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Coping strategy families with moderately mentally retarded children at slb bcd ypkR cicalengka, bandung regency

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Abstract

The stress of parents during covid-19 is getting bigger. Children with moderate mental retardation are starting to learn from home. This study aims to find out how the coping strategies are applied by families with moderately mentally retarded children at SLB BCD YPKR Cicalengka while studying at home during the Covid-19 pandemic. This research is qualitative research. Primary data will be obtained from 4 resource persons and secondary data will be obtained from information and data regarding coping strategies for families with moderately mentally retarded children at SLB BCD YPKR Cicalengka while studying at home during the Covid-19 pandemic. The data collection techniques used are interviews and documentation. The results showed that the coping strategies implemented by families with moderately mentally retarded children at SLB BCD YPKR Cicalengka while studying at home during the Covid-19 pandemic had mostly used strategies that were sufficient to solve their problems by seeking the best information and solutions.

Keywords

Strategy, Family Coping, Children with Moderate Mental retardation

Introduction

Inclusive education has become one of the highest priorities in education policy in many countries since the UNESCO Salamanca Statement in 1994. The implementation of inclusive education provides opportunities for Children with Special Needs (ABK), namely children with the potential for intelligence or special talents to take part in learning in an educational environment in regular schools together with regular students.

One of the children with special needs is mentally retarded. Mental retardation is an individual who has intellectual disabilities with an intelligence quotient (IQ) below the average (less than 70). Mental retardation is also called mental retardation or children who experience mental retardation. Meria (2015) explains that the prevalence of mental retardation is 1% where the number is higher in children and adolescents under 18 years of age.

Children with mental retardation have special characteristics compared to other children their age. This condition is characterized by intellectual barriers and difficulties in adaptive behavior or the inability to adapt to oneself and others during their development period (Grossman; in Dinie, 2016). The adaptive behavior in question is the ability to communicate, direct oneself, have social skills, use public facilities, take care of oneself, and function in academics (Ramawati et al., 2012). Yucesoy-Ozkan, et al (2018) make it clear that children with intellectual disabilities have difficulty getting opportunities to build social interactions so that positive activities are needed to fill spare time. The American Association on Mental Deficiency (AAMD) provides a justification for mentally retarded children by referring to general intelligence below average. With such low intelligence, it causes mental retardation children to have difficulty in social adjustment at every phase of their development (Harmudianto, et al., 2019).

Based on the level, mental retardation is divided into 4 categories, namely mild mental retardation (IQ: 51-70), moderate (IQ: 36-51), severe (IQ: 20-35), and very severe (IQ below 20) (Rojabtiyah, et al., 2019). Davidson & Kroll (Hidayat & Ramadhana, 2021) stated that moderate-level mentally retarded children need special training to be able to master certain skills. To support the development of mentally retarded children, both in the cognitive, affective, and psychomotor domains, special education is needed as needed. Based on government policies in the context of education equality, inclusive schools were formed. Inclusive education provides education by providing opportunities for all students regardless of physical, intellectual, ability, disability, etc. differences in order to learn to work together to explore abilities and skills (Sulthon, 2018). The learning process for students with moderate and severe intellectual disabilities is focused on being able to train. It means that children with moderate and severe mental retardation are

trained to increase independence so as not to depend on others. There are many studies that prove that children with special needs who study in inclusive schools show better development in social skills and interactions with regular children which will help them to enter the social community in adulthood (Wiener & Tardif, 2004).

Yang, et al (2016) explained that most children with intellectual disabilities do not get services and depend entirely on their families to survive and develop. Parents with a loving attitude and have acceptance of any condition of the child is something that children really need. One of these acceptances is illustrated by the behavior of parents who give more attention and seek the best care for their children by seeking help from experts who can handle mentally retarded children. However, it is not easy for parents to face the fact that their child has a disorder. Some parents who have mentally retarded children experience a rejection of the condition of their children in the family, including in the community. When this happens, parents experience feelings of anxiety and a decrease in self-esteem by showing shame because children cannot make pride and the arrival of other negative feelings which will eventually lead them to a depressed state (Kosasih, 2012).

Perry (2004; in Ekantari, 2010) revealed that one of the physical burdens that cause stress to parents of mentally retarded children is related to the child's inability to carry out daily activities which makes parents, especially mothers, always have to help and accompany children, causing physical fatigue. The psychological burden felt by parents is related to the acceptance process starting from shock, disappointment, guilt over the child's condition, and the absence of family support. This can have a negative impact due to the social burden where there is a negative response from the community that makes parents feel ashamed and withdraw from social life.

Research by Ardani et al (2020) shows that some parents with mentally retarded children tend to experience feelings of anxiety, confusion, and sadness about their child's condition due to the many burdens that must be borne by the family, such as economic problems, children's independence, and their future. Sometimes parents lack self-confidence due to shyness to meet other people. This becomes a problem in the psychosocial aspect which ultimately causes parents to experience anxiety. One of the problems experienced by many parents, especially a mother of a mentally retarded child, is emotional behavior, economic problems, child independence, and children's future (Hastuti et al., 2009). Parents with mentally retarded children also feel physical and mental burdens that result in emotional impacts where parents are required to face different roles from other parents (Faradina, 2016).

To deal with stressful situations, parents must adapt to stressors. Psychological adaptive responses of these stressors are referred to as coping mechanisms (Videbeck, 2008). Coping mechanism is a positive response to a problem, affective, perception, and behavioral response that can be used by parents in solving problems caused by an event (Suri, 2012). Coping mechanisms

are needed in educating or caring for mentally retarded children because this needs to be done so that children get special attention. It also aims to overcome situations and demands that are felt to be pressing, challenging, burdensome and exceeding the resources they have (Maryam, 2017).

Coping strategies are divided into two, namely problem focused coping and emotion focused coping. Problem focused coping is a form of coping that tends to be directed in an effort to reduce the demands of a stressful situation. Emotion focused coping is a form of coping that is directed to regulate emotional responses to stressful situations so that individuals are able to positively assess the situation that occurs (Maryam, 2017). In emotional focused coping, the emotional stress experienced by individuals is reduced or minimized without changing the objective conditions of the events that occur (Friedman, et al, 2014). This strategy is carried out to relieve individual emotions caused by stressors (sources of stress), without trying to change a situation that is a source of stress directly, such as avoiding, ignoring, or blaming oneself (Wardani, 2009).

Family coping is a cognitive change used by families to deal with stressful situations (Mashudi, et al., 2019). Parents need a coping mechanism in caring for mentally retarded children who are different from other children. The results of the research by Mashudi et al (2021) show that 15% of family health is determined by the coping used by the family during the Covid-19 pandemic. With the coping strategies owned by the family, the existence of mentally retarded children with all their limitations can still obtain their needs, so that they can grow and develop optimally. Thus, the family is expected to be able to play a role in solving problems through effective coping strategies. If the family is able to cope well, then this will have a positive impact on the functioning of the family (Sheidow, et al., 2014). According to Picci et al., (2015) coping strategies in mothers with ABK showed the highest category with problem focused coping (51.6%). Problem focused coping is used to control the relationship between mothers and children with special needs who are problem solving oriented using a settlement strategy. However, the results of Yusa's research (2020) show that the coping strategies carried out by families affected by COVID-19 are quite varied. One subject uses emotional focused coping to overcome problems and the other three subjects use mixed coping strategies, namely problem-emotional focused coping to overcome the problems they face.

The implementation of learning from home during the pandemic for children with special needs, especially mentally retarded children, is the basis for this research. Families and parents have an obligation to support children with special needs in obtaining optimal learning outcomes. Stress on parents can occur due to improper and inappropriate parenting of mentally retarded children. There are various kinds of coping strategies for parents who have mentally retarded children, where there are parents who solve their problems by looking for the best information and solutions, and there are also those who solve their problems with coping that focuses on their emotions, causing negative things (Nasir & Muhith, 2011). Several coping strategies have a positive role as a mechanism for solving

learning problems in Children with Special Needs. However, if parents still have negative coping strategies for children with mental retardation, then the child will lack love and attention. In fact, parents are the closest figures to children to provide care for themselves.

Research methods

According to Sugiyono (2018), primary data is a source of data in a research that is obtained directly from the original source without going through intermediaries or media. The primary data used in this research is information obtained through a question and answer process or interviews with resource persons or informants, as well as documentation related to coping strategies for families with mentally retarded children at SLB BCD YPKR Cicalengka while studying at home during the Covid-19 pandemic. 19.

The selection of sources in this research uses the "Purposive Sampling" or "Judgmental Sampling" method which is useful in certain conditions. This technique is commonly used in exploratory and field studies. Purposive Sampling technique is used to determine the sources with special considerations. This method in selecting resource persons was considered beforehand and was not chosen at random, but adapted to standards or criteria relevant to the research focus.

Sugiyono (2018) describes secondary data as a source of information and data in studies that are obtained indirectly or through intermediaries and media that can also be obtained or documented by parties who are not involved in the research. The secondary data used in this study is all information and data regarding coping strategies for families with moderately mentally retarded children at SLB BCD YPKR Cicalengka while studying at home during the Covid-19 pandemic.

The data collection technique used in this research is through the interview method systematically asking the same questions to a large number of people through certain methods, then documenting their answers. Interviews were conducted by asking things such as background, behavior, beliefs, characteristics, expectations, independent classification, or knowledge to the informants who were asked.

Interviews in this study are all parties who participate directly in the program that is the object of research, where the informant understands the context being discussed or being studied. Interviews with resource persons were carried out in person and online (Zoom and Whatsapp) due to the constraints of the COVID-19 pandemic. Informants who are not willing to conduct interviews in person, will fill out interview questions in the form of online via the link provided by the researcher during a certain time limit. The willingness of informants from all elements, will result in the demographic involvement of several groups in understanding coping strategies for families with moderately mentally retarded children at SLB BCD YPKR Cicalengka while studying at home during the Covid-19 pandemic. All data will be analyzed in groups.

Data collection by interview was carried out honestly, transparently, and there was no manipulation of situations and events. It only recorded the answers

given by the informants as they were. Interviews make it possible to collect data from many people in a short period of time. Due to the Covid-19 pandemic, data collection is still carried out according to health protocols using the inclusion of an interview guide sheet through the Google Form. The informant's response will be recorded automatically into the Google Docs Spreadsheet in the researcher's G-Mail account that is connected to the Google Form.

Interview is a method of collecting information and data through written questions to informants and is open. Furthermore, the qualitative data needed for this research is data on coping strategies for families with moderately mentally retarded children at SLB BCD YPKR Cicalengka while studying at home during the Covid-19 pandemic.

The process of analyzing research data is carried out after the data is collected completely. This is done to make it easier for researchers to find shortcomings in this research, as well as to be used as material in making hypotheses that will be analyzed in more depth (Bungin, 2015). The data analysis method begins with recording all information and data on a more regular basis from the results of interviews and interviews, recording all phenomena obtained in the field, and collecting data from observations. This research uses data analysis methods for qualitative research according to Miles, et al (2014:31-33), which include; reduce research data, present research data and draw conclusions from research results.

The triangulation technique used in this research is the source triangulation method and the triangulation method. This research uses source triangulation as an analytical technique made by comparing and checking the level of confidence of all data obtained using different devices and times. Triangulation method is a data analysis technique applying several techniques in collecting data as a way to obtain homogeneous information or data.

Triangulation of data allows researchers to be able to re-examine the research results obtained, by making several comparisons from various sources, techniques, and theories. After that, the researcher will get the final results that are the conclusions of this study.

Results and discussion

Coping strategies applied to each family during learning at home during the Covid-19 pandemic, of course, have differences. However, the majority of internal and external factors that influence this coping strategy have similarities between families with one another. In terms of internal factors, all of the respondent's families who have been interviewed already know very well their identity, know the conditions and perceptions of each member of the nuclear family and know the condition of the perception of each member of the extended family.

All respondents know with certainty the identity of themselves and their children. all respondents also said that there were no pregnancy problems. The majority of respondents also did not experience birth problems. Generally,

respondents know that their child has mental retardation from infancy to 2 years of age. The way respondents find out if there are abnormalities in children is certainly different. However, it can be concluded that the disorder can be seen through physical or behavioral. Of the 4 respondents, only 1 experienced birth problems. Families who have mentally retarded children in this study certainly show negative emotions when they find out their children have mental retardation. Negative emotions such as sadness, disappointment, upset, drop and others are human emotions that humans feel when they hear bad news. As Astini (2014) says that what will happen include: accepting, not believing, sad, shocked, angry and worried. Likewise with the respondents who have interviewed researchers. However, the majority of respondents did not feel there was a problem when they found out that their child was mentally retarded. There is only 1 respondent who has a problem when he finds out his child is mentally retarded, namely still blaming other people who according to him make his child mentally retarded. Denial of what happened to his child is also a human thing to achieve an acceptance. In this case, it is the acceptance of having a mentally retarded child.

All respondents already know with certainty the conditions and perceptions of each member of the nuclear family. The response of a married couple knowing that their child has mental retardation, of course, displays a negative emotional response. Just like respondents, couples will feel the same thing, namely negative emotions but may take different forms. As revealed by (Mangunsong in Na'imah et al: 2017) "Most of the reactions of parents when they find out their child has a disorder are feelings of shock, experiencing inner shock, surprise, and not believing the reality that befell their child". But for family responses, family acceptance and the relationship of mentally retarded children with other siblings showed a good response. Although only 2 families showed enthusiastic support to the respondent's parents. This enthusiasm and support is one of the factors that influence the formation of parents' self-confidence.

On the external factors that influence coping strategies, namely getting the warmth of social relationships. All respondents answered that the closest person to tell stories, and choose the right friends to confide in is their core family. Especially for respondents who still have a partner, then their partner is their friend. However, if the partner is gone, then the child who becomes a friend complains. The researcher concludes that the person who can be trusted by the parents of mentally retarded children is their own partner. When his partner is gone, the person he trusts is the child. Overall, parents who have mentally retarded children tend to trust their nuclear family more than other people.

It can be concluded that all respondents are very aware of the condition of their families and children with mental retardation. When they find out that their child has mental retardation, of course, the respondent and their partner feel negative emotions, such as: sad, drop, upset and others. However, most of the respondents' families were able to provide encouragement and encouragement for the respondents at that time. Both relatives and extended families receive mentally

retarded children well. The impact that occurs is that parents will be a little closed to what their problems are when they have a mentally retarded child. And people who become confidants are spouses, children or their immediate family. Although the respondents are closed to outsiders, Anxiety, sadness and the problems they face, telling stories to their spouses/children is a solution to the respondents' peace of mind.

The strategy on internal factors is to know the needs of children and the problems faced by children. The respondent's way of knowing that their child needs help is by knowing it themselves/being sensitive to the child. Only respondent II helps children when their children ask for help, because they think their children are independent enough. The majority of respondents when their child has problems of course by helping him. However, respondent I overcame the child's problem by pinching him when he was upset and also explained that of course the effort had not been able to bring change to the child. Only respondent III has succeeded in teaching so that children can be more independent at this time. The majority of respondents have experienced stress. This research has been carried out by (Schieve in Hidayat, Widodo and Aji, 2021: 75):

The prevalence of stress levels of parents who have mentally retarded children from Research on 78,305 parents in America, shows that parents who have children with mental development disorders (tunagrahita) had higher levels of anger and stress, namely as much as 44% of parents with children with special needs without developmental disorders as many as 12% and parents with normal children as many as 11%.

In this study, it was explained that stress on parents of mentally retarded children is a common thing.

External factors that affect coping strategies. When dealing with stress, respondents II and IV are silent. Meanwhile, respondents I and III did not feel stressed when taking care of children. In respondent I, it is because their daughters take care of them more. So it can be concluded that parents who do not take care of their mentally retarded children tend not to experience stress. But for parents who have mentally retarded children who are directly cared for by parents, the majority have stress, but how to deal with stress is just silence. How to reduce stress on each respondent is different. however, channeling stress all belongs to activities and positive thoughts such as exercising, sightseeing and suggesting thoughts to always be happy. All respondents never asked for help from other people/people outside the nuclear family. It can be concluded that respondents with mentally retarded children tend to withdraw and everything that happens will only be known by their immediate family. This is in line with research conducted by Asnawari (2016:110):

The problem of withdrawing experienced by all parents who become informants is caused by low self-esteem, namely negative feelings towards themselves, loss of self-confidence, feeling of failure to achieve desires, which are characterized by the existence of feelings of shame towards themselves, guilt

towards themselves, impaired social relations, lack of self-confidence so that parents withdraw and avoid interaction with the social environment or other people, parents feel ashamed and pressured by the stigma of their environment so that they tend to withdraw hide her son.

So it can be concluded that the majority of respondents have experienced stress but the problem focused coping applied by families with children with mental retardation is at SLB BCD YPKR Cicalengka while studying at home during the Covid-19 pandemic, namely the majority when facing problems will remain silent and how to reduce stress. by doing positive things in solving problems faced by the respondents. Like, exercising, suggesting thoughts with good things, and going for a walk. Although all respondents tend to only have confidence in their immediate family when they have problems and seem to be closed to outsiders.

Emotional state when facing problems when accompanying children to do online learning, some respondents claimed to have experienced unstable emotional conditions when accompanying children to learn. Some respondents have problems when learning online where children are sometimes difficult to learn, which makes parents unable to force children to learn. However, these problems certainly have a different response in each parent. There are parents who do not affect their emotions, there are also parents who are emotional by these problems. Efforts to control feelings in dealing with problems caused by children are by keeping them quiet, there are also parents/respondents expressing their feelings verbally to children. According to Raihana (2020:134) "as long as mothers accompany children to learn from home, mothers are difficult to control their emotions in children, ranging from speaking harshly to children, shouting, hitting, pinching to killing children". In this study, only 1 out of 4 respondents could not control their emotions verbally. Efforts made to respondents who did have a problem, namely in respondent I, the effort to silence it did not have any impact on the child. Meanwhile, respondent III's efforts have an impact on children wanting to work even if they are forced to.

External factors are the right solution in dealing with emotional changes. The efforts made by the respondents to reduce the burden and pressure of having a mentally retarded child are different for each parent/respondent. The first respondent is silent, the second respondent goes for a walk, the third respondent behaves firmly so that the child obeys and the fourth respondent follows the child's wishes. These efforts are still being carried out by the respondents to this day.

So it can be concluded that some respondents have experienced unstable emotional conditions. This is because children are difficult to learn and cannot be forced. But there are only 1 out of 4 respondents who cannot control their emotions by expressing their feelings verbally. So that children want to learn because of compulsion. The majority of respondents are still able to control their emotions when accompanying their children to study. Respondents' efforts to reduce the burden varied. some are silent, go for a walk, behave firmly with children and obey the child's wishes.

The conclusion

Research were conducted on 4 respondents regarding Coping Strategies for Families who Have Children With Moderate Mental Retardation At SLB BCD YPKR Cicalengka, Bandung Regency. The majority have used strategies that are sufficient to solve their problems by looking for the best information and solutions, and there are also those who solve the problem by coping that focuses on their emotions.

All respondents are very aware of the condition of their families and children with mental retardation. When they find out that their child has mental retardation, of course, the respondent and their partner feel negative emotions. However, the majority of respondents did not make it a problem when they found out that their child had mental retardation. The minority of respondents felt the denial process to what happened to their child. all respondents seemed more closed to outsiders and made their nuclear family (spouse and children) a trusted person and friends to tell the problems they were facing.

The majority of respondents have experienced stress but the problem focused coping applied by families with moderately mentally retarded children at SLB BCD YPKR Cicalengka during learning at home during the Covid-19 pandemic is that the majority when facing problems will remain silent and how to reduce stress by doing positive things in solving problems faced by respondents.

Some respondents have experienced unstable emotional conditions. This is because children are difficult to learn and cannot be forced. The majority of respondents are still able to control their emotions when accompanying their children to study. Respondents have different effort to reduce the burden such as keep silent, go for a walk, behave firmly with children and grant the child's wishes.

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