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by Sandu Siyoto, Byba Melda Suhita Intan Fazrin

Submission date: 27-Jan-2021 12:09PM (UTC+0700)

Submission ID: 1495128437

File name: J._Appl._Environ._Biol._Sci.,_6_8_72-77,_2016.pdf (179.14K)

Word count: 3577

Character count: 19129



Caregiver Coping Effort Treating People with Mental Retardation in Terms of Adversity Quotient in Kediri City

Sandu Siyoto, Byba Melda Suhita*, Intan Fazrin

STIKes Surya Mitra Husada Kediri, Indonesia

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Received: March 22, 2016

Accepted: June 29, 2016

ABSTRACT

Mental retardation or so-called mental retardation is a form of interference with the characteristics of patients whose level of intelligence (IQ) is below average. Problems faced by the family, especially care giver one of which is the level of stress that arise in care. In these conditions the family would struggle to overcome the problems in the care of family members with mental retardation. The ability of a power struggle or Adversity Quotient this family will be seen in the way the family in provide care for families who have mental retardation which of course it will also affect the caregiver coping mechanisms. The purpose of this study was to determine the relationship of family adversity quotient with family coping mechanism in caring for family members who suffer from mental retardation in Kediri. The design study is cross-sectional. The population in this study is families who have a family member suffering from mental retardation Kediri with purposive sampling technique. Collecting data use questionnaires and data analysis use Spearman Rank ($\alpha = 0.05$). The results showed that most of the care giver who treat patients with mental retardation have adversity quotient champers categories, namely 26 respondents (53.1%) and most families use emotion-based coping mechanisms (emotional focused coping), i.e. 28 respondents (57.1 %). The analysis showed a significant relationship (p-value $< \alpha$) and negative ($\rho = -0.425$) between adversity quotient with a care giver coping effort on the family in caring for people with mental retardation in Kediri. Families have a role in organizing effective communication with patients, thus good communication. This trusting relationship is the main basis to help reveal and recognize feelings, identify needs and problems, seek alternative solutions and evaluate the results so that families can help people with mental retardation to the maximum.

KEYWORDS: Adversity Quotient, mental retardation, family, coping Effort

INTRODUCTION

Not all individuals are born under normal circumstances. Some of them have limitations both physically and psychologically, which have been experienced since the beginning of the development phase. Mental retardation is one form of the disorder that can be found in various places, with the characteristics of patients who have the intelligence level below the average (IQ below 75) [1]

People with mental retardation have a general intellectual functioning that is significantly below the average, and further such conditions will relate and affect the occurrence of behavioral disorders in developmental period. Mentally retarded children have a low intellectual ability that makes the child has limitations in the areas of skills, communication, self-care, daily activities, health, and safety [2]

According to research World Health Organization (WHO) in 2006, the number of worldwide Tunasahita is 3% of the total population. Mentally retarded child is child who has an IQ of 70 down. Number of persons with mental retardation 2.3% or 1.92% of school age children with mental retardation bears comparison men 60% and women 40% or 3: 2. In the main data Schools visible from the school-age group, the number of Indonesian population that bears the abnormality is 48,100,548 people, so the estimated number of people in Indonesia who bear the mental retardation is $2\% \times 48,100,548 \text{ people} = 962,011 \text{ people}$. Based on data from the Center for Data and Information (Media Centre) Social Welfare Minister of Social Affairs in 2006 the number of people with disabilities is 2.364 million people including persons with mental retardation. Based on data from the Ministry of Education the number of students Schools Mental Retardation by level

*Corresponding Author: Byba Melda Suhita, STIKes Surya Mitra Husada Kediri, Indonesia
email: bybamelda@yahoo.co.id

of education in Indonesia in 2007/2008 reached 4,253 children; while in East Java represent 748 children, but the prevalence of mentally retarded children in East Java in 2012 is already number 125 190 children in East Java in 2012 the number of children who have mental retardation are 125 190 children [3]. Based on data obtained from the NGO Rumah Kasih Sayang Ponorogo in 2012 there were 100 people with mental retardation and the most rural districts SidoharjoJambon there are 81 people who experienced her mental retardation were in vulnerable moderate to severe.

Family is the main immediate environment and in the lives of children who have mental retardation. The concept of thinking about the child's family, especially parents and offspring craving healthy physically and mentally, this affects the reaction of parents of children with mental retardation. The general reaction that occurs in older people first is shock, experienced an inner shock, fear, sadness, disappointment, guilt, shame, and refused because it is difficult to believe that their children. Another problem facing the elderly is a high level of stress and trauma to his presence. A thing like this certainly is not easily accepted by the parents, where his son was experiencing disruption and delays in its development [4]. From a preliminary study conducted by researchers at February 1 to February 8, 2014 one of the interviews with the families of patients with mental retardation said that "When he was a baby, he was a healthy, big and cute baby. Then in one year of age his development was left behind among his friends. His friends with the same age had been able to run, but he could only sit. I was confused why my child would be like this. That was different from his friends with the same ages. What diseases he suffered from. Actually I was disappointed..but a child was given by God so that I would care for him sincerely such as bathing him together with his father every day."

The parents of mentally retarded children are in a difficult situation. Because of the attitude of the society, they may feel ashamed of their disabled children and the embarrassment about the child rejected openly or closely. Many families are drastically changing their way of life because of the presence of the mentally disabled child in the family and almost completely withdrawing from community activities. In such a situation, the child may realize that she had been the cause [5]. There are still many people who generalize people with mental retardation with the stupid, useless, people who are unable to meet their own needs and are only able to made the other person. Not all assumptions and perceptions of people with mental retardation are true [1]. In these conditions will make the family struggling to overcome problems in the care of family members who have mental retardation, and it is not easy. Adversity Quotient is the intelligence that one has to overcome difficulties and be able to survive. Adversity Quotient (AQ) is a measure or standard used to determine the level of one's ability to face and survive the hardships and challenges experienced. The ability to face all these difficulties is a process to develop self-potential, and achieve goals. Adversity Quotient is the intelligence that emerged due to the pressure, difficulties and suffering [6]. This research purposes are to know an adversity quotient with Care Giver Coping Effort in caring for family members who suffer from mental retardation in Kediri

METHODS

This study uses co-relational research, with cross sectional approach, which is the measurement of the variables used in the same time The research was conducted in May 2016 in the town of Kediri. The population in this study is all family households with people with mental retardation in the town of Kediri, by using purposive sampling obtained 49 samples of respondents. The inclusion criteria sample are willing to be a respondent, family / care giver stayed one home with people with mental retardation, ability to communicate well, can read and write.

RESEARCH RESULTS

Stress Level of Care Giver who is Caring for Family Members with Schizophrenia

Table 1. Characteristics of Variable Rate Stress Care Giver is Caring Family Members with Schizophrenia Kediri

No.	Adversity Quotient	F	%
1	Quitters	0	0,0
2	Champers	26	53,1
3	Climbers	23	46,9
Total		49	100,0

Adversity Quotient Care Giver whose Members Caring for Families with Schizophrenia

Table 2. Characteristics Variable Adversity Quotient Care Giver is Caring Family Members with Schizophrenia Kediri

No.	Care Giver Coping Effort	F	%
1	Emotional Coping	28	57,1
2	Problem Focused Coping	21	42,9
Total		49	100.0

Data analysis

Related research hypothesis testing effort coping care giver care for people with mental retardation in terms of adversity quotient do make use of Spearman rank correlation test at significance level of 5% were obtained as follows:

Table 3. Results of Analysis of Coping Effort Care Giver Caring for People with Mental Retardation Seen From Adversity Quotient Kediri 2016

Adversity Quotient	Care Giver Coping Effort				Total	
	Emotional Focused Coping		Problem Focused Coping		F	%
	F	%	F	%		
Champers	20	40,8%	6	12,2%	26	53,1%
Climbers	8	16,3%	15	30,6%	23	46,9%
Total	28	57,1%	21	42,9%	49	100,0%
<i>rho = 0,425 p-value = 0,002 α = 0,05</i>						

Results of cross tabulation shows that respondents who have adversity quotient champers category tend to use emotional focused coping in caring for people with mental retardation, which is 20 respondents (40.8%). Correlation test results showed a significant relationship ($p\text{-value} < \alpha$) and negative ($\rho = -0.425$) between adversity quotient with a care giver coping effort on the family in caring for people with mental retardation in the town of Kediri in 2016.

DISCUSSION

Adversity Quotient Care Giver Caring for Patients with Mental Retardation in Kediri

Adversity Quotient family taking care of people with mental retardation in the town of Kediri known that most of the care giver has adversity quotient in the category of champers, namely 26 respondents (53.1%).

Stoltz revealed Adversity Quotient is the most decisive factor for the success of both physical and spiritual, because basically everyone harbored a desire to achieve success. Simply put adversity quotient can be defined as an individual intelligence in the face of difficulties, obstacles and challenges in life [7]. To get Adversity quotient is high, an individual must be able to change the habits of thought patterns to achieve success. The changes are created by questioning the old patterns and consciously establish new patterns [8].

The level of adversity quotient on respondents who care for people with mental retardation classified as campers. This means that the level of family adversity quotient is generally moderate. Campers are the ones who are content with what has been achieved and ignore the possibility to see or experience what may still happen. Still shows initiative, enthusiasm and effort. Still doing what needs to be done. Learning to reap gratification at the expense of compliance, and tend to make the fear and comfort as motivation [6].

Optimism is one way to increase the adversity quotient on families caring for family members of people with mental retardation. Thus, the care giver did not just become campers were just doing something that is necessary, such as caring for and raising children just to maintain the health of the child but became climbers (scores high AQ) who is able to motivate themselves, have high morale and fighting for curing mental retardation in children fosterage.

Mental retardation genetic disorder that is manifested by intellectual functioning below average and there is a deficit in adaptive behavior. It happened began in childhood with the characteristics of the decline of intelligence and adaptive skills and development disorders in

general. The increasing incidence of mental retardation raises a variety of issues, especially for children and families. The negative impact is not only felt by the child but also felt by the family. Parents who have children with mental retardation, depressed about the uncertainty of the future of children and the time until when the child will depend on the parents. Psychosocial problems are most often found in families with a child with mental retardation is the anxiety and the perception of burden. Anxiety is a subjective experience of individuals who are often manifests as dysfunctional behavior that is defined as a feeling of hardship and distress to the events that are not known with certainty. Anxiety itself can be affected by several factors such as age, gender, economic status, education level, while the factors of the child is the child's age and level of mental retardation. Family is the support system should be able to survive in any situation by using a source of power within the family. One of the actions that can be taken to reduce the level of anxiety can also reduce the burden on families in the care of children with mental retardation is a family psycho-education. Psycho-education is a form of education or training of a person or family with psychiatric disorders aimed at treatment and rehabilitation process. The goal of family psycho-education is to develop and increase the acceptance of family to the disease or disorder is experienced, increase family participation in treatment, and the development of coping mechanisms when families facing the problems associated with the care of family members.

Care Giver Families Coping Effort In Caring for Patients with Mental Retardation Kediri 2016

Care Giver Coping family effort in caring for people with mental retardation in the town of Kediri known that most of the care giver use emotion-based coping mechanisms (emotional focused coping), i.e. 28 respondents (57.1%).

The result showed that all participants have the same problem, namely the face of the child's condition cannot be treated and can only be done with routine therapy in order to grow and develop optimally in accordance with the conditions of the child and coupled with the stressor other such costs, society's view of himself as well as concerns about the child's future [9].

Family coping strategy is an important effort that must be done by a family member [10]. Pearlin and Schooler revealed the coping strategies used family may lower-stressor stressor that appears. Thus, in helping the healing process post-hospitalization, the family is highly recommended to use family coping strategies. Action rude, yelling, or ostracize will actually make people more depressed and even tend to be rough. However pamper also not good. Family coping very important to help patients socialize back, creating a supportive environment, respect the patient in person and assist in solving the problems of the patient. Psycho education is also effective against changes in load drop. Perception excessive burden will be felt by the family in the care of children with mental retardation when many of the problems arising from the dependence of the child. Negative impacts on families will be perceived as a burden of subjective and objective burden. One of the subjective burdens is most often felt anxiety and stigma, while the load objective is most often perceived by the respondents is the economic burden in caring children with mental retardation. The heaviest burden felt by the family is a financial burden in caring for children with mental retardation. The impact of the perception of the burden that is not managed properly will affect productivity, quality of life and family functions are not optimal. It should be done in the educational process is the adoption, implementation and maintenance / upkeep. This maintenance can be done with regular exercise to become a habit, so if health education done only fleetingly and is not exemplified how to conduct perception management burden, then the family will remain difficult to tackle psychosocial problems in the family.

The Relation of Adversity Quotient with Caregiver Coping Effort in Caring for Family Members Suffering Mental Retardation Kediri

Results of cross tabulation shows that respondents who have adversity quotient chambers category tend to use emotional focused coping in caring for people with mental retardation is 20 respondents (40.8). Results of correlation test showed a significant relationship (p -value $< \alpha$) and negative ($\rho = -0.425$) between adversity quotient with a care giver coping effort on the family in caring for people with mental retardation in the town of Kediri in 2016.

Daily care for children with mental retardation that occurs in the family is mostly done by mothers than fathers [11]. This is due to childbearing and child rearing for generations is a key responsibility for the mother as a woman and this is a phenomenon that is universal across cultures [12]. The study ever conducted in Indonesiashowed that the mother initially had difficulty in

accepting the fact that their children are mentally retarded [13]. They feel negative emotions eg disappointment, shame, despair, depressed and sad. Mothers of children with mental retardation require an immense emotional adjustment because they have to try to come to terms with the negative feelings that arise within them.

The use of coping strategies centered on emotions (emotional focused coping) is also used at the first parent knows a child is diagnosed with mental retardation and when environmental conditions are unfavorable, with many people looking at him with one eye. Appalling conditions in the ability to communicate, academic, and social skills in children with mental retardation makes them have higher levels of dependence on careers compared with other normal children. In this case, parents have an important role for the child that is acting as the family caregiver. The task of caregiving women done can be of assistance in basic tasks of self-care children, such as eating, dressed, bathing, toileting, and also tasks instrumental, for example related to financial management, transportation, activities shopping, cooking activities, and House chores. At first the mother had difficulty in accepting the fact that their children are mentally retarded. They feel negative emotions e.g. disappointment, shame, despair, depressed and sad. Mothers of children with mental retardation require an immense emotional adjustment because they have to try to come to terms with the negative feelings that arise within them. Mothers of children with mental retardation are trying to regulate their negative emotions associated with the presence of a mentally retarded child in the family so that they can more easily find the solution of any problems that arise when performing maintenance and care for the mentally retarded children. The family has an effective role in the conduct of effective communication with the patient and the therapist (physician or nurse) so that good communication. Good communication is established would create an atmosphere of trust and openness between people with mental retardation with family and therapists. This trusting relationship is the main basis to help reveal and recognize feelings, identify needs and problems, seek alternative solutions and evaluate the results. This process must be passed by people with mental retardation and families, so that families can help people in the same way.

CONCLUSIONS

1. Most of the care giver who treat patients with mental retardation have adversity quotient in the category of champions, namely 26 respondents (53.1%)
2. The majority of families in caring for people with mental retardation use emotion-based coping mechanisms (emotional focused coping), i.e. 28 respondents (57.1%).
3. Respondents who have adversity quotient champions category tend to use emotional focused coping in caring for people with mental retardation. Correlation test results showed a significant relationship (p-value < 0.05) and negative ($\rho = -0.425$) between adversity quotient with a care giver coping effort on the family in caring for people with mental retardation in the town of Kediri in 2016.

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