



ORIGINAL RESEARCH

Is Stress Levels And Coping Mechanism becomes factor that affected Challenging of Mother that have Children with Mental Retardation

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ABSTRACT	Keywords
<p>Mental retardation is a weakness that occurs in intellectual function. With the burden faced by parents will be able to cause stress and will adversely affect their children if not using the right coping strategies. This study aims to identify the level of stress and coping mechanisms in mothers who have children with mental retardation. The research design used in this research is descriptive. The instrument used is a questionnaire. The sample in this research is 30 mothers who have children with mental retardation with Primary School Extraordinary level (PSE) in SLB ACD Pertiwi Kota Mojokerto. Sampling with Total Sampling technique. From the results of this study showed that most respondents experienced moderate stress level as much as 17 respondents (56.7%). Most of the respondents aged 31-49 years as many as 16 respondents (53.3%). Most respondents use an adaptive coping mechanism that is 27 respondents (90,0%). The results of the analysis indicate that the stress level of mothers who have children with mental retardation is still in the level of moderate stress. This is due to the influence of mothers with social support. The higher the social support the lower the level of stress experienced by the mother. Therefore respondents should make efforts to cope with stress by changing the problems encountered and expanding the source to overcome them.</p>	<p>Stress Level Coping Mechanism Mental Retardation</p>

INTRODUCTION

Every family wants all family members to grow and develop normally, especially children. But this sometimes can not be obtained by families, especially parents whose children are born with some abnormalities, one of which is mental retardation. The mental ability of mental retardation fails to develop fairly. Mentally, intelligence, feelings, and willingness are at a low level, so that the person experiencing barriers in the process of adjustment (Bima, 2012).

Based on Data Collection of Social Protection Program (DCSPP) in 2011, there are 130,572 children with disability from poor families whose daint is mental retardation that is 30,460 children. This data is spread across Indonesia with the highest proportion in Central Java, East Java, and West Java. (Kemenkes RI, 2014).

The person who most bears the burden of ketunafahitaan is the parents and family of the child. Therefore it is said that the handling of children with tunagrahita is a risk of family psychiatry. The families of children with tunagrahita are at risk, they are at grave risk. The children's brothers are also facing things that are emotional (Soemantri, 2007). The presence of a mentally retarded child leads to changes in the lives of parents and leads them to new circumstances. The new situation for parents who have mentally retarded children will be stressful because parents experience important changes in life and must meet new demands, such as making adjustments to the state of the child's mental retardation and demands in dealing with and accepting the growing stigma In a society without having to isolate themselves from life (Titut E, 2008).

The factors that affect stress are 1) Age, 2) Status of mental health, 3) Genetic predisposition, 4) Meaning, 5) social and environmental support, 6) Coping responses studied (Ann Isacs, 2001).

Research conducted by Hidangmayum & Khadi (2012) in India shows that parents who have children with mental problems have higher stress levels (73.4%) than stress levels of parents who have normal children (21.7%) (Mayang, 2014). Another study by Sutari & Adriana (2014) in parents who have mentally retarded children in Denpasar also shows that most parents use the adaptive coping mechanism, that is as much as 98.75%.

With the burden faced by parents will be able to cause stress, stress that occurs in the parents will adversely affect their children if not using the right coping strategies. Coping strategies vary greatly from positive to negative. If parents use negative coping, such as avoidance, self-blame, and wishful thinking, this can lead to a behavioral disorder that occurs in the elderly and will also affect the pattern of parenting Child care, such as neglect, depression, and social isolation (Sunberg et al., 2007; in Mayang 2014).

Families with children with mental retardation face multitude of challanges. Starting from social isolation, community stigma, family members' jealousy (siblings), the disorientation of expectations, to dwind expectations. Whereas, mental retardation requires special handling and full support from parents and family. The effectiveness of various programs for handling and improving the life-span of mentally retarded children and adolescents will largely depend on the full participation and support of parents and families. Therefore, it takes a way to manage stress and optimize

parenting roles in parenting and optimizing the ability of individual mental retardation lives. (Bauman, in Bima 2012).

METHODS

This research was conducted in SLB ACD Pertiwi city of Mojokerto on May 16 - May 24, 2017. The method in this research is Descriptive. The polution in this research is a mother who has children with mental retardation level of Primary School Extraordinary (PSE) in SLB ACD Pertiwi Kota Mojokerto 30 respondents. Sampling in this research using technique Total Sampling The samples taken from this research were taken as many as 30 mothers who have children with mental retardation level of Primary School Extraordinary (PSE) in SLB ACD Pertiwi Kota Mojokerto. Data analysis techniques used are Descriptive Statistics Test on the program Statistic For Windows or SPSS 16.0.

RESULTS

Table 1 Distribution of frequency of respondents by age in SLB ACD Pertiwi Kota Mojokerto

No	Age	Frequency	Percentage %
1	< 30 Years	9	30.0
2	31- 49 Years	16	53.3
3	50-60 Years	5	16.7
4	>60 Years	0	0.0
	Total	30	100.0

Source: Primary data of 2017

Based on table 1 it is known that most of the respondents aged 31-49 years as many as 16 respondents (53.3%).

Table 2 Distribution of frequency of respondents based on IQ of children in SLB ACD Pertiwi Kota Mojokerto

No	Level IQ child	Frequency	Percentage %
1	Mild	10	33.3
2	Moderate	8	26.7
3	Severe	10	33.3
4	Profound	2	6.7
	Total	30	100.0

Source: Primary data of 2017

Based on table 2 it is known that most respondents have mild and severe IQ levels of 10 respondents (33.3%).

Table 3 Distribution of frequency of respondents based on Stress Level in SLB ACD Pertiwi Kota Mojokerto

No	Stress Level	Frequency	Percentage %
1	Mild	3	10.0
2	Moderate	17	56.7
3	Severe	10	33.3
	Total	30	100.0

Source: Primary data of 2017

Based on table 3 it is known that most respondents experience moderate stress as much as 17 respondents (56.7%).

Table 4 Distribution of frequency of respondents based on coping mechanism in SLB ACD Pertiwi Kota Mojokerto

No	Coping Mechanism	Frequency	Percentage %
1	Adaptif	27	90.0
2	Maladaptif	3	10.0
	Total	30	100.0

Source: Primary data of 2017

Based on table 4 it is known that most of the koping respondents used were adaptive as many as 27 respondents (90.0%).

Table 5 Cross-tabulation of Stress Level and coping mechanism of parents who have children with mental retardation in SLB ACD Pertiwi Kota Mojokerto

Level IQ	Level of Stress	Coping Mechanism				Total	
		Adaptif		Maladaptif			
		F	%	F	%	F	%
Mild	Mild	2	100,0	0	0,0	2	100,0
	Moderate	8	100,0	0	0,0	8	100,0
	Total	10	100,0	0	0,0	10	100,0
Moderate	Mild	1	100,0	0	0,0	1	100,0
	Moderate	4	100,0	0	0,0	4	100,0
	Severe	3	100,0	0	0,0	3	100,0
	Total	8	100,0	0	0,0	8	100,0
Mild	Moderate	5	100,0	0	0,0	5	100,0
	Severe	4	80,0	1	20,0	5	100,0
	Total	9	90,0	1	10,0	10	100,0
Profound	Severe	0	0,0	2	100,0	2	100,0
	Total	0	0,0	2	100,0	2	100,0
Total	Mild	3	100,0	0	0,0	3	100,0
	Moderate	17	100,0	0	0,0	17	100,0
	Severe	7	70,0	3	30,0	10	100,0
Total		27	90,0	3	10,0	30	100,0

Source: Primary data of 2017

Based on table 5 it is known that 10 respondents who have children with mild IQ level, 8 respondents experience severe stress level and have an adaptive coping mechanism, and 2 respondents experience mild stress level and have an adaptive coping mechanism. 10 respondents had children with severe IQ level, 5 of them had moderate stress level and had an adaptive coping mechanism and 5 people experienced severe stress level, 4

respondents had an adaptive coping mechanism and 1 respondent had a maladaptive coping mechanism. 8 respondents had children with moderate IQ level, 4 of them had moderate stress level and had an adaptive coping mechanism, 3 respondents had severe stress level and had an adaptive coping mechanism, 1 respondent had mild stress level and had an adaptive coping mechanism. And 2 respondents who have children with very heavy IQ level, 2 respondents experiencing severe stress level and have a maladaptive coping mechanism.

DISCUSSION

Based on table 3 it is known that most respondents experience moderate stress as much as 17 respondents (56.7%). Maternal stress levels are also affected by age. Based on table 1 it is known that most of the respondents aged 31-49 years as many as 16 respondents (53.3%). And based on table 4 it is known that most respondents use an adaptive coping mechanism that is as much as 27 respondents (90.0%).

The presence of a mentally retarded child leads to changes in the lives of parents and leads them to new circumstances. The new situation for parents who have mentally retarded children will be stressful because parents experience important changes in life and must meet new demands, such as making adjustments to the state of the child's mental retardation and demands in dealing with and accepting the growing stigma In a society without having to isolate themselves from life (Titut E, 2008). In this research found that most respondents are 8 respondents who have children with mild IQ levels who experience moderate stress levels and use adaptive coping mechanism. This contradicts Floyd & Ghallager's (1997)

opinion that the category of mental retardation is being linked to high levels of stress and the category of mild mental retardation is associated with low levels of stress. This happens because there are other factors besides the inability of the child that memepengaruhi mother stress. Another factor is the child's tempraments (Bania & Raras, 2005). This is in line with the opinion of Gelfand et al (in McBride, 2002) that poor childhood tempram can cause a mother to experience stress. So the person who most bears the burden of ketunafahitaan is the parents and family of the child.

Maternal stress levels are also affected by age. Because of the age, the maturity level of a person will be more mature in thinking and work, in terms of public trust someone who is more mature will be more trusted than people who are not high enough maturity. This is as a result of experience and mental maturity (Notoatmodjo, 2007). Age is very influential on the mechanism of coping parents, where age is very influential capture power and the mindset of a person increasingly aged will be as well as developing capture and mindset so that knowledge gained better (Ahyarwahyudi, 2010, Sirait 2015).

Parental burden and pressure in parenting a child with mental retardation must respond differently. Response to respondents is usually known as a coping mechanism. In this research, coping mechanism which more use by the respondent is the adaptive coping mechanism. Where there are 5 ways parents use to cope with emotions Self-control efforts to regulate feelings when knowing the stressful situation. Distancing efforts to avoid getting involved in problems, such as avoiding problems as if nothing happens or creating positive views, such as thinking of problems like jokes. Positive reappraisal efforts to find the

positive meaning of the problem by focusing on self-development, usually also involves things that are religious. Accepting the responsibility for the business to realize its own responsibilities in the problems it faces and to try to accept to make things better. Escape/avoidance attempts to cope with stressful situations by running away from the situation or avoids it by switching to other things like eating, drinking, smoking, or using drugs (Lazarus & Folkam, 1986; sirait, 2015). This is in line with the results Suri (2009) that parents tend to solve problems by looking for information related problems that occur in children with Down syndrome. This will increase knowledge for parents so that parents are better able to deal with problems that occur related to their child. This is also in line with research from Pratiwi (2014) who found another fact that the behavior of coping used by the mother when the beginning of knowing her child's Down syndrome is different, and the behavior is influenced by the factors that influence the individual informants.

CONCLUSION

Based on the research results at SLB ACD Pertiwi Kota Mojokerto on May 16-May 24, 2017 concluded:

1. Most respondents experience moderate stress level as many as 17 respondents (56.7%) because the presence of children suffering from mental retardation leads to various changes in the lives of parents and leads them to new circumstances. A new situation for parents who have children with mental retardation Will cause stress because parents experience important changes in life and must meet a variety of new demands, including making adjustments to the state of children mental

retardation and demands in dealing with and accepting the stigma that grows in society without having to isolate themselves from life.

2. Most of the respondents used were adaptive responses as many as 27 respondents (90.0%) because mothers make efforts to overcome the stresses by managing or changing the problems faced and the surrounding environment causing the pressure by reducing the stressful situation or expand the source for Overcoming it to produce a positive coping mechanism.

BIBLIOGRAPHY

- Anthina. 2014. *Perbandingan Mekanisme Koping Adaptif Dan Maladaptif Dengan Interval Terjadinya Stroke*. Skripsi, Stikes Bina Sehat PPNI Mojokerto
- Azizah.Lilik M.2011.*Keperawatan Jiwa*.Yogyakarta: Graha Ilmu
- Azwar, S. 2006. *Psikologi Intelegensi*. Yogyakarta: Pustaka Pelajar Offset
- Bania M & Raras S, 2005, *Stress Ditinjau Dari Harga Diri Pada Ibu Yang Memiliki Anak Penyandang Retardasi Mental*. Diakses pada tanggal 11 Juli 2017 dari: <http://www.repository.usu.ac.id/bitstream/handle/123456789/.../psi-jun2005-%20%282%29.pdf>
- Bima. 2012. *Jurnal Stress dan Koping Orang Tua dengan Anak Retardasi Mental*. Jurnal, Fakultas Psikologi Universitas Ahmad Dahlan Yogyakarta
- Fitriani Rahayu. *Hubungan Tingkat Stress dengan Mekanisme Koping Yang Digunakan Siswa-Siswi Akselerasi SMAN Kota Tangerang Selatan*. 2014. Skripsi, Fakultas Kedokteran Dan Ilmu Kesehatan Universitas Islam Negeri Syarif Hidayatullah Jakarta.
- Hawari, D. (2011). *Manajemen stress, cemas, dan depresi*. Jakarta: FKUI.
- Hidayat, A. A. 2010. *Metode Penelitian Kesehatan : Paradigma Kuantitatif*. Surabaya : Health Books Publishing
- John W, Santrock. 2009. *Psikologi pendidikan*. Ed 3. Jakarta: Salemba Humanika
- Karasavvidis, S. (2011). *Mental retardation and parenting stress*. *International journal of caring sciences vol 4*, 21-31. Diakses pada tanggal 10 Desember 2016 dari: <http://www.sciences-journal.id/~mental-retardation-and-parenting-stress-4.htm>
- Kemenkes RI. 2014. Buletin-Disabilitas. (www. Depkes.go.id)
- LPMM. 2016. *Buku Panduan dan Penyusunan Skripsi*. Mojokerto: Sekolah Tinggi Ilmu Kesehatan Bina Sehat PPNI Mojokerto
- Nasir, A., & Muhith, A. 2011. *Pengantar & teori dasar keperawatan jiwa*. Jakarta: Salemba Medika.
- Notoatmodjo, S. 2010. *Metodologi Penelitian Kesehatan*. Jakarta: PT Rineka Cipta

- Pratiwi, 2014, *Perilaku Coping Pada Ibu Yang Memiliki Anak Down Syndrome*. tesis Kesehatan.Yogyakarta: Nuha Medika.
- Priyatno, dwi. 2008. *Mandiri belajar spss*. Mediakom: Yogyakarta.
- Purwandari,2013,*Gambaran Tingkat Stres Orang Tua Dengan Anak Tunagrahita dan Tunadaksa di Yayasan Pembinaan Anak Cacat (YPAC) Medan*. Skripsi ; Universitas Sumatra Utara
- Rasmun. 2009. *Stress, Koping, dan Adaptasi*. Jakarta: Sagung Seto
- Safaria, T. 2009.*Pemahaman baru untuk hidup bermakna bagi orang tua anak autis*. Yogyakarta: Graha Ilmu
- Sarafino, E.P., & Smith, T. W. (2011). *Health Psychology, biopsychosocial, interactions, 7th edition*. New York: John Wiley & Sons Inc.
- Saryono dan Mekar, Dwi Anggraeni 2010.*Metodologi Penelitian Kualitatif Dalam Bidang* -----
- Sirait. 2015. *Strategi Mekanisme Koping Orang Tua yang Memiliki Anak dengan Retardasi Mental*. Skripsi, USU Institutional Repository
- Somantri, T.S. 2007. *Psikologi Anak Luar Biasa*. Bandung: PT. Refika Aditama
- Stuart & Sundeen. 2005. *Buku Saku Keperawatan Jiwa*. Jakarta : EGC
- Stuart & Sudden. 1998. *Prinsip dan Praktik Psikiatri*. Jakarta : EGC
- Sunaryo.2011. *Psikologi Untuk Keperawatan*.EGC : Jakarta
- Titut. E,2008,*Strategi Coping Pada Orang Tua Yang Memiliki anak Retardasi Mental*. Skripsi ; Universitas Sanata Dharma : Yogyakarta
- _____.2016.*Hubungan Tingkat Stres Dengan Mekanise Koping Orang Tua Yang Mengasuh Anak Retardasi Mental Di SLB Wacana Asih Kota Padang*. Skripsi : Andalas Kota Padang