

Parental Support for The Independence of Mental Retardation Children

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Parental Support for The Independence of Mental Retardation Children

Apoyo de los padres para la independencia de los niños con retraso mental

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SUMMARY

Introduction: The majority of children with mental retardation show an effect on the difficulties of their independence level of Activity Daily Living (ADL). Previous evidence shows that parental support is an essential source of social support. Parents' active role and support determine the child's development in their daily living skills. This study aims to analyze the relationship between parental support and children's independence with mental retardation children in their ADL.

Methods: This study used a Cross-Sectional design. Data derived from the total sampling technique resulted in 56 respondents with mental retardation children with their parents. Measurement using a validated questionnaire. After tabulating, the data were analyzed using the Spearman Rho test with a significance level of 0.05.

Result: The results show a relationship between parental support and the independence of mentally retarded children, with a correlation coefficient value of 0.805 with a significance level of value with the result of $P = 0.0001 < 0.05$.

Conclusion: This study suggests that future therapeutic interventions such as providing parental guidance to counseling lead to parental support and children's independence. The parental support required for enhancing independence in mentally retardation children focuses on their cognitive, self-care, and daily activities and aims to achieve proper ADL in their living.

Keywords: Independence activity in daily living, mental retardation children, parental support.

RESUMEN

Introducción: La mayoría de los niños con retraso mental muestran un efecto en las dificultades de su nivel de independencia de las Actividades de la Vida Diaria (AVD). La evidencia previa muestra que el apoyo de los padres es una fuente esencial de apoyo social. El papel activo y el apoyo de los padres determinan el desarrollo del niño en sus habilidades para la vida diaria. Este estudio tiene como objetivo analizar la relación entre el apoyo de los padres y la independencia de los niños con retraso mental en sus AVD.

Métodos: Este estudio utilizó un diseño transversal. Los datos derivados de la técnica de muestreo total dieron como resultado 56 encuestados con niños con retraso mental con sus padres. Medición mediante cuestionario validado. Después de la tabulación, los datos se analizaron mediante la prueba Rho de Spearman con un nivel de significación de 0,05.

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Resultado: ⁴ Los resultados muestran una relación entre el apoyo de los padres y la independencia de los niños con retraso mental ² con un valor de coeficiente de correlación de 0,805 con un nivel de significación de valor con el resultado de $P = 0,0001 < 0,05$.

Conclusión: Este estudio sugiere que las futuras intervenciones terapéuticas, como brindar orientación a los ⁸ padres para el asesoramiento, conducen al apoyo de los padres y la independencia ³ de los niños. El apoyo de los padres necesario para mejorar la independencia de los niños con retraso mental se centra en sus actividades cognitivas, de autocuidado y diarias, y tiene como objetivo lograr las AVD adecuadas en su vida.

Palabras clave: Actividad independiente en la vida diaria, niños con retraso mental, apoyo de los padres.

INTRODUCTION

Children with mental retardation encounter various symptoms (1-4). The characteristic is below the level of Intelligence Quotient (IQ) is 84, has difficulty in performing self-care (such as bathing, eating, drinking, toileting, dressing, and self-care), and experiences difficulty in adapting to their socialize rather than normal children (5-7). Some children with mental retardation also experience limitations, including both physically and psychologically, that have been experienced since the early stages of development (1,2,8). Moreover, several factors affect the independence of mentally retarded children, including the genes, parenting patterns, gender, habits of being assisted, parents' attitudes, lack of exercise, and the pattern of their education system in schools (9-14). A major concern for family parents is how the child will function in life. It might cause an important role in the pattern of independence of children (15-17). The functional autonomy of children might be related to various factors such as the long term duration effect of retardation, the degree of cognitive, level of deficiency adaptive of children, the disorder during embryonic developmental, level of support from the environment, and the level of support of parental (5,15,16). Lack of parental support is influenced by emotional attachment, social integrity, recognition, and dependence on parental guidance. Those factors have an impact on independently mentally retarded children. In their living, the children will continue carrying

out daily activities on the people around them and might lead mentally retarded children never to be able to live independently (8,18).

The incidence of mental disorders globally is estimated that more than 15 % of the world's population, or 785 million people experience mental and physical disorders. In addition, the number of mentally retarded children in Indonesia showed ranks tenth (10) in the world based on the standard score of intelligence category by the American Association of Mental Retardation, respectively. Furthermore, the Basic Data for Schools (BPS) for children with special needs in Indonesia shows that the total population of Indonesia in 2009 with mental retardation was 62,011 people with details: 60% boys and 40% girls consisting of 2.5 % categorized as very severe mental retardation, 2.5 % categorized severe mental retardation, 2.8% moderately severe mental retardation, and 2.6%, children with mild mental retardation (8,18).

The incidence of mentally retarded children was the largest number of those still dependent on self-care (5). A survey also conducted by UNICEF and the University of Wisconsin (2010) to monitor the health conditions of women and children in developing countries found data that there are approximately 52.4% of children aged 6-9 years with disabilities perform daily activities independently (2,5,8). The preliminary survey results based on the phenomenon at one of the highest type C schools for children with special needs located in east Java, Indonesia, revealed that mostly the children are taken care of by the maids rather than their working parents. Instead, the children are unable to perform eating, drinking, taking care of themselves, bathing, toileting, and dressing independently. The level of independence is higher than in other schools for children with special needs.

However, consistent previous studies mentioned that the advantages of parental support might increase the independent activity in the daily living of mentally retardation children (5,10,15,16,19,20). In addition, no previous study and specified data show the number of the incidence of mentally retarded children performing their daily activities independently in Indonesia. Furthermore, this study aims to identify the correlation of parental

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support with independent activity daily living of mental retardation children.

METHODS

The design of the study is Analytical with a Cross-Sectional approach (21-23). The population in this study were all parents who have mentally retarded children totaling 56 children at the highest type C school for children with special needs (SLB/C), Alpha Kumara Wardhana II, located in Surabaya, East Java, Indonesia. We are using total sampling (24). The sample in this study recruited is the dyad parents of mentally retarded children, which included inclusion and exclusion criteria for the research sample. They represented nearly the full population of Indonesian children with mental retardation. The dyad parents approved the study protocol. All of the participants provided written informed consent and explained an ethical clearance. The data analysis used a statistical package for the social sciences (SPSS). We maximize using the spearman rank test with a significance level set at 0.05 (24).

RESULTS

In the distribution of respondents by parental support, the majority are categorized as good parental support (88.64 %). Those situations are caused by the effectiveness of various programs for improving the life skills of mental retardation children and supported by their parents (25). Furthermore, parental support for children is essential for children as the component of family

members who know best about their mental retardation children condition. It will also enhance the growing, developing, and learning process of children. Hence, the only parents who can rely on and trust their children aim to fulfill all of their needs and support (25,26).

Based on Table 1 above shows that the Spearman rank test (24) results obtained a value of value = 0.0001 < = 0.05, which means there is a relationship between parental support on the independence activity daily living of mental retardation children with a spearman correlation value of 0.805 indicating that the direction of the correlation is positive with a strong correlation strength. The distribution respondent (n = 56) mentioned in table. One also shows that the majority of the mental retardation children were categorized as independent (82.6 %) with good support from parents, accompanied by their medium parental support (17.4 %), while less parental support in the total level of independence (0 %).

DISCUSSION

Parental support helps their mental retardation children in developing their emotional benefits and in strengthening the positive mental retardation children's behaviour (11,27-29). In addition, thus behaviour abilities are influenced by the presence of social intimacy given by the parents (12,15,30-32). Moreover, parents as specific resources to provide a supportive environment are the closest and main milieu in the life of mental retardation children that might lead to their level of independence (8,26). Therefore, independence is one of the most critical aspects

Table 1

Parental support on the independence activity daily living of mental retardation Children (n = 56)

Parental Support	Level of Independence in Activity Daily Living		
	Total dependence	Partial Dependence	Independence
Less Support	0 %	0 %	0 %
Medium Support	33.3 %	33.0 %	17.4 %
Good Support	66.7 %	67.0 %	82.6 %

Coefficient correlation = 0.805
P-Value= 0.0001; P-value ≤ α=0.05

of mental retardation children must possess and frequent use daily (15). Since those situations have significantly improved, the other individual risks can be reduced.

The success of the independence of mentally retarded children needs to pay attention to parental support. In a conducive family with emotional closeness and communicative nature to each other, various kinds of support will be available to overcome the developmental barriers experienced by children in meeting their daily needs. Parents will be able to choose the right method according to the child's characteristics, the condition, and the ability of the family so that the treatment carried out can run well and achieve maximum results, even though the treatment is only in the form of activities (15).

The correlation between parental support and the independent activity in the daily living of mentally retardation children shows that several resources can help the children transition to their behaviour change (33). It is also mentioned in a previous study that explained programs were enhancing disabilities and their family as independence for improving part of societies (1,33-35). In addition, the teamwork of parents and health professionals is needed to consider the condition of the mental retardation children include as a complex problem. Therefore, it needs very serious comprehensive consideration of psychological support.

CONCLUSION

This study focused on parental support concerns in children with mental retardation. There is a relationship between parental support for independent activity and the daily living of mental retardation children. Therefore, the level of independence of children's profile might need to help family, health professionals, and other professionals understand the most required of the children.

REFERENCES

1. Floyd FJ, Saitzyk AR. Social class and parenting children with mild and moderate mental retardation. *J Pediatr Psychol*. 1992;17(5):607-631.
2. Lin H-Y, Chuang C-K, Chen Y-J, Tu R-Y, Chen M-R, Niu D-M, et al. Functional independence of Taiwanese children with Down syndrome. *Dev Med Child Neurol*. 2016;58(5):502-507.
3. Azhar IS, Puspitasari C, Purwaningsih E, Ulfah SF. Relationship between saliva flow rate and dental caries of students with mental retardation. *Biochem Cell Arch*. 2020;20:3145-3150.
4. Nursalam N, Harsaktiningtyas K, Kurnia ID, Fadhillah H, Efendi F. Effect of bibliotherapy on self-concept in children with mental retardation in SLB. *Indian J Public Heal Res Dev*. 2018; 9 (11):612-616.
5. Tork H, Lohrmann C, Dassen T. Care dependency among school-aged children: Literature review. *Nurs Health Sci*. 2007;9(2):142-149.
6. Kolsteren PW, Kusin JA, Kardjati S. Pattern of linear growth velocities of infants from birth to 12 months in Madura, Indonesia. *Trop Med Int Heal*. 1997;2(3):291-301.
7. Alkaff FF, Flynn J, Sukmajaya WP, Salamah S, Alkaff FF, Sukmajaya WP, et al. Comparison of WHO growth standard and national Indonesian growth reference in determining prevalence and determinants of stunting and underweight in children under five: A cross-sectional study from Musi sub-district. *F1000Research*. 2020;9:324.
8. van Gameren-Oosterom HMB, Fekkes M, Oudesluis-Murphy AM, van Wouwe JP. [Young people with Down syndrome: independence and social functioning]. *Ned Tijdschr Geneesk*. 2014;158:A7983.
9. Setiadi S, Dermawan AC. Konsep dan penulisan riset keperawatan. *Yogyakarta Graha Ilmu*. 2013.
10. Hastuti RY, Esri R, Riya DW. Sikap Orang Tua Dengan Kemampuan Sosialisasi Anak Retardasi Mental Di SLB C/CI Shanti Yoga Klaten. *Skripsi Stikes Muhammadiyah Diakses Tanggal*. 2009;15.
11. Pratiwi RP, Murtiningsih A. Kiat sukses mengasuh anak berkebutuhan khusus. *Yogyakarta: Ar-Ruzz Media*. 2013.
12. Ali M, Asrori M. Psikologi remaja perkembangan peserta didik. *Jakarta Bumi Aksara*. 2004:174-179.
13. Gunanti IR, Al-Mamun A, Schubert L, Long KZ. The effect of zinc supplementation on body composition and hormone levels related to adiposity among children: A systematic review. *Public Health Nutr*. 2016;19(16):2924-2939.
14. Budury S, Khamida K, Nurjanah S, Jalaluddin TJ. Improving the fine motor skills with embroidery among children with an intellectual disability. *J Ners. Special Issue*. 2020;15(2):72-74.
15. Yusuf S. Psikologi perkembangan anak dan remaja. *Bandung: Remaja Rosdakarya*. 2004;197:14.
16. Hunt N, Marshall K. *Exceptional children and youth*. Cengage Learning; 2012.

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17. Friedman M. *Keperawatan Keluarga: Teori dan Praktik*, trans, Deborai, Asy, H. EGC Jakarta. 2008.
18. Prasetyo YB, Pramaisela F, Masruroh NL, Nursalam, Hargono R, Ahsan. Indicators of parental engagement and health promotion behaviour in caring for children with avoidant restrictive food intake disorder. *Indian J Public Heal Res Dev*. 2019;10(10):2082-2086.
19. Rahmi EV. Pengaruh dukungan orang tua dan motivasi belajar terhadap prestasi belajar musik pada remaja. 2011.
20. Gottlieb BH. *Social support strategies: Guidelines for mental health practice*. SAGE Publications, Incorporated; 1983.
21. Hidayat AA, Alimun A. *Metode Penelitian Keperawatan dan Teknis Analisis Data* Jakarta: Salemba Medika. Edisi; 2012.
22. Sugiyono S. *Metode penelitian kuantitatif dan kualitatif dan R&D*. Alfabeta Bandung. 2010.
23. Nursalam DM. *Metodologi penelitian ilmu keperawatan*. Jakarta: Salemba Medika. 2013.
24. Krousel-Wood MA, Chambers RB, Muntner P. Clinicians' guide to statistics for medical practice and research: part I. *Ochsner J*. 2006;6(2):68-83.
25. Patel V, Chisholm D, Dua T, Laxminarayan R, Medina-Mora ME, editors. *No Title*. Washington (DC); 2016.
26. Elbasan B, Duzgun I, Oskay D. Is There any Difference in Health Related Quality of Life, Self Care and Social Function in Children with Different Disabilities Living in Turkey? *Iran J Pediatr*. 2013;23(3):281-288.
27. Santrock JW. *Adolescence: perkembangan remaja*. 2003.
28. Mubarak WI, Nurul C, Bambang AS. *Ilmu keperawatan komunitas konsep dan aplikasi*. Jilid 2. Salemba Medika, Jakarta; 2009.
29. Tarwoto, Wartinah. *Kebutuhan dasar manusia dan proses keperawatan*. Salemba medika; 2010.
30. Effendy N. *Dasar-dasar keperawatan kesehatan masyarakat*. In EGC; 1998.
31. Indonesia SB, Ali, Muhammad. (2008). *Guru dalam Proses Belajar Mengajar*. Bandung: Sinar Baru Algesindo. Arikunto, S. (2013). *Prosedur Penelitian Suatu Pendekatan Praktik*. Jakarta: Rineka Cipta Dalman. (2014). *Keterampilan Menulis*. Jakarta: Raja Grafindo Persada.
32. Hurlock EB. *Psikologi Perkembangan*, Jakarta: Erlangga. 2013.
33. Duncan AW, Bishop SL. Understanding the gap between cognitive abilities and daily living skills in adolescents with autism spectrum disorders with average intelligence. *Autism*. 2015;19(1):64-72.
34. Floyd FJ, Harter KSM, Costigan CL. Family problem-solving with children who have mental retardation. *Am J Ment Retard*. 2004;109(6):507-524.
35. Weiss MJ. Hardiness and social support as predictors of stress in mothers of typical children, children with autism, and children with mental retardation. *Autism*. 2002;6(1):115-130.

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