

## Parents Acceptance To Visual Impaired Children In Special Chool At Singkawang

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### Abstract

*The purposes of this research are: (1) describe and analyze the description of acceptance of parents of blind children at Special School Singkawang, (2) identify the factors acceptance of parents of blind children at Special School Singkawang. This study used qualitative methods, techniques interview data collectors tested its validity through triangulation. Subjects in this study are the parents of students with visual impairment in Special School Singkawang many as four people and classroom teachers as informants two people. Data analysis techniques in form of data reduction, data display and conclusion. The results showed that: (1) The parents of blind children can receive willingly conditions experienced by his son, even that happens on stage tertiary phase which should at that stage parents could not accept her son. However, with sincerity and great sincerity and love to their children so that the parents that their children can receive in a faster time. (2) There are several factors acceptance of parents of blind children is the support of family, environment that very accepting and relatives who frequently give feedback, even one of the parents said that children with special needs is preferable compared with a normal.*

**Keywords:** Acceptance Parents, Children with Visual Impairment

### 1. Introduction

Every parent would want to have a healthy child, both physically and spiritually. But not all children are born and grow normally. Some of them have limitations both physically and psychologically, which have been experienced since the early days of development. Children born with unhealthy mental conditions of course make parents sad and sometimes not ready to accept for various reasons. Moreover the reason of shame, sometimes treat the child in not good ways. This is very concerning Because children born with this deficiency need more attention from their parents and siblings (Sarasvati, 2004). Although different from normal children, basically children with special needs have the same rights as normal children. Children with special needs require friends to play and socialize with the environment. They also need to be loved, appreciated, and give the opportunity to develop themselves. One of the most wonderful in children is the blind. DITPLB (2007) distinguish the blind with Low Vision. Blind people are people who have obstacles in sight / not functioning the senses of vision. Limitations include: Cannot see hand movements at a distance of less than 1 (one) meter, 20/200 foot vision sharpness that is sharpness capable of seeing an object at a distance of 20 feet, the field of vision is not wider than 20 °.

Blind classification is divided into four categories, namely: Based on the time of blindness (a) blind before and at birth; i.e. those who have no visual experience at all. (b) Blind after birth or at a young age; they have had visual impressions and experiences but have not been strong and easily forgotten. (c) Blind students at school age or in adolescence; they have had visual impressions and left a profound influence on the process of personal development. (d) Blind in adulthood; in general those with all the consciousness are able to do adjustment exercises. (e) The blind in the elderly; most have difficulty following adjustment exercises. Based on the ability of vision power: (a) Deaf blind (defective

vision / low vision); those who have visual impediments but they can still follow educational programs and be able to do work / activities that use the function of vision. (b) Partially sighted; those who lose some visual power, only by using a magnifying glass can follow ordinary education or be able to read the writing in bold. (c) The blind is totally blind; those who cannot see at all.

Based on clinical examination: (a) Blind people with visual acuity less than 20/200 and or having visual field less than 20 degrees. (b) Blind people who still have visual acuity between 20/70 up to 20/200 which can be better through improvement. Based on eye abnormalities: Myopia; is close-range, unfocused shadows and falling behind the retina. Vision will become clear when the object is brought closer. To help the vision process in Myopia sufferers use corrective eyeglasses with negative lenses. (b) Hyperopic; is the distance vision, the shadow is not focused and falls in front of the retina. Vision will become clear if the object is kept away. To help the process of vision in people with hyperopic used corrective eyeglasses with a positive lens. (c) Astigmatism; is a blurring or blurred vision caused by irregularities of the cornea of the eye or on other surfaces of the eyeball so that the object's shadow at both the near and far distances is not focused on the retina. To help the process of vision in astigmatism sufferers used corrective glasses with cylindrical lens.

Factors leading to impairment include pre-natal and postnatal periods (DITPLB, 2007). The cause of impurity in the pre-natal period is closely related to the problem of heredity and growth of a child in the womb, among others: (1) heredity; Deafness caused by heredity occurs from the marriage of siblings, the blind sesame or having blind parents. (2) The growth of a child in the womb; Causes of impairment occurring during the postnatal period may occur from or after birth: (1) Damage to the eyes or nerves of the eyes during labor, due to impact of tools or hard objects, (2) At the time of delivery, the mother experiences gonorrhea disease, so that the gonorrhea bacilli is infectious in infants, which in turn after the baby is sick and results in loss of sight. (3) Experiencing eye disease that causes impotence.

As a result of blindness, the recognition of the outside world of children cannot be obtained completely. As a result cognitive development of children with visual impairment tend to be inhibited compared with other normal children. Nonverbal communication is also less understood because it is highly dependent on visual stimuli. Blind children's motor development tends to be slower than the average child. This delay occurs because the development of motor behavior requires a functional coordination between the neuromuscular system and psychic functions (cognitive, affective, and psychomotor), as well as the opportunities provided by the environment. The development of motor behavior also requires psychomotor behavior (locomotion) which is must be controlled by individual at infancy or at early childhood, which is walking, and holding object. Both of these motor skills become the basis for more complex motor skills. For blind children, mastery of basic psychomotor behaviors such as walking and holding objects is a problem that is not easy to master and well implemented.

The development of emotions is strongly influenced by the learning process that children do since childhood, through imitation and done by the environment. The emotional development of a blind child will be further hampered if he experiences emotional deprivation, that is, the situation in which the blind child lacks the opportunity to experience a pleasant emotional experience such as affection, joy, attention and pleasure. Social development can mean the extent to which a child possesses a set of behavioral skills appropriate to the demands of his environment. For blind children, mastering this behavior is not an easy thing. These obstacles primarily arise directly or indirectly from their impairment.

Lack of motivation, fear of a wide and new environment, feelings of low self-esteem, embarrassment, rejection attitudes from society and the limitation of learning behavioral patterns received through the process of imitation and identification can lead to social development.

Some scientists argue that impairment can affect the development of the child's personality. Various research results indicate that there are differences in the nature and personality of children with visual impairment with children who have normal vision. Blind children have a tendency to experience personality disorders such as introversion, neurotic, frustration and mental stiffness. On the other hand there is also research that proves that there is no significant difference between blind children and children with normal vision. In personality tests, it was found that until now there has been no personality test specifically intended for children with visual impairment. Regarding the role of self-concept in adjustment to the environment, Davis (in Kirtley, 1975) says that in the early development, the differentiation of self-concept is something that is very difficult to achieve. To enter a new environment, a blind child needs the support of others to provide a clear picture of the environment. Blind children need the attention of their parents. In reality, however, parents who have special needs children often resist and are even disappointed (Ningrum, 2010). According to Johnson and Medinnus (1967) acceptance is defined as the gift of unconditional love so that the acceptance of parents to their children is reflected through the presence of strong attention, love for children and the joyful attitude of parenting.

Ross (in Sarasvati, 2004), discusses human reactions in face "problems" in life. Stages are divided into five stages. This stage can be described as follows: (a) Denial stage (refusing to accept reality); Starting from a distrust when receiving a diagnosis from an expert, the feelings of the next parent with confusion. Confused about the meaning of diagnosis, confused about what to do, as well as confused why this can happen to their child. (b) Stage Anger (angry); This angry reaction can be wreaked out to several parties at once. Can be to the doctor who gave the diagnosis. Can be to yourself or to the spouse. Can also, appear in the form of refusing to take care of the child. (c) Bargaining Stage (bargaining); At this stage, parents try to console themselves with statements such as "Maybe if we wait any longer, things will get better by themselves". (d) Depression stage (depression); It comes in a desperate, depressed and hopeless form. Sometimes depression can also lead to guilt, especially on the part of the mother, who is worried about whether their child's circumstances result from negligence during pregnancy, or due to past sins. Daddy often suffered from guilt, because he felt unable to give perfect descent. Despair, as part of the depression, will arise when parents begin to imagine the future that the child will face. Especially if they think about who can take care of their child, when they die. At the depression stage, parents tend to be moody, shy away from the nearest social environment, tired all the time and lose their passions. (e) Acceptance Phase (resignation and acceptance of reality); At this stage, the parent has become a reality both emotionally and intellectually. While seeking "healing", they change the perceptions and expectations of the child. Parents at this stage tend to expect the best according to their child's capacity and abilities.

Kubler -Ross (in Garguilo, 1985) and divides reception into three major stages. The stages are:

- a. Primary Phase; (1) Shock; Parents feel shaken, do not achieve what has happened. Irrational behavior arises in the mark with constant crying and feeling helpless. (2) Denial; Parents reject the circumstances of their families by rationalizing the existing deficiencies or seeking confirmation from experts that there is no shortage. (3) Grief and Depression; It is a natural and unnecessary reaction. Given these feelings

parents experience a transitional period, where past expectations about "like-minded children" do not match the current reality.

- b. Secondary Phase; (1) Ambivalence; Disability experienced by one family member can increase the intensity of affection as well as feelings of hate. In this case a person can dedicate most of his time to the child or simply refuse to give love to the child and assume his child is useless. (2) Guilty Feeling; Feelings of guilt for thinking that he was the one who caused his son to be handicapped, and he would be punished for his past sins. (3) Anger This feeling can be shown in two ways. First, the question arises: why me? Second, displacement where anger is shown to others, such as doctors, therapists or other family members. (4) Shame and embarrassment; these feelings arise when facing a social environment that rejects, pity or taunts the "disability" of the child.
- c. Tertiary Phase; (1) Bargaining; A strategy whereby a parent makes a covenant with God, science or any party capable of making her child back to normal. (2) Adaptation and reorganization; Adaptation is a gradual process that takes time and less anxiety and other emotional reactions, while reorganization is a condition where parents feel comfortable with the situation and there is confidence in their ability to care and nurture. (3) Acceptance and Adjustment; In this phase a person not only accepts the condition of the patient but also accepts his own strengths and weaknesses. Adjustment or adjustment is additional to explain the concept of acceptance, where there is a positive action to move forward.

Somantri (2012) states that the reaction of parents to the child's impairment can be divided into five groups, namely: (a) Realistic acceptance of children and their impairment; this attitude is demonstrated by the provision of reasonable affection and equal treatment with other children. They are also open to problems faced by children and their families. (b) Denial of the child's disability; Childhood impunity is usually responded with an open attitude, but is accompanied by an unrealistic reason for his or her disability. Especially on the needs and problems. In education, parents often do not believe that their child needs special educational services and deny that ultimately his performance is low. (c) Excessive protection; Usually parents do because of compensation for childhood impairment is felt as a feeling of guilt or sin. This attitude tends to not benefit children because it will hamper the development and maturity of children, especially in independence. (d) Closely rejected; Usually shown by the attitude of hiding children from the community. Parents do not want to be known to have blind children, do not care, do not love, and tend to alienate their children from the family environment. (e) Rejection openly; Shown with the attitude that frankly he is aware of his son's impatience, but actually rationally or emotionally can never accept the presence of his child. Such parents are usually resilient and never feel guilty and accept reality. He tends to want to find out the cause of his son's blindness to other people or experts. But never found the answer. In the end, parents will behave in ignorance and do not care about the needs of their children.

Rachmawati (2012) researches entitled "Parents Perception of Children with Special Needs" stated that of 29 parents with children with special needs, as many as 17 parents (58.62%) feel embarrassed by the presence of children with special needs. Acceptance of parents greatly affects the development of children with special needs in the future. The attitude of parents who can not accept the fact that their children who include children with special needs will be very bad impact, because it will only make children feel not understood and not accepted as it is and can lead to rejection of the child (resentment) and then manifested in the form of behavior which is not desirable Rachmawati (2012). Based on

these findings, the authors are encouraged to examine and identify the acceptance of parents to children with visual impairment at the Singkawang State Extraordinary School.

The focus of the problem in this research is (1) How is the description of parent's acceptance to the blind children in Singkawang City Extraordinary School, (2) What are the factors of parent's acceptance to the blind children in Singkawang City's Extraordinary School. From these various problems can be formulated several research objectives, namely (1) describe and analyze the description of parents' acceptance of blind children in Singkawang City's Extraordinary School, (2) find the factors of acceptance of parents to blind children in Singkawang City Extraordinary School.

## **2. Methods**

Based on the result of the research to 4 parents, the stages of parents' acceptance of blind children are adjusted to Kibbler-Ross's opinion (in Garguilo, 1985) which divides the acceptance into three major phases namely Primary Phase, Secondary Phase, Tertiary Phase.

## **3. Results and Discussion**

Primary Phase stage, parents feel sad when they know that their child is diagnosed with visual impairment, it is not easy to accept the child's condition as experienced by the parents, it can be seen when interviewing with one parent look sad when told the first time the parent knows that his child has disability.

Secondary Phase stage, parents are able to accept the conditions experienced by the child. Parents never stay away from and hate their children who are blind and never violate their children, prohibit children to do what they want unless they can harm children, it is done by parents so that children can develop the abilities of children and grow confidence.

At the secondary phase there is a difference between the theory by Kibbler-Ross (in Garguilo, 1985) that this stage the parents usually angry, resentment and disappointment, shame and blame themselves and others, but it does not happen to parents which is the subject of research, because at this stage parents have been able to accept the condition of children who are blind, such as never blaming himself or others, hate and violence against children.

At the Tertiary Phase stage, parents are increasingly receptive to the child and begin adjusting to the condition of the blind child such as bringing his / her child to a school to support the education according to his / her child's condition. Although there are parents who say that caring for and guiding blind children is not easy to do and requires substantial funds but they are trying to take care of their own children with the support and assistance of their families and neighborhoods. Lots of wisdom that parents can take from all that is experienced by them. Parents who have blind children are trained more patiently in the face of all problems from the Almighty.

Factors that affect the acceptance of parents to blind children are the support of families who always provide reinforcement and facilitation, a highly accepting environment and relatives who often provide input, even one of the parents said that children with special needs are preferred compared to people which is normal.

## **4. Conclusions**

Based on the results of the study it can be concluded that: (1) Can be described that parents who have children with visual impairment can accept sincerely the conditions experienced by their children, even that occurs at the tertiary phase should be at that stage

parents cannot accept their children. But with sincerity and sincerity and great love for his children so that parents can accept the state of his son in a faster time. (2) There are several factors of acceptance of parents to the blind children that is the support of the family, a very accepting environment.

The findings of this study prove that parents should be able to accept anything and whatever circumstances / conditions of the child, so as to optimally maintain, educate and guide the child with great affection and attention.

### References

- Garguilo, R. (1985). *Working with parents of exceptional children A Guide for Professionals*. Boston: Houghton Mifflin Company.
- Rachmawati, R. (2012). The Implementation Quantum Teaching Method of Graduate Through Up-Grade Hard Skill And Soft Skill (Case Study On Management Accounting Class). *Procedia - Social and Behavioral Sciences*, 57(9), 477–485.
- Sarasvati. (2004). *Meniti Pelangi Perjalanan Seorang Ibu yang tak Kenal Menyerah dalam Membimbing Putranya Keluar dari Belenggu ADHD dan autisme*. Jakarta: PT Elex Media Komputindo.
- Somantri, S. (2012). *Psikologi Anak Luar Biasa*. Bandung: PT Refika Aditama.