

The Relationship Of Family Support To The Self-Care Independence Of Children With Mental Retardation In SLB Negeri Subang

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Abstrak, Mental retardation is an intellectual disorder that is generally characterized by mental abilities or intelligence that feels below average. Self-care is indispensable for children with disabilities who find it challenging to carry out activities. The purpose of this study is to analyze the relationship of family support to the independence of self-care for mentally disabled children in SLB Negeri Subang. This study is a type of quantitative correlation research design that uses cross-sectional analysis. The sample in this study was 60 respondents from parents of mentally disabled children with purposive sampling techniques. Data collection used family support and self-care independence questionnaires and data analysis using the Chi-Square test. The study results showed that most respondents had the criteria of low-income family support (68.3%) and most self-care independence (65.0%). In addition, the results of the Chi-Square statistical test show $p=0.000 < 0.05$. The conclusion is that there is a relationship between family support and the independence of self-care for mentally disabled children in SLB Negeri Subang. So it is hoped that families can provide and increase good support for children with mental retardation by providing informational, emotional, judgmental, and instrumental support.

Keywords: Family Support, Self-Care Independence, Mental Retardation

1. BACKGROUND

Mental retardation is a world problem, with significant implications, especially for developing countries. Mental retardation is also a dilemma and a source of anxiety for families and communities. Therefore, giving a diagnosis of mental retardation to a child should not be too easy. The diagnosis of mental retardation should be established when the child is in school or at the age of 6 years and above. Children with mental retardation are one example of a disorder that can be encountered in various places, with the characteristics of sufferers who have an intelligence level below the average *Intelligence Quotient* (IQ) of 84 and below and experience difficulties in adapting and doing various daily activities such as taking care of themselves (bathing, eating, studying, defecating/defecating and decorating) (Effendi, 2017 in (Maidartati et al., 2018).

According to Muhith (2015), based on the level of *Intelligence Quotient* (IQ), the characteristics of mental retardation are differentiated into mild mental retardation (IQ = 50 – 70, about 85% of people affected by mental retardation), moderate mental retardation (IQ = 35-55, about 10% of people affected by mental retardation), severe mental retardation (IQ = 20-40, as many as 4% of people affected by mental retardation), and very severe mental retardation (IQ = 20-25, about 1 to 2 % of people affected by mental retardation).

Self-care *is* indispensable for children with disabilities who find it challenging to carry out activities independently; self-care skills in children with disabilities can include putting on and taking off clothes, *personal hygiene*, using the toilet, and decorating skills (Ramawati et al., 2012 in (Kartika et al., 2020).

The results of Syahda's (2018) research on the relationship between family support and the independence of mentally disabled children in SLB Bangkinang stated that there was a significant relationship between family support and the autonomy of mentally disabled children with a value of OR=14.0, which means that children who do not receive family support have a 14-fold chance of not being independent. According to Swenson (2014), without family support, the lives of most individuals with disabilities will be reduced in comfort, independence, opportunities, and caring relationships (Haryati, 2018).

In addition, based on the results of a preliminary study conducted by researchers on January 22, 2024, at SLB Negeri Subang, interviews were obtained with five parents of guardians of mentally disabled children. Of the five parents, the researcher found that three out of five parents said that their children still needed help to take care of themselves. For example, children need help when they are going to put on clothes, when they are eating, and when they are cleaning themselves.

2. RESEARCH METHODS

Research Design

This type of research is quantitative, using a correlational research design with a *cross-sectional* approach.

Population, Samples, and Sampling

The population in this study is families with mentally retarded children with disabilities, with as many as 153 children who have mental retardation. The sample taken was 60 people with a sampling technique using *purposive sampling*.

Instruments

The research instrument used a demographic questionnaire of respondents of age, gender, education, occupation, and family relationship status. This family support questionnaire adopted from the Kusumaningrum (2019) research includes questions about family support. Family support consists of 4 sub-chapters: informational, instrumental, emotional, and assessment. The family support questionnaire had 18 questions divided into five informational support questions, 5 for assessment support, 4 for instrumental backing, and 4 for emotional support—a self-care independence questionnaire in mentally disabled children adopted from

previous researchers by Kusumaningrum in 2019. The questionnaire is a modified result of the *Pediatric Evaluation of Disability Inventory*(PEDI) and *Child and Adolescent Self Care Performance Questionnaire*(SPQ) instruments. This questionnaire consists of 10 questions about self-care independence. A statement using *the Guttman* scale with points yes: 1 and no: 0

Procedure

First, take care of the research permit by bringing a letter from the campus to the Subang State SLB, then ask for permission from the SLB, and after getting permission from the SLB, ask permission from the principal to get the initial data. The researcher continues the research process by selecting prospective respondents according to the criteria made, making a time contract, introducing themselves to the respondents, Then provide informed *consent* and family support questionnaires and self-care independence questionnaires. After completion, the researcher continued to process the data that had been collected and then analyzed and presented in the discussion.

Data Analysis

This study will present univariate analysis as a frequency distribution table of free variables and related variables. It will analyze bivariate data using computerized SPSS 23. The data analyzed univariably in this study were the characteristics of the respondents, including age, gender, education, dependent variables of family support, and independent variables of self-care independence. The statistical test used in this study is the *Chi-Square test* because the independent variable and the dependent variable are nominal.

3. RESULT

Table 1. Characteristics of Demographic Data

Characteristic	N	%
Gender		
Man	5	8,3
Woman	55	91,7
Age		
26-33	12	20,0
34-41	30	50,0
42-49	16	26,7
>50	2	3,3

Education		
Not finishing elementary school	2	3,3
SD	10	16,7
JUNIOR SMA	27	45,0
College	17	28,3
	8	6,7
Work		
Wiraswasta	20	3,3
Farmer	18	30,0
Merchant	19	37,1
Not Working	3	5,0
Family Relationship Status		
Parents	60	100
Other families	0	0

The study results in Table 1 explain that the demographic data of respondents based on gender is primarily female, with 55 respondents (91.7%). The age characteristics results were obtained from respondents 34-41 years old (50.0%). The demographic characteristics of education mainly were junior high school education, as many as 27 respondents (45.0%). The job characteristics results were primarily self-employed, with as many as 20 respondents (33.3%). The results of characteristics based on the status of family relationships were all parents of 60 respondents (100%).

Table 2. Distribution of Family Support

Family Support	N	%
Lack Criteria	41	68,3
Good Criteria	19	31,7

Table 2 shows the distribution of family support variables. Most of the respondents (68.3%) had a criterion of 41 people.

Table 3. Self-Care Distribution

<i>Self-care independence</i>	N	%
Less Criteria	39	65,0
Good Criteria	21	35,0

Table 3 shows the distribution of self-care independence variables. Most of the family respondents had a criterion of less than 39 people (65%).

Tabel 4. Hubungan Dukungan Keluarga dengan Kemandirian Perawatan Diri

Dukungan Keluarga	Kemandirian Perawatan Diri		Total
	Kriteria kurang	Kriteria baik	
Kriteria kurang	40	0	40
Kriteria baik	0	20	20
Total	40	20	60
p-value	0,000		
Koefisien	494		

Table 4 shows the relationship between family support and self-care independence of mentally disabled children in SLB Negeri Subang. It was analyzed using *Chi-square correlation analysis*, which obtained a result of 0.000, which means that the hypothesis was accepted with a very strong relationship.

4. DISCUSSION

Based on Table 4.8, it was found that out of 60 respondents, there were 41 people (68.3%) for lack of family support and 39 people (65%) for lack of self-esteem. The results of the statistical analysis carried out using *the chi-square test* obtained a result of 0.000, which is less than the p-value of 0.005, so it can be concluded that there is a relationship between family support and self-care independence in mentally disabled children in SLB Negeri Subang with a very strong relationship.

The results of this study are in line with the research of Prawestri and Hartati (2019), stating that the majority of mentally disabled children are less independent in carrying out elimination self-care (BAK/BAB), as much as 50.9%. This is because the child's sensory regulation of the urethral sphincter or the urge to perform elimination is influenced by his intellect. Parents should create a safe bathroom environment for their children and praise them when they can independently complete the elimination process. This is a form of assessment and emotional support parents provide to children (Farrag, 2016).

According to Mairdarti et al. (2019), family support greatly influences children's independence in taking care of themselves. Family support can also increase a person's self-esteem and drive to cope with their own problems.

This research is not in line with the research of Kashahu et al. (2018), which stated that mentally disabled children are good at self-care and can bathe themselves and mentally disabled children also always change clothes after bathing without assistance and do independent care.

According to Maidartati et al. (2019), factors that affect family support for the level of self-care in mentally disabled children are individual beliefs, attitudes, and behaviours when practising self-care, which are influenced by cultural background. From the above explanation, it can be concluded that there is a relationship between family support and self-care independence in mentally disabled children in SLB Negeri Subang.

The limitation of this study is that the researcher does not meet the target respondents at the time of the study due to school holidays; the solution is that at the time of data collection, the researcher is assisted by the Deputy Principal of SLB by collecting respondents who are parents of children with mental retardation at school.

5. CONCLUSION

From the research results and discussion on the relationship between family support and the independence of mentally disabled children in SLB Negeri Subang, the author can conclude that there is a relationship between family support and independence of self-care in mentally disabled children in SLB Negeri Subang, with a p-value of 0.000 and a positive and very strong relationship direction.

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