

Families' Acceptance of Children with Down Syndrome and Learning Disabilities

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Family relationships are essential to strengthening the interaction between parents and children. However, the relationships are different for families who have children with disabilities. This study was conducted to identify families' acceptance of children with disabilities by focusing on social comparison and evaluation within the family. This quantitative study was distributed to 148 respondents from families who have children with Down Syndrome and Learning Disabilities. The Kansas Inventory of Parental Perceptions (KIPP) questionnaire, which was adapted from Behr and Murphy, measures the acceptance of family members from the aspects of Comparative Social and Self-Assessment. The study found that families' acceptance level is high, indicating families are beginning to accept the presence of their children with disabilities. Meanwhile, there were no gender and age differences in the family's acceptance of children with disabilities for Comparative Social and Self-Assessment. Despite acceptance patterns diverging between sexes, future research needs to be more detailed in analysing disability type and its severity by considering the social aspects of the process of parental acceptance.

Key words: *Family Acceptance, Children with Disabilities, Social Comparison, Self-Assessment.*

Introduction

People with disabilities (PWDs) are just a small group compared to the world population. This group is seen as those who need special services to enable them to live independently in the community (Heward, 2003). According to Hafiz (2009), a person with disabilities is defined as a person with disabilities who experiences limited mobilisation and refers to their disability, either physically (body parts), mentally (mild, medium, high), visually or audibly.

In this case, the Department of Social Welfare Ministry (2013) Malaysia has categorised PWDs into seven divisions, namely: the disabled with hearing disabilities, visual disabilities, physical disabilities, speech disabilities, learning problems, mental disorders, and multiple disabilities. As a disabled person, they are also exposed to various problems or issues such as normal human. One of the issues which often occurs to this group is family issues. Living with a disabled person can bring significant effects to the entire family especially for parents, siblings and next of kin because they need to undergo a peculiar experience which can influence different aspects of family functioning (Tharshini Sivabalan, Ezarina & Aizan Sofia, 2018). According to Shamsul Amri Sallehuddin (2009), issues involving family are usually associated with the abuse of children with disabilities. He added that children with disabilities who are abused tend to receive more severe consequences than a normal child. Heward (2003) said that children with disabilities are very dependent and requires the full support of other family members. This statement is supported with a study conducted by Wiwin, Ruth, and Tirta (2006) who mentioned that every individual has the right to live in a conducive environment, this includes the disabled. Basically, there are two possible attitudes that exist among family members, which are either to accept or reject the disabled child. Mostly they accept the disabled child's presence, but the acceptance response level of disabled children is different (Wiwin, Ruth, & Tirta, 2006).

Life for families who have children with disabilities are very different in terms of upbringing, roles and responsibilities shouldered compared to families with typical children (Felis, Belen, & Araceli2013). This makes the parents have enormous responsibilities for disabled children since mentally disabled children are more sensitive than normal children (Felis, 2013). According to Azizi Yahya and Gan (2008), acceptance of one's own family is essential to ensure that children with disabilities do not feel like they are ignored or set aside. Parents are ultimately responsible for nurturing and cultivating ethical values to their children (Hazwani, 2012). Thus, the acceptance of children with disabilities in the context of the family opened a new chapter when a significant difference can be seen in terms of acceptance of family members of children with disabilities than those with children who were born normal.

According to Aizan Sofia, Jamiah, and Noremy (2016), there are five major issues experienced by the family in the lives of disabled Malaysian children, these are: family as the primary caregiver, accessibility at home, physical isolation and psychology, family conflict and emotional burden. The most significant impact is on the mother and the member of the family who had to sacrifice their time, energy, education and employment prospects to take care of their children or siblings.

Acceptance of different reactions from family members is what will determine the extent to which the family member's willingness to accept the birth of a disabled child (Wiwin, Ratih & Tirta, 2006). This will form a variety of reactions in terms of acceptance among family

members and the pressures faced by the family members. There are also families who have disabled children comparing themselves with families of normal children (Beresford & Sloper, 2008). This happens because there are different perceptions of families with disabled children who want the sensitivity and the rights of children to be respected and protected (Karr, 2009). Aiden and Carthy (2014) also clarified that this comparison occurs because of their way of life and the challenges they experienced were different from other ordinary families.

Generally, it can be said that the study of the family's acceptance of children with disabilities is still not widespread in Malaysia compared to other countries (Lineker ak Takom, Ferlis, & Nurul Hudani, 2014). In the West, a study done by Crabtree (2007), together with researchers from other Middle Eastern countries, has found that the social stigma from family members gave significant impacts on their disabled children. In Indonesia, a study on disabled children's families has found that many families who have disabled children began to accept their children compared to families who are depressed and have trouble managing the disabled (Wiwin, Ratih & Tirta, 2006). The study conducted by Danovan (1988, in Jones & Passey, 2004) had shown a difference in the level of acceptance from families of children with disabilities from positive to negative responses during the year. These differences occur due to external factors such as the environment, the economy and so on. In fact, research findings were seen changing from time to time (Jones & Passey, 2004).

Families' acceptance means attitudes towards an individual who can be shown by the family in different ways, depending on the individual's personality (Demetriou & Christodoulides, 2006). In a study conducted by Rohner, Abdul Khaleque and Cournoyer (2012), entitled *Introduction to Parental Acceptance-Rejection Theory, Methods, Evidence, and Implications*, they explained that the families' acceptance of disabled children is divided into two parts; first, accepting willingly and second, involuntary acceptance. Both types of revenues clearly show the difference of acceptance from the positive and negative perspectives. On the positive side, acceptance is explained through the attitude of affectionate family with physical behaviour such as kissing, hugging, and so forth, and behaviour such as verbal praise, right words and so on. While on the negative side, a families' reactions showed coldness, hatred, violence, neglect, rejection and so on.

In a study conducted by Wiwin, Ratih and Tirta (2006), they explored a families' acceptance of slow-learner children through qualitative methods. Three families were involved in the study. The study found that one family showed behaviour and attitudes of accepting the slow-learner child, while the other two families showed differently. The results also indicated that the factors driving the family's acceptance of children with disabilities among others are when there is interaction within the family, there is information about the situation of

children with disabilities, understanding their slow-learner children and a positive outlook on the children themselves.

Apart from that, the study also indicated that positive reactions for children with disabilities occurred when there was a religious commitment involved and social supports were given within each family member (Calistina Ubeh, Ferlisi Bullare & Peter, 2014). Through this study, researchers found that families raising a child with learning disabilities are exposed to the risk of physical and emotional well-being, especially parents as individuals who are solely responsible for their children. The findings also explained the difference between the stress experienced by families in raising children with disabilities through religious commitment and the role of social support.

Rao (2006) described the family is an essential aspect to disabled children because of the perception of disability and the role given to these children is well understood by their families. This study coincides with previous studies conducted by Turnbull (2001), which pointed out that if disabled people are unable to decide then they need help from trusted adults, especially families. The study he conducted found that there was influence from other family members to the disabled themselves, but all members of the family seemed to accept the existing deficiencies in children with disabilities although at the same time still supported disabled children through education, health care, and others. Hance, Aizan Sofia and Jamiah Manap (2015) also added that people with physically impairment, encountered environmental barriers in getting access to formal education.

A study by Jones and Passey (2004) examined the stress experienced by parents. They found that parents who believed that their life was not governed by a disabled child and giving this focus on family integration, cooperation and optimism as a whole showed that they suffered less pressure. This study was carried out quantitatively involving 48 primary caregivers of parents, grandparents and foster families. The results of this study indicated acceptance from families of children with disabilities was affected by the stress faced by parents, where Mean and Standard Deviation values were 33.1 and 6.9 respectively ($M = 33.1$, $SD = 6.9$). This is consistent with earlier findings by Trute and Hauch (1988), which confirmed the strong correlation between family unity with strategies to deal with the pressures involving disabled children in order to maintain the commitment and responsibility of parents. The results showed that $F = 20.94$ and $p < .05$, which indicated a strong correlation between the pressure of parents with their internal locus of control. These findings were similar to the results of the current study of parents who feel the effectiveness of controlling the behaviour of disabled children tends to have lower pressure and the level of acceptance is better (Jones & Passey, 2004).

However, there are still parents who are forced to show an attitude of acceptance or rejection towards children with disabilities. Reviews by Wiwin, Ratih and Tirta (2006) found that two of the three samples interviewed rejected the acceptance of children with disabilities by showing negative reactions. Rejection shown by families with slow-witted children is done by hiding the children from others, reducing childcare and handing over responsibility to others and to limit the interaction with children who have this type of disability. Crabtree (2007) saw the perception of parents in relation to family acceptance and the issues related to social relationships and investigated them. The study found that the social stigma of the acceptance of a disabled child is common in the family and this affects the mothers most. Apparently, mothers of disabled children were blaming others for what has happened on the issue of acceptance of their child and their disabilities, while trying their best to cope with the situation.

Another study that examined the reaction of families of children with disabilities by Kandel and Merrick (2007) explained that a family's response to the birth of a disabled child varies according to the type of disability and the diagnostic category of the child. The difference is probably the result of a reaction that occurred indirectly as a reaction to the behaviour of parents of children with disabilities. The results of studies carried out by Issack and Joav (2007) have been fully supported by Ray, Pewitt-Kinder and George (2009) which outlined that while family's reaction to disabled children depends on the age of the child, the degree of disability and cultural views (Muscott 2002: in by Ray, Pewitt-Kinder and George, 2009), researchers linked the situation with sadness which, according to Kubler-Ross (1969), explains how acceptance of children with disabilities was about grief and death.

Pisula (2011) found that parents with the birth of disabled children had higher stress levels than parents of normal children. Reviews by Webster and colleagues (2008) found that parenting style pressure index was above the 85th percentile, where 40% among parents of children with disabilities showed that stress levels significantly. These findings explained that parents of children with Autism had higher pressure and this affected the health, welfare, and interaction with their children. The study also found that mothers who had children with ASD had higher demands, such as depression and lesser well-being than mothers who had less pressure (Phetrasuwan and Miles, 2009).

Families' rejection of a disabled child can also occur because of the stigma that exists as a result of negative perceptions towards children with disabilities (World Health Organization, 2012). Green, Davis, Karshmer, Marsh and Stright (2005) in their study titled "Living Stigma: The Impact of Labelling, Stereotyping, Separation, Status Loss, and Discrimination in the Lives of Individuals with Disabilities and Their Families", studied the direct impact of this stigma through socialisation process and its effect on the lives of individuals with disabilities and their families. The results of interactive interviews with eight adults with

disabilities and seven mothers of children with disabilities have found that the stigma component outlined by the study sample is labelling, stereotyping, separation, loss of status and discrimination in the context of the power difference.

Labelling refers to family stigma against children with disabilities (Green, Davis, Karshmer, Marsh & Stright, 2005). Labelling not only involves the perception that one is different from others but also consists of the obligation of social interest with such distinction. Families put the view of disability in a social category that has no social significance to others. Stigma is also a stereotype. Because not all differences are labelled, not all labelling would show different results in stereotypes. For example, the ability of people with disabilities unforeseen exceptional social interest would result in social awkwardness but usually not in a negative way. People with disabilities, in other people's opinion, usually have characteristics that they themselves do not want to own. Although labelling and stereotyping is a common experience in their lives, samples interviewed indicated that the reaction of others towards themselves are not homogenous (Green et. Al., 2005).

Apart from that, Green et al., (2005) also found that isolation is one of the family stigmas towards disabled children. Although families surveyed know how to manage the response generated by components such as labelling stigma and stereotypes, there were some sample reactions that lead to social awkwardness and sadness. This separation occurred when the responses of others produced a sense of discomfort such as degradation, disrespect and perceiving disabled children as less human.

Research carried out by the World Health Organisation (2012) found that children with disabilities were among the world's children who were the most discriminated and excluded. This is due to a lack of knowledge about disability which the negative expressions would lead the disabled children to be left out in families, schools, and their surrounding community. In a culture where feelings of guilt, shame, and fear associated with the birth of children with disabilities causes the disabled children to be hidden from public view, mistreated and excluded from activities that are important for their development. The impact of this discrimination is that the child may suffer from health problems and poor education, low self-esteem and limited interactions with other people, as well as they are more likely to receive disturbance, including violence, abuse, neglect, and exploitation.

The study conducted by Lakhini, Gavino and Yousafzai (2013) on how the family feels the positive and negative effects upon caring for children with mental retardation, the level of acceptance of disabled children is higher for respondents when test results found the mean of Social Comparison is 2.99 and mean of Self-Assessment is 2.13. Generally, the family will compare themselves with other parents who have children with mental retardation. It is essential to recognize the importance of support inside and outside the family, especially

those who have children with similar challenges. Thus, this finding explained that by providing reasonable access to families who have children with disabilities, the potential of using Social Comparison and family's Self-Assessment to accept children with disabilities is high to provide benefits to disabled children themselves. Another study conducted by Ferrer, Vilaseca, and Barsabe (2015), found that there were different influences on Self-Assessment and Social Comparison factors among parents. Quantitative research using questionnaires of Kansas Inventory of Parental Perceptions (KIPP) was conducted to assess the perception of parents of children with disabilities and to review other people's adaptation towards disabled people themselves. The study found that internal factors enhance families' acceptance of children with disabilities compared to other factors. This shows that internal factors such as Self-Assessment had more influence compared to Social Comparison influence among family members in accepting children with disabilities.

Feli, Belen and Araceli (2013) described the changes may occur in the family dynamic of parents who have disabled children as a result of dissatisfaction and negative opinion towards disabled children. Changes in family dynamics will affect the acceptance of disabled children from the aspects of the Social Comparison and Self-Assessment. The study used a number of elements in the Kansas Inventory of Parental Perceptions (KIPP) that was carried out on 32 parents of children who suffered from Down Syndrome from birth to 3 years old. This study found that parents that are more prone to professionals are more likely to accept children with disabilities. This is described in Social Comparison aspects where the results showed that parents who have relationships with other professionals have a positive attitude towards children with disabilities.

From the results of the above studies, the researchers found that studies on families' acceptance of disabled children is still not widely conducted in Malaysia compared to other countries (Lineker ak Takom, Ferlis, & Nurul Hudani, 2014). However, studies relating to disabled people in Malaysia were not generally about families' acceptance because many of previous studies were focusing on the characteristics of the specific group of disabled people (Calistina Ubeh, Ferlisi bin Bullare @ Maritime & Peter, 2014). Therefore, this study will focus on families' acceptance of children with disabilities in terms of social comparison with others and families' self-assessment concerning children with disabilities.

Research methodology

This study used a survey design through the use of questionnaires. Questionnaires were used to collect data formally. The questionnaire used will measure the constructs that have been studied which are Social Comparison and Families' Self-Assessment towards children with disabilities. The quantitative data used is through involving inferential statistical analysis that was used to describe the dissimilarities between the acceptance differences by age and gender

variables and describe the contrasts between the characteristics of a selected sample of the population.

Population study

The study population consisted of families who have children with disabilities who live in the district of Kuala Terengganu only, and those disabled children are under the Community Rehabilitation Program (PDK). According to statistics from the Social Welfare Department (JKM), there were 482 disabled people registered in Kuala Terengganu with a total of 246 pupils registered under the PDK program (JKM, 2015).

The sample

The sample consisted of family members who have children with disabilities in Kuala Terengganu, which is a total of 148 samples. Out of the total population of 246 families who have children with disabilities under the PDK program, the researchers chose 80 people through purposive non-probability sampling (Creswell, 2013; Salleh, Mhd. Subhan Wan Marzuki, Zuria & Ku Suhaila, 2014).

Sampling method

Sampling used in this study was purposive non-probability sampling. This method is done by looking at the characteristics that should be available to sample. In this study, the researchers wanted to study families with disabled children. It is done by meeting directly with families who have children with disabilities under the PDK to request samples for this study.

Research area

The Kuala Terengganu district has been chosen as the study location that puts children with disabilities in Community-Based Rehabilitation Programs (PDK). PDK was selected because researchers wanted to see how far the acceptance of the family goes in giving opportunities for the disabled children to be in the program.

The instruments

The study used a questionnaire of Kansas Inventory of Parental Perceptions (KIPP) to measure the families' acceptance of children with disabilities by Behr, Murphy and Summers (1992). The questionnaire is divided into three parts namely: the Background of the Respondents, Social Comparison and Families' Self-Assessment of children with disabilities.

Data analysis

Data were analysed using SPSS version 20.0. Data were analysed to determine the families' acceptance were made following the calculation of frequency, percentage and mean score which were then presented in a table. Statistical inference was also used to describe the difference between the two variables studied (Neuman, 2000; Chua, 2006). The inferential analysis used includes t-tests and ANOVAs. T-tests were used to see the differences between the two constructs studied namely, family gender differences in the families' acceptance of children with disabilities. While the one-way ANOVA test, was used to examine differences in different groups for the two constructs of the study namely, family age differences towards accepting disabled children.

Findings and Discussion

In this study, descriptive and inferential statistics were involved in data analysis to view the differences between gender and age of the respondents. The results will also shed some light on the families' acceptance of children with disabilities through Social Comparison and Self-Assessment domains.

Data Analysis of Families' Acceptance Level Based on Social Comparison

Table 1: Data distribution of family's acceptance level based Social Comparison domain.

Social Comparison	Quantity (person)	Percentage (%)	Mean Score	Mean	Standard Deviation (SD)
Accepting disabled children	118	79.7			
			21	2.82	0.22
Not accepting disabled children	30	20.3			
Total	148	100			

The table above (Table 1) shows the distribution of the level of families' acceptance of disabled children based on social comparisons domain by the fractional scale of 'strongly disagree', 'disagree', 'agree' and 'strongly agree'. The analysis shows the mean score for the acceptance of families of disabled children for Social Comparison domain is 21 which indicates the level of acceptance of families of disabled children is high, while the mean value for Social Comparison domain is 2.82. The distribution of this data showed that out of 148 respondents, a total of 118 respondents accepted disabled children from the Social Comparison aspects. If viewed from the percentage of respondents who embrace disabled children through the Social Comparison domain, the results show more than half of which are represented by 79.7%. For those who did not accept disabled children, the study showed that

30 respondents could not accept children with disabilities through Social Comparison domain of 20.3%.

Data Analysis of Families' Acceptance Based on Self-Assessment

Table 2: Data distribution of families' acceptance level based on the Self-Assessment domain.

Self-Assessment	Quantity (person)	Percentage (%)	Mean Score	Mean	Standard Deviation (SD)
Accepting disabled children	101	68.2			
			18	2.39	0.33
Not accepting disabled children	47	31.8			
Total	148	100			

Table 2 shows the data distribution of families' acceptance of disabled children under the domain of self-assessment according to the fractional scale of 'strongly disagree', 'disagree', 'agree' and 'strongly agree'. This result shows that the mean score for the acceptance of families of children with disabilities for the Self-Assessment domain is based on a scale of 18. Based on the range scale of this instrument, the mean score of 18 indicates the level of families' acceptance of disabled children is still high. The mean value for the Self-Assessment was 2.39. The findings showed that for the Self-Assessment domain, out of the 148 respondents, 101 respondents, which is more than half of respondents accept their disabled children that carry a percentage of 68.2%. As for those respondents who could not accept the disabled child through the Self-Assessment domain, a total of 47 respondents do not accept their disabled children. This showed that only 31.8% could not accept children with disabilities through Self-Assessment.

The results showed no difference in the level of acceptance of families of disabled children through the Social Comparison and Self-Assessment aspects. The researchers found that the attitudes of families with disabled children under the Community Rehabilitation Program (PDK) in Kuala Terengganu were more open in embracing disabled children. It is evident when the researchers found that respondents were not comparing themselves with other families who have disabled children as they were more likely to assume that families with disabled children were less fortunate. In fact, respondents showed determination in taking care of disabled children when it comes to their Self-Assessment. Families' acceptance level towards children with disabilities is also high where the mean score for Social Comparison domain is 21 while the mean score for Self-Assessment domain is 18. The mean of the two

items is also high, with the readings of 2.82 for Social Comparison and 2.39 for Self-Assessment. There is a difference in mean where mean for Social Comparison is higher than the mean for Self-Assessment.

Families Acceptance Differences from the Social Comparison Aspect Based on Gender

To answer this question, detailed information is as shown in Table 3 below.

Table 3: Differences in family's acceptance according to gender for Social Comparison.

Gender	N	Mean	Standard Deviation (SD)	SE	T-Test	Assymp. Sig. (2-tailed)
Social Comparison						
Male	38	49.87	3.857	0.626		
					1.835	.069
Female	110	51.23	3.962	0.378		

Based on Table 3 above, the t-test showed the families' acceptance differences according to respondent's gender for Social Comparison. The analysis found no significant correlation with the value of $p = 0.69$ $p < 0.05$. This shows there is no significant difference between acceptance of families of disabled children from the Social Comparison aspects based on gender ($t = 1.835$; $p > 0.05$). Acceptance of male respondents was ($M = 49.87$, $SE = 0.626$) and the acceptance of female respondents was ($M = 51.23$, $SE = 0.378$).

Differences in Families' Acceptance from the Aspects of Self-Assessment Based on Gender

To answer the second research question, detailed information is as shown in Table 4 below.

Table 4: Families' acceptance differences according to gender for Self-Assessment.

Gender	N	Mean	Standard Deviation (SD)	SE	T-Test	Assymp. Sig. (2-tailed)
Self-Assessment						
Male	38	35.61	5.679	0.921		
					0.419	.676
Female	110	36.00	4.751	0.453		

Based on Table 4, the results showed no significant value of $p = 0.676$ $p > 0.05$. This means that there is no significant difference between families' acceptance towards disabled children from the Self-Assessment aspects based on gender ($t = 0.419$; $p > 0.05$). Acceptance of male respondents was ($M = 35.61$, $SE = 0.921$) while the acceptance of female respondents was

(M = 36.00, SE = 0.453). Generally, these findings showed that gender differences do not influence the families' acceptance of children with disabilities. This is because of t-test conducted found that the difference was not significant. This could be due to environmental factors in which the disabled child's family, be it male or female, is beginning to be more open in accepting disabled children. These findings overrule the previous researchers' notion that there was a divergence of acceptance by gender. The researchers conclude that these findings indicate that Malaysians generally have a great personality and do not neglect children with disabilities.

Differences in Families' Acceptance from the Aspects of Social Comparison Based on Age Difference

To answer the third research question, detailed information is as shown in Table 5 and 6 below.

Table 5: Families' acceptance differences from the aspects of Social Comparison based on age difference.

Age	Number (N)	Mean Score	Standard Deviation (SD)
21-30	48	50.06	3.442
31-40	51	50.78	3.722
41-50	30	52.10	5.300
51-60	19	51.26	3.070
Total	148	50.88	3.967

Table 6: One-way ANOVA test on families' acceptance differences from the aspects of Social Comparison based on age difference.

Social Comparison	Square Total	Df	Mean Square	F Value	Significant
Between groups	79.987	3	26.662	1.719	.166
In groups	2233.824	144	15.513		
Total	2313.811	147			

Based on the above table, the One-way ANOVA test for the families' acceptance differences according to respondent's age for Social Comparison showed no significant findings with the value of $p = 0.166$ $p > 0.05$. This indicates that there is no significant difference between families' acceptance towards disabled children from the Social Comparison aspects based on differences in age ($F(3,144) = 1.719$; $p > 0.05$).

Families' Acceptance Differences from the Aspects of Self-Assessment Based on Age Difference

In order to answer the fourth study issue, detailed information is as shown in Table 7 and Table 8 below.

Table 7: Families' acceptance differences distribution from the aspects of Self-Assessment based on age difference.

Age	Number (N)	Mean Score (M)	Standard Deviation (SD)
21-30	48	36.21	4.079
31-40	51	36.20	5.212
41-50	30	35.73	6.470
51-60	19	34.58	3.805
Total	148	35.90	4.988

Table 8: One-way ANOVA Test families' acceptance differences from the aspects of Self-Assessment based on age difference.

Self-Assessment	Square Total	Df	Mean Square	F Value	Significant
Between groups	43.026	3	14.342	0.571	.635
In groups	3614.454	144	25.100		
Total	3657.480	147			

Based on the table above, the findings showed no significant value of $p = 0.635$ $p > 0.05$. This indicates that there is no significant difference between families' acceptance towards disabled children from the aspects of Self-Assessment based on age difference ($F(3,144) = 0.571$; $p > 0.05$).

Acceptance difference from the age aspects was also not significantly different. The researchers found from the results of the tests conducted that there was no accepted difference from families' age difference towards disabled children. These results were obtained using the One-way ANOVA test, where data showed that the difference was not significant. This finding is probably due to other factors such as the educational aspect that has evolved from time to time and so on. Respondents did not impose conditions on families' acceptance, and the results of this study clearly show that the age difference of families does not distinguish respondent's acceptance of disabled children.



Conclusion

In conclusion, the study of the families' acceptance of children with disabilities can help various parties in planning for the future, especially for the family itself. The overall findings of this study found that the families' acceptance of children with disabilities in Kuala Terengganu does not have any differences. Researchers have examined the overall results of this study and the comparison with previous studies, and this study has a few differences. This is likely to occur due to the current factors such as changes in family lifestyle. Families are increasingly open in embracing the presence of disabled children in their life. This has resulted in positive changes to these findings. The findings were obtained as a result of the use of Parental Perception Inventory Kansas (KIPP), which observed the acceptance differences from the Social Comparison and Self-Assessment domains. The researchers found that, based on gender, there are no differences in families' acceptance of children with disabilities. Similarly, based on age, there are no differences in families' acceptance of disabled children. The researchers concluded that family in Malaysia in general and specifically in Kuala Terengganu are starting to accept disabled children regardless of gender or age differences.

The study also reveals to the family about their acceptance of their disabled child. Families can identify the positive and negative attitudes that exist within themselves on their attitudes towards their disabled children. This will encourage them to be open-minded in accepting the presence of a disabled child when realising all the positive and negative attitudes that exist within the family. Besides, these studies also provide insight into educational institutions, especially the Community Rehabilitation Centre (PDK) to guide children with disabilities to think positively towards their families.

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