

## FAMILY SUPPORT AND MOTIVATION RELATIONSHIP WITH CAREFOR CHILDREN WITH MENTAL DISABLE

Nofrida Saswati<sup>1</sup>, Isti Harkomah<sup>1</sup>, Habibah<sup>1</sup>

<sup>1</sup>Nursing Department, Faculty Nursing, Sekolah Tinggi Ilmu Kesehatan Harapan Ibu Jambi, Indonesia

*Corresponding author: nofridasaswati@gmail.com*

### ABSTRACT

Mentally retarded children have limited intelligence and limitations in self-careabilities. So it takes support and motivation from the family. It was knowing the relationship between family support, understanding the relationship between family support and motivation to care for children with mental disabled.

This research is a quantitative research with Cross Sectional design. This research was carried out on Agust 2021 at elementary school Sekolah Luar biasa. Total Sampling was used in this study, with a sample size of 54. We used family support questioner and motivation mother questioner. The association of the family support and motivation were confirmate by Chi-Square test test using SPSS 26.0.

The results of this study indicate that the majority of respondents have good family support, as many as 51.9% respondents, high motivation as many as 51.9% respondents, and mental disable child care well as many as 61.1% respondents. In addition, there is family support p-value = 0.045 (CI 95%) and motivation p-value = 0.047 (CI 95%) for mental disable child care.

The research results should be used as input for schools about the importance of family support for children with mental disable byproviding information and counseling about the care of children with mental disable both in the school environment and at home.

**Keywords:** Family support; motivation; Mental Disable

### BACKGROUND

Inconsistency between parents' expectations and children's potential tends to cause problems later in the child's development process. As a result, parental anxiety affects the tendency to protect children excessively (Karakaş and Yaman, 2014). Parents must make adjustments, especially in meeting the daily needs of their children, so that family support and motivation can be fulfilled (Žegarac, 2017).

Data on mental disabilities is a problem with fantastic applications, especially in developing countries. It is estimated that there are 3% of the total population in the world who are mentally

retarded, but only 1 - 1.5% are recorded. The results of the 2014 World Health Organization (WHO) world health agency report are based on the standard score of the intelligence category of the American Association of Mental Disabled (AAMR) mental disorders, disease classification in Indonesia ranks tenth in the world. (Sadock, B. J., & Sadock, V. A, 2010). Indonesia's national health survey 2018 data shows the prevalence of mental and emotional disturbance as indicated by symptoms of depression and anxiety for ages 15 years and over, reaching around 6% of the total population of Indonesia (Kemenkes RI, 2018).

While the prevalence of mental

disables according to the National Census of the Central Bureau of Statistics, of the 222,192,572 Indonesians, 0.7% or 2,810,212 people are disabled, 601,947 children (21.42%) of whom are school-aged (5- 18 years) including mental disable. Meanwhile, according to data from the Special Schools for 2010/2011, the number of students with disabilities who have had a new education has only reached 27.35% or 87,801 children. Based on this number, the population of mentally disabled children occupies the most significant digit, 66,610 children, compared to the number of children with other disabilities. When viewed from the school-age group, the total population of mental disable is 62,011 people, divided into 60% male and 40% female. (Zahra, 2010).

Care for mentally disabled children requires full support from their families while caring for mentally disabled children. Family support functions as a coping strategy for family support, namely, the family as a search for information sources, the family guiding and mediating in problem-solving, the family is also a source of practical and concrete assistance and also as a safe and peaceful place to rest, and for the psychosocial fulfillment of family members in providing affection (Padila *et al.*, 2021).

In care for mentally disabled children, the family must have motivation in life; each individual provides enthusiasm or encouragement that can be a force to achieve a desire, goal, or dream that has been previously planned; an individual cannot reach a predetermined dream or goal if unable to motivate himself properly. With motivation, humans will be faster and more earnest in carrying out activities. Pure reason is based on the importance of behavior, conduct, and need (Suparyanto dan Rosad (2015, 2020) According to Maslow's theory, this motivation is an encouragement that arises from parents in caring for children with mental disabilities, such as physiological needs, security, belonging, appreciation, and self-

actualization of children (Karakaş and Yaman, 2014; Padila *et al.*, 2021). This study aims to determine "the relationship between family support and motivation with the care of children with mental disable".

## RESEARCH METHODS

### Research design

This research is a quantitative study with a cross-sectional. The population in this study amounted to 54 people—sampling in research with a total sampling technique. The sample in this study were parents of children with moderate mental disabilities who attended SLB elementary schools. Data was collected by using a questionnaire and conducted by filling out a questionnaire. Before the respondent becomes the subject of the study, the researcher will ask the respondent to sign the consent form. After all the questionnaires are filled in, data collection will be carried out by filling out the questionnaire.

### Data Collection

Conducted interviews and filled out questionnaires. Before conducting interviews and filling out the questionnaire, the researcher explained the purpose of the study (informed consent) and asked for permission to become a respondent. After the respondents were willing, the researcher distributed a family support questionnaire consisting of 22 statements consisting of 5 views of informational support, 7 statements of emotional support, 5 statements of appreciation support and 5 statements of instrumental support using a Likert scale consisting of positive and negative statements. The motivational instrument consists of 17 statements using a Likert scale consisting of positive and negative statements. Instruments for the treatment of mentally retarded children comprised of 18 statements using a Likert scale that consists of positive and negative statements. Researchers can conduct interviews and fill out questionnaires in 30

minutes per respondent. After filling out the questionnaire, the researcher conducted an evaluation to check the correctness of the data and avoid statements that had not been filled out.

### Data Analysis

The association of the family support and motivation were confirmed by Chi-Square test using SPSS 26.0.

### Ethical considerations

This study was conducted on a proper ethics committee for health research at the Health Research Polytechnic of the Ministry of Health in Jambi with No.LB.02.06/ 2/0994/2021.

## RESULTS AND DISCUSSION

Based on the research results, it is known that most of the respondents have good family support as many as 51.9% respondents, high motivation as many as 51.9% respondents and good care for mentally retarded children as many as 61.1% respondents (Table 1).

**Table. 1** Frequency distribution based on family support, motivation and care for mentallyretarded children (N = 54)

Variable	f	%
Family support		
Good	28	51,9
Not Good	26	48,1
Motivation		
High	28	51,9
Low	26	48,1
Care for Mental Disable of Children		
Good	33	61,1
Not Good	21	38,9

Bivariate analysis was performed with abnormally distributed data and was carried out between variables using the Chi-Square test statistical test with the significance of the statistical calculation results using a 5% (0.05) significance limit.

**Table 2.** The relationship between family support and motivation to care for children with mental disable in SD SLB

Care for Mental Disable of Children								Amount	<i>p-value</i>
Variable									
	Good		Not Good						
	f	%	f	%	f	%			
Family support									
Good	22	78,6	6	21,4	28	100	0,014		
Not Good	11	42,3	15	57,7	26	100			
Motivation									
High	23	82,1	5	17,9	28	100	0,003		
Low	10	38,5	16	61,5	26	100			

Based on the results of the study, it was found that there was a relationship between family support and motivation for the care of children with mental disable (Table 2).

### The relationship of family support to the care of children with mental disable

The results of this study indicate that the statistical test obtained p value = 0.014 (CI 95%) which means that  $H_0$  is rejected, it can be concluded that there is a relationship between family support and the care of children with mental disable. The results of this study are in line with research conducted by Verawati regarding the relationship between family support and self-care abilities in children with mental disable in Bantul, showing family support has a relationship to self-care abilities in children with mental disable in Bantul (Tenriwati et al., 2016).

This study is in line with other research conducted by Pawiono. The results show that there is a relationship between family support and the level of family depression in caring for mentally retarded children (Harkomah and Saswati, 2021) ). The research was also conducted by Setyani. The results showed that there was a relationship between family support for self-care independence in children with mental disable (Kurt and Şimşek, 2021). Research conducted by Muliana found that

there was a relationship between family support for the independence of children with mental disable (Wayanshakty *et al.*, 2020)

The results of the study on the relationship of family support to the independence of mentally retarded children (Martariani, Anom and Dewi, 2020). The results of other research on Parental Support in Improving the Independence of Children with moderate mental disable found the results of the five RM subjects, the form of support provided was emotional support by helping and giving direction to children so that children's independence can be known when children learn on their own and listen to subject rules. The sixth subject of RY, the form of support provided is emotional support by paying attention when the child is cleaning the terrace and paying attention when the child is studying (Ananditha *et al.*, 2022).

Family is closely related to the problem of children's mental disable. The family is a place where an individual grows and develops, so the success of development is primarily determined by the quality of the individual which is formed from the norms adopted in the family as a benchmark for daily behavior. Families who have children with disabilities will provide an excessive protection for their children so that children get limited opportunities to gain experiences that are in accordance with their level of development (Karakaş and Yaman, 2014).

Family support consists of instrumental support where the family is a source of practical and concrete help, including: patient health in terms of food and drinking needs, informational family support where the family is a collector and disseminator of information about the world and explains about giving advice, suggestions Information that can be used to reveal a problem, emotional family support, namely the family as a safe and comfortable place where help is manifested in the form of affection, the presence of trust, attention, listening and listening, and assessment

family support, namely the family recognizes the health problems of each member, takes the decision to take appropriate health measures for the family and provide nursing for family members who are sick (Ananditha *et al.*, 2022)

The family's ability to care for family members who are sick with mental disable, provide food, clothing, as well as protection and family knowledge about sickness health. The family's ability to carry out health care can be seen from the family's ability to carry out five family health tasks, namely the family is able to recognize health problems, take decisions to take action, take care of sick members, create an environment that can improve health and be able to take advantage of health facilities. that is in the local climate (Modula, 2022).

The results showed that most parents have good family support, it can be seen that there is 53.5% dominant informational support carried out by families educating children according to the child's condition, 56.3% prevalent emotional support carried out by families accompanying children when learning at home, 52.1% of the chief support provided by the family offers the opportunity for children to do activities they enjoy, 59.2% of the dominant instrumental support is done by the family to prepare nutritious meals for the child's daily needs.

Based on the results of the above research, it is known that there is a relationship between family support and child care for RM. Family support relationships such as informational support, reward support, instrumental support, and emotional support for the independence of children with moderate mental disable who experience intellectual or mental disable, which results in them having deficiencies in many ways, namely: the ability to learn information and the skills to adapt to problems. problems and new life situations. From the existing conclusions, the researchers assume that parents have a handle on accepting any weaknesses or strengths of the child. In addition, family

support also plays an essential role in children's independence.

Researchers assume that family support is good in caring for children with mental disable, so family support also has a positive impact on children's development and growth, and it can be seen from 60.6% of the respondents that most of the respondents provide support for their children to communicate with their friends.

### **The relationship between motivation to care for children with mental disable in SD SLB**

The results showed that the statistical test obtained  $p$  value = 0.003 (95%), which means that  $H_0$  is rejected, it can be concluded that there is a significant relationship between motivation and care for children with mental disable in special school based on research it was found that there was a relationship between motivation and caring for mentally retarded children (Modula, 2022) Another results show that there is a relationship between family motivation and the development of learning achievement for children with mental disable retardasi (Ananditha *et al.*, 2022; Modula, 2022).

Motivation is an encouragement that arises from parents in caring for children with mental disable such as physiological needs, security, need for belonging, appreciation and self-actualization of children (Matthews, Puplampu and Gelech, 2021). Caring for mentally retarded children, the family must have motivation. Motivation in life in every individual provides enthusiasm or encouragement that can be a force to achieve a wish, goal or dream that has been previously planned, an individual cannot achieve a predetermined dream or goal if he is unable to motivate himself properly. Setting and achieving goals is a way for humans to organize their lives so that they can produce the desired results and add meaning to their daily activities (Ananditha *et al.*, 2022)

Motivation from parents will

provide energy and confidence in children who are mentally retarded to make more efforts to improve every ability they have so that these children can live independently, apart from dependence on others. On the other hand, the rejection received from the closest people will make them even more inferior and withdraw from the environment as if they are always filled with fear when dealing with other people or doing something (Damaiwati, 2022).

He theory states that motivation arises because of internal and external encouragement and stimulation so that a person wishes to make changes in behavior or activities based on biological needs, instincts, and other psychological elements. Motivation is said to be high if a person in his daily activities has positive expectations, high expectations, and high confidence in carrying out activities related to the problems at hand. Parents have confidence and hope in caring for their children who are mentally retarded and the child can live properly like other normal children (McConnell and Savage, 2015).

The results of the research conducted by Sari showed that there was a significant relationship between the self-concept of parents and motivation in caring for children with mental disable (Žegarac, 2017). Another it was found that the result shows that there is a relationship between self-efficacy and parenting stress in mothers who have children with mental disable (McConnell and Savage, 2015). Furthermore we found a relationship between the level of knowledge about mental disable and coping mechanisms in parents of children with mental disable (Ananditha *et al.*, 2022). The relationship of motivation to the care of mentally retarded children the results of research on the relationship between parents' self-esteem and motivation in caring for mentally retarded There is a significant relationship with a very strong strength between parents' self-esteem and motivation in caring for mentally retarded children (Matthews, Puplampu and Gelech, 2021).



Based on the research results above, it shows that there is a relationship between motivation and care for children with mental disable. Motivation can help parents in caring for mentally retarded children because with the strong desire and encouragement from within the parents it can make it easier for parents to care for mentally retarded children by seeking information on care for mentally retarded children in advance from both health workers and information media.

The results showed that most of the respondents treated children with mental disable well. It can be seen that as many as 66.2% of respondents did not let their children feel sad about their condition, 63.4% of respondents motivated their children to play with their friends at school. Researchers assume that motivation with the care of children with mental disable is high, motivation will encourage families to provide care to their children, this can be seen from 70.4% of the majority of respondents involving children in making decisions related to their school.

## CONCLUSION AND RECOMMENDATION

The results showed that family support and motivation were related to the care of children with mental disable.

## REFERENCES

- Ananditha, A. C. *et al.* (2022) 'Parental Support for the Independence of Mental Retardation Children', *Gaceta Medica de Caracas*, 130(Supl 1), pp. S164–S168. doi: 10.47307/GMC.2022.130.S1.29.
- Damaiwati, E. (2022) 'Education For Mentally Retarded Children In A Family With An Islamic Education Perspective', 23(2), pp. 185–196.
- Harkomah, I. and Saswati, N. (2021) 'The effectiveness of supportive and psychoeducational family therapy: A linkage towards burden and anxiety of care for children with mental retardation', 04(2), pp. 103–111.
- Karakaş, G. and Yaman, Ç. (2014) 'The Role of Family in Motivating the Children with Disabilities to do Sport', *Procedia - Social and Behavioral Sciences*, 152, pp. 426–429. doi: 10.1016/j.sbspro.2014.09.225.
- Kurt, M. and Şimşek, T. T. (2021) 'Motivation and motivation-related factors in children with disabilities', *Journal of Pediatric Rehabilitation Medicine*, 14(1), pp. 127–132. doi: 10.3233/PRM-200711.
- Martariani, I., Anom, D. G. and Dewi, N. L. P. T. (2020) 'Hubungan Pengetahuan Orang Tua Dengan Tingkat Kemandirian Activity of Daily Living Anak Retardasi Mental', *Bali Medika Jurnal*, 7(1), pp. 35–45. doi: 10.36376/bmj.v7i1.106.
- Matthews, E. J., Puplampu, V. and Gelech, J. M. (2021) 'Tactics and Strategies of Family Adaptation among Parents Caring for Children and Youth with Developmental Disabilities', *Global Qualitative Nursing Research*, 8, pp. 111–116. doi: 10.1177/23333936211028184.
- Mcconnell, D. and Savage, A. (2015) 'Stress and Resilience Among Families Caring for Children with Intellectual Disability: Expanding the Research Agenda', pp. 100–109. doi: 10.1007/s40474-015-0040-z.
- Modula, M. J. (2022) 'The support needs of families raising children with intellectual disability', *African Journal of Disability*, 11, pp. 1–9. doi: 10.4102/AJOD.V11I0.952.
- Padila *et al.* (2021) 'Pengalaman Orang Tua Dalam Merawat Anak Retardasi Mental', *Jurnal Kesmas Asclepius*, 3(1), pp. 9–16. Available at: <https://journal.ipm2kpe.or.id/index.php/JKA/article/view/2163>.

- Suparyanto dan Rosad (2015 (2020) ‘濟無  
No Title No Title No Title’,  
*Suparyanto dan Rosad (2015*, 5(3),  
pp. 248–253.
- Tenriwati, Haerani and Rahmi Islamiah  
(1970) ‘Family Support With Self-  
Care Ability In Mental Retardation  
Children In SLB State 1  
Bulukumba’, *Comprehensive  
Health Care*, 2(2), pp. 76–83. doi:  
10.37362/jch.v2i2.247.
- Wayanshakty, J. P. *et al.* (2020) ‘The  
Contextual Effect of School on Self-  
Care in Children with Mental  
Retardation in Surakarta, Central  
Java’, *Journal of Maternal and  
Child Health*, 5(1), pp. 19–26.  
Available at:  
<https://doi.org/10.26911/thejmch.2020.05.01.03>.
- Žegarac, N. (2017) ‘Supporting Families  
with Children with Disability -  
Evaluating the Impact on Family  
Wellbeing Executive Summary’,  
pp. 1–23.