, who come from South Asian backgrounds (both Hindus and Muslims) turn to prayers, pilgrimages, and religious adornments such as amulets and saffron threads for ensuring the well-being of their children (Jegatheesan, Miller and Fowler (2010).

In contrast, there was a research done in Republic of Ireland about the impact of having a child with autism (Coulthard and Fitzgerald, 1999; Jegatheesan, Miller and Fowler (2010), which found that 45% from 60 parents interviewed, reported that this event in their lives had prompted them to distance themselves from God and their religion. However, some parents said that they trusted God to take care of the situation.

Earlier studies found more negative appraisal as the result of family's interpretation of the etiology of the child's disabilities. For example, it was found in 1981 by Green, Sack, & Pabrum, who had done research to Indian family natives in the US, that some Mojaves believe that mental retardation and other birth defects are caused by misdeeds of parents, whereas some Navajos are reported to believe that the child's autism may be the fault of the parents or a result of witchcraft. Connors and Donnellan (1998) also reported beliefs that the mother may have seen a dead animal while pregnant or that the child was conceived by a man other than the mother's husband (Dyches et. al (2004).

But in previous studies on Muslim families about their beliefs about autism, more

positive appraisal was found. The parents claimed that their Islamic faith informed their acceptance that their child had autism, their expectations for their sons, and their own parenting behavior. Results also indicate that religion was the primary frame within which parents understood the meaning of having a child with autism. They regarded their children as gifts from Allah and felt blessed that God chose them to be special parents (Jegatheesan, Miller and Fowler, 2010). The positive interpretations echo previous studies done on parents from other religious faiths, such as Christian and Jewish. The Muslim parents also relied on their religious faith to help them adjust to and cope with the birth of a child with a disability. Their religion urged them to maintain a positive attitude and to do everything they could to help their child (Jegatheesan, Miller and Fowler, 2010).

At the end, diverse home values, family traditions, and social-cultural experiences become important considerations for teachers and other professionals who are working to improve the lives of children with disabilities. Parents' interactions and expectations also are likely to be influenced by differing culturally bound child-rearing practices and attitudes to disability (Dyches et. al., 2004).

Method

The method used in this research is based on qualitative analysis method. Data gathering process were done by interviewing informants, in order to respond to general questions first, for then moved to more specific, in-depth, semi-structured questions. Researcher explore the informants' response in regards to identify and define people's perception, opinion and feelings about how their religious beliefs could inform their understanding of how to raise ASD children. The in-depth interviews were done in June-July 2012, which involved 5 informants. The criteria for choosing these informants are: (1) being parents or members of family who act as guardian parent to an ASD child, whose child's age range from 5-12 years old; (2) being a Muslim parent or guardian parent. The informants were recruited in a special-needs school located in Bekasi. Each informant comes from middle socioeconomic status; with monthly expenditure on child's education, intervention program and therapy range around 2-3 million rupiahs. The questions addressed mainly based on: How did parents make sense, within their cultural

meaning systems, of the experience of having a child with autism? What were their beliefs about autism? How do they cope with the challenges? And what were their childrearing goals?

Findings

Based on the interviews done with the parents, we had 3 mothers and 2 guardian parents (grandmothers) participated on the events. The 2 grandmothers act as a guardian parents who involved in child's everyday activities, such as taking them to school, supervising them in daily schedule (for example: feeding, bathing, doing homework and taking them to therapies/intervention programs). All of ASD children whose parents participated in this study are dominated by male gender. And below is the description of informants' data, with each name under pseudonym to maintain anonymity.

Table 1
Family Profile

Child	Current Age	Age at Diagnosis	Siblings	Family Members in Home	Parent Occupation
Rian	5	3	0	Mother, father, Grandmother	F: private employee M: private employee
Andi	12	3	1	Mother, father (working out of town, meet the family once a month), sister	F: private employee M: part-time worker
Zainal	7	2	0	Mother, father, aunt	F: private employee M: private employee
Yusran	9	2	2	Mother, father (working out of town,	F: private employee M: housewife

				meet the family once a month), 1 sister, 1 brother	
Ahmad	8	1,5	0	Mother, father, grandmother, grandfather, uncle, aunt	F: social entrepreneur M: lecturer

Note: F = Father; M = Mother

From data obtained by doing in-depth semi-structured interviews with parents, focus of this study covers on topics such as parents' beliefs about having a child with autism, how to parent a child with autism, religious precepts and practices relating to childrearing, disability, strategies and experiences related with therapy, medicine and intervention programs.

Beliefs About Having A Child with Autism

All parents admit, when the child had their first diagnosis from doctor or psychologist, they could not help feeling sad, shocked, disbelieved and distressed, because of having a child with disability. Andi's mother talked about her first dealing with condition of his son:

“At first we felt shocked and frustrated. We have to deal with neighbors, who have difficulties accepting ‘the odd’ behavior of our child. Andi likes to play with brooms, and once he took our neighbors broom, broke it and throws it back to their house. The neighbor went mad and told me that I should have done a better care of my son.”

The other parents felt and experienced the same problems. As told by Yusran's mother: “Yusran was the youngest and born when I was 35. The age gaps to his older sister and brother were quite large, now they are going to college and high school while Yusran is still 9 years old. We were shocked and confused when he was diagnosed with ASD. But finally, we have to accept it. He is our boy, that Allah gave to us to be raised

well.” Aside her acceptance of the child’s condition, Yusran’s mother half blamed herself for not taking care of her pregnancy. “When I was pregnant at that time, I had difficult conditions and physical problems. My physical condition was quite weak, I was far older than my previous pregnancy, and must have a lot of bed rest sessions. The worst thing was, I ate a lot of durians. People said that durians are bad for pregnant women. The fruit increased the heat of the stomach. Yes, from the beginning of the pregnancy, I’d already felt so many problems.”

But at the end, they felt blessed to be a family chosen by Allah to raise a special child. As the healing process began, they tried to cope and become more involved with other parties, such as therapist, special schools and other parents for support. And as time went, parents believe that Allah have chosen them to be a parent of special needs child because they have the capabilities to handle the issues. As Zainal’s mother said: “Allah never give test beyond His people could bear.. We believe that Allah found we have the strength to cope with it.” They also stated that they determined to try everything and would not give up on the condition of their child. Most of the parents felt that God give them a special test to see if they could pass it well. Yusran’s mother expressed this as follows: “This special need child is invaluable, and Allah entrust this boy to us, to be treated well. And this is some kind of test to our patience, for us to be strong.”

A slightly different opinion came from Ahmad’s grandmother, who said that Ahmad is also a test from God for his parents (Ahmad’s mother is her daughter), but because of their lack of religiosity. She felt that her daughter and the husband (her son-in-law) are not religious enough, for example they often skip doing shalat, the daily ritual prayers in Islam. She said that: “I often told my daughter that this is a test of life for her and her husband. I think sometimes they do not take this matter seriously, and they less care to pray and beg for the better condition of their son. I really think they should ask more for God’s forgiveness, as they should be more religious and having prayers for their son.”

But overall, parents feel that God had entrusted them with a special child, so they felt strongly that they must have faith in Allah and do their duty to help the child. Rather than questioning on why they had been given a child with special needs, they choose to accept what God has given to them. And given their beliefs that their child with autism is

a gift from Allah, these parents would willing to try their best to accommodate the child with education, therapy and intervention programs they could afford.

Religious Perception and Practice Relating to Childrearing and Parents' Goals

Most of the parents participated in this study felt that they must have faith strongly in Allah and do their duty to raise the child, because Allah had entrusted them with the special child. From their perspective, the way to enhance progress and development of the ASD child was to immerse him in every aspect of life, including social and religious activities in everyday life.

Andi's mother, who is the one with the oldest child among others (12 years), believed that child with autism should be included in the ordinary social, and religious activities, mostly at home. She said, "When Andi started speaking, around 4 years old, I called a teacher to give a lesson on how to read Qur'an. It was very difficult to find a teacher who is patient enough to teach ASD child. Especially that Andi is a very active child and has difficulties to focus, to stay still. When we had a teacher woman, he always wants to take off her hijab. We have gone through phases when teacher come and go, but eventually we found the one who is caring and patient enough. Now, Andi could read Quran until 7 Juz (parts of Al-Quran). We also taught him to follow our ritual prayers, shalat. First, he just copied our movements when doing shalat, such as ruku' and sujud. And then he began to memorize the prayers." Andi's mother also trained her son to do fasting in Ramadan month. "At first he tried fasting for half day, and then become full day." She also explained:

"Actually, the first word that came out from his mouth happened in Ramadan month. He got scared of firecracker's explosion outside our house, and he ran into the corner of the house and screamed, 'Iya! Takut!' (Yes! Scared!) while covered up his ears. That's what I called the miracle of Ramadan. I believe, all this time, Allah never sleeps. Everything will happen at the right time. He always listen to our prayers, Insha Allah, if we always pray for the best for our son, Allah would listen."

Other parents, especially the one with non-verbal ASD child, have difficulties to accustomed their child into religious activities which involve speech such as shalat and reading Quran. Zainal, who in age 6 has currently starting to speak, now could follow the

ritual shalat, and could say “Allah” and “Amin”. But Yusran and Ahmad, who are still nonverbal, have not yet participated fully in religious activities, but both parent/guardian parents agree that their sons have to be accustomed to religious activities such as shalat and fasting, which had done mostly in school. But in doing this, they often give flexibility and not strictly ordered their children to follow the rituals like typical Muslim children in their age. As Yusran’s mother said: “Sometimes I could not bear seeing him restrain his hunger in order to do fasting. Yusran is a fat boy who easily get hungry. And he hasn’t understand the meaning of fasting yet, that we are not only have to restrain hunger physically, but also emotionally, like holding up our negative feelings.”

Another Islamic rite is Khitan, a term for male circumcision, which also part of religious norm in Islam. From 5 parents being interviewed, only one admitted already done Khitan process to the child, which is Andi’s mother. While other parents still considering in what age their children would ready and be prepared to do the Khitan, because they are afraid that their sons are still quite young, and the child’s reaction could not be predict easily.

As for social activities, Rian’s grandmother admitted that the challenge they face now comes from communicating and involving Rian in social activities, such as building interaction with the neighborhood. She said: “I felt sad when our neighbor kids teased Rian because he could not speak yet. They called him ‘crazy boy’. But I told them, that Allah create each people differently.” While Zainal’s mother expressed her concern also, that the neighbor’s parents mostly understand about Zainal condition, but their kids not. So it is still difficult for his son to mingle and socialize with others. Ahmad also still faces the same challenge. His grandmother said: “Most of the time, he is still solitaire, not yet understand how to engage with others. But he has a cousin, who is younger than him, and now he is kind of accustomed to her, and they often do activities together, like going to the mall, watching DVD, or walking to the nearby park at home.”

Aside from the child impairments, such as lack ability to socialize and still have difficulties in communication or inflexible behavior patterns and interests, parents tried to include their special needs children to follow religious rites and social activities. While children may not have the understanding of the basic principal of why people doing prayers and fasting, parents felt that by accustoming children to do the ritual and

activities, they will get used to it, and eventually will do those rituals as a part of their daily routine. As Andi’s mother said: “That’s what they have been taught at school. To start the day with prayer, take wudhu before shalat, and shalat together (Jema’ah). They could memorize the activities, and when they are doing our religious ritual, like shalat and fasting, it’s part of their identity as a Muslim.”

All of the parents agree that their childrearing goal is to bring out the best potential for their kids. And the most important thing also is to teach the children how to be independent in their daily life. As one mother said: “I believe that God give different potential to each of our child. And it’s our duty to dig those potentials, so he could make the best out of it.”

Influence of Cultural and Religious Beliefs in Therapies and Medicine Use

The experience of seeking external help to accommodate ASD child involved multiple consultations, usually with pediatrician, psychologist and/or psychiatrist. All of the parents said that the diagnosis and consultations had to be done first by one or more from those 3 experts. Based from the diagnosis, the child was referred to undergo some intervention and therapy programs, such as speech therapy, occupational and behavioral therapy (OT) and sensory-based therapy (SI/Sensory Integration).

Besides the ‘basic’ intervention and therapy programs assigned by psychologist and pediatrician, most parents have already tried the alternative therapies and medicines, such as acupuncture, massage, therapeutic touch, herbal remedies and others. Below is the description of each informant’s experiences in intervention programs, therapies and medicine use for ASD child.

Table 2

Informants’ Experiences in Taking Therapy Programs and Medicines

Child	Recommended Therapy	Alternative Therapy	Medicine/Supplements Prescribed by Pediatrician/Psychiatrist	Alternative Medicine
Rian	SI, OT, speech, music therapy	Massage, holy water (to drink), avasin	Aripiprazole/Antidepressant	Herbal supplements
Andi	SI, OT, speech,	Massage,		Honey

	behavioral	acupuncture, reflexology, cupping, ruqyah, avasin		propolis, other herbal medicine
Zainal	SI, OT, behavioral, speech, music therapy	Massage, reflexology, Acupuncture, cupping, ruqyah (pray therapy), avasin	Aripiprazole/Antidepressant	Honey propolis, other herbal medicine and supplements
Yusran	SI, OT, speech, behavioral, music therapy	Massage, acupuncture, reflexology, avasin	Aripiprazole/Antidepressant	Herbal supplements
Ahmad	SI, behavioral, OT, speech, music therapy	Craniosacral, massage, avasin, holy water	Fish oil & mineral/iron supplements	

Note: SI = Sensory Integration; OT = Occupational Therapy

From the table above, we could see that other than basic therapies program recommended by pediatrician/psychologist, most parents prefer to try alternative/traditional therapies and also herbal medicine/supplement for their children. Therapies based on religious rites such as Ruqyah (a kind of therapy which the patients been given prayer to protect/heal them from physical or mental illness, which could caused by virus or other cause such as bad spirit) and a traditional medical treatment from Middle East called Avasin, become alternative options which have been chosen by parents to heal their children. As Zainal's mother said: "We went regularly to Abu Aqila, a healing center who apply Ruqyah, a treatment based on prayers to remove the cause of illnesses. Besides Ruqyah, they also gave massage therapy, reflexology treatment, and cuppings (a treatment technique by discarding dirty blood/harmful toxins from the body, in this case, using needlepoints). Alhamdulillah, we could see progress after some times. He begin to talk more, and his behavior turn more calm." Before trying Ruqyah treatment, Zainal's parent already tried various alternative treatments, ranging from acupuncture with Professor Hembing, a famous acupuncture expert, to spiritual treatment by a famous 'orang pintar' (shaman) who claimed he could transferred illness to animals,

but parents should sacrifice no less than 11 goats in order to succeed the healing process. Zainal's parent did not follow the advice of the 'orang pintar', because the cost is very expensive, which could cost them around 8-9 million rupiahs for buying goats.

Andi's mother and Rian's grandmother also told the same story. Rian's mother persuaded by the popularity of Ki Joko Bodo, a very well-known shaman, so she took her son to him, who told her to bring Rian for regular consultation session with some kind of therapeutic touch therapy, accompanied by water that already chanted by the shaman. He guaranteed that within 6 consultation sessions, or at least 3 months, Rian will eventually speak. But after those sessions that already cost her around 6 million rupiahs, he still could not barely speak at all.

Rian also do the massage treatment regularly in Tangerang area, which according to his grandmother is "quite effective because now he talks more, and could understand more easily, for instance now he could understand and follow us in doing shalat." While Andi was brought into Ruqyah treatment, along with massage, reflexology and cupping treatment. They also experienced Andi's progress after the treatment. His mother told that: "Especially that these special needs children often in the state of spiritually unstable, so they easily encountered by bad spirits ('kerasukan', in Bahasa). For example, Andi often see spirits or appearance of something that could not be explain logically. He often screams and got scared. But now, he could get rid of what he saw by praying." While Zainal's mother felt confused because her son likes to draw an image of 'pocong' (a dead body wrapped in a shroud) on the wall of their living room. "I do not know when and where he saw the image of pocong. Because as far as I know, he did not watch it on TV or from the Internet, or somewhere else," she said.

Most parents feel that they tried 'basic therapies' which based from Western culture like biomedical treatments by giving supplements and following special diet (Gluten Free Casein Free) but those considered not enough to treat their children's disabilities. As Andi's mother said, "We have tried almost all biomedical and Western based treatments suggested by pediatrician and experts. But we found that alternative treatments worth a try, and some of them actually were bringing progress." This is echoed by Yusran's mother who told that, "The most important thing is, we have tried our best. We tried

almost everything. After we had tried our best, now we could entrust Allah for this matter.”

Discussion

Results drawn from findings indicate that religion act as an explanatory system for what occurs to members in a family with special needs child. The parents interviewed in this study regarded their children as gifts from Allah and felt blessed that God chose them to be special parents. Parents also believed that their child represented a test of their own spiritual and moral qualities, whether they could be caring and patient enough in accompanying and raising the child to achieve his potential, and in the end defines the goal that should be accomplished in child rearing process. One guardian parent said that this condition also seen as a result from punishment caused by parents' lack on doing religious activities, so it is a kind of test to put “the parents back on the right track”. Warner & Mochel (1998) stated that religion validates people's beliefs about health and illness, and gives validation for the present state of society by linking the present with the past experiences of the group, and reinforces peoples' goals in life.

Wright, Sparks and O' Hair (2008) also stated that religion and spirituality are important influences on health beliefs and behaviors. Some previous studies done among Mexican immigrants and the Christian Scientists in the US, rely on their faith and prayer to help them through their health problems. This statement conformed the results of this study which parents admitted that their Islamic faith helped them to accept that their child had autism, which in turn affect their childrearing goals (to bring out the best potential of their kids and to guide them to live independently) and their parenting behavior (to include the child in religious ritual activities, in order to enhance their identity as a Muslim). Their goals for the children are basically the same, to help the children become more independent, along with the hope that their children could be ‘normal’ like other common child.

The results of this study also echoes the previous research done by Jegatheesan, Miller and Fowler among South Asian immigrant Muslim family in the United States (2010), where religion act as the primary frame within which parents understood the meaning of having a child with autism, and the Muslim parents relied on their religious

faith to help them adjust to and cope with the birth of a child with a disability. Their religion urged them to maintain a positive attitude and to do everything they could to help their child. The same results obtained from informants in this research, where parents feel that God had entrusted them with a special child, so they felt strongly to have faith in Allah and do their duty to help the child. After they had done through acceptance process, parents do not questioning anymore why they had been given a child with ASD. Instead, they choose to accept what God has given and eventually, they are willing to try their best to accommodate the child with education and intervention programs needed.

The parents' religious beliefs also affected their decisions to seek alternative therapies and herbal treatments, which are more holistic, although they were spending a lot of money and time for those treatments. They said that they have to try everything in many possible ways to help their children. All parents have undergone biomedical treatments and Western-based therapies recommended by pediatrician and experts from years ago (which started when the kids were diagnosed at earlier age). Most parents said that in order to achieve positive outcome, it should be complement with more holistic treatment based on religious perspective, such as prayer treatment Ruqyah, a traditional medical treatment from Middle East called Avasin, as well as reflexology, massage, and drinking holy water which has been chanted with prayers. The Ruqyah and massage treatment were evaluated quite positive for contributing progress in their children. Some of the parents also tried to seek help from Shaman, but mostly less successful, while they had spent quite a lot money for it.

In Eisenberg et.al. (1998), stated that some studies estimate that about 42 percent of the US population (or around 83 million people) have used some form of alternative medicine or holistic therapy (Wright, Sparks & O'Hair, 2008). And there are still different perceptions about the efficacy of mainstream medical approaches as opposed to alternative approaches for treating disease and enhancing health. From a research done in India by Pal, Das, Sengupta, and Chaudhury in 2002 (Divan, et.al, 2012), it is known that the country's health care system is pluralistic with people accessing western allopathic medicine along with a variety of other systems of medicine (such as Ayurveda and Homeopathy). The interactions with biomedical doctors and complementary treatments resulted in many adverse experiences for parents with ASD child in India, including

dissatisfaction and financial strain. In contrast, religious support was central for the majority of families, because most experienced healing retreats as transformative, calling it “divine”, “miraculous” or an “inner healing”. Although some parents, however, felt that occasionally, religious practitioners took advantage of the families’ misfortunes interpersonal interactions (Divan, et.al, 2012). This kind of situation also found on this study, where most informants consider that alternative therapies and supplements are quite effective to complement western-based therapies and interventions, which they valued effective but kind of slow in improving their children’s progress. Some of the parents in this study also view ASD condition as “illness”, and not just a form of developmental disorder. These views eventually lead them to seek help from traditional healers and shaman, which are often suggested by family members or relatives.

From those findings above, we could see that culture’s value still has impact on people’s views of ASD in this study. Although western biomedical options and treatment solutions were very common in Indonesia to treat ASD, but traditional culture also influences the parents’ beliefs and eventually affect their behaviors in choosing a more holistic way of treatment solution for their children.

Conclusion

In summary, Islam perspective affect parents in accepting and understanding ASD, which they viewed their children’s condition as a gift from God. Our findings also indicated that religious perspective also affect parents’ childrearing goals and practices, in which parents viewed the developmental disorder faced by their children as a test and challenge to their own spiritual and moral qualities, whether they could be caring and patient enough in accompanying and raising the child to achieve his potential. And in the end, it defines the goal that should be accomplished in child rearing process. Religion also valued as individual’s identity, and in childrearing practice, involving and teaching child with ASD to religious rituals are considered important. Cultural and religious values also have impacts on their beliefs and behaviors in treating ASD, which eventually drove parents to choose alternative options for treatments and medicines, alongside treatments and medicines prescribed by health practitioners.

Academical and Practical Recommendations

The findings of this study are limited to the similar background of each informants involved. Therefore, more further study could be conducted using various background from the informants, such as with different religion, socioeconomic status and geographic area, in order to provide wider description on how religious and cultural perspectives could affect parents' belief in their childrearing goals and practices.

Moreover, the findings indicate that religious and cultural values could have profound influence in family's perception on autism and how they behave when it comes to treatment and intervention. So it becomes an important factor for health practitioners (such as doctor, psychologist and also therapist) to understand different cultural and religious backgrounds, in order to discuss the progress of the child's development in intervention programs and teaching strategies. Understanding religion and cultural differences could lead to more positive outcome, in effort to gain more understanding on holistic ways which already had become an alternative option to complement medical/psychological treatments among families with ASD in Indonesia.

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