

The Role of Family in Activity of Daily Living (ADL) Among Children With Intellectual Disability At State Special School Pembina Pekanbaru

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Abstract

Activity of daily living (ADL) is a person's ability to perform activities independently. ADL is influenced by several factors, one of which is the role of family. The result of preliminary study at State Special School Pembina Pekanbaru showed that of, 6 children 10 children with intellectual disability aged 8-12 year had not been able to perform ADL as a whole. This study aims to determine the role of family and ADL and to analyze the role of family as a provider, the role of child care, the role of child socialization, family care of ADL for the children with intellectual disability at State Special School Pembina Pekanbaru. The study method was observational analytic with cross sectional design. The samples of this study were children with moderate level of intellectual disability aged 8-12 years as many as 43 children. The instrument used here was questionnaire. Data analysis used Chi Square test with significance level of 5%. The study results showed that there was a relationship between the role of family as provider and ADL (p-value 0,035). The role of family in child care and ADL (p-value 0,024). The role of family in child socialization and ADL (p-value 0,018). The role of family as nurse and ADL (p-value 0,024). This study is expected to provide input in developing programs that refer to government programs in dealing with children with intellectual disability so as to make a step of health promotion so that children with intellectual disability can know the importance of optimizing ADL needs independently.

INTRODUCTION

Intellectual disability is a complex condition demonstrated by an intellectual function that is significantly below average with obstacles in adaptive behavior which take place at the time of its development (Rita, 2016).

Children with intellectual disability in mild and moderate-educable level are children who have developmental delay but can learn skills (Arif et al., 2013). Mild disability has an IQ level of 69-55 so they are still possible to be educated and trained in academic development (Amanda, 2016).

Indonesia has 679,048 children with special needs of school age or equal to 21.42% of the total. The number of children with intellectual disability in Indonesia in school age (7-12 years) was still in high category and especially those who need serious attention reached 1.2 million people or 2.5% of the school-aged population. These data indicate that there is still a population of school aged children with intellectual disability in Indonesia who need serious attention and they have equal education opportunities and the quality need to be developed to achieve social adjustment and self-care abilities well (Rofikoh *et al.*, 2018).

Dependence on self-care or non-adherence to ADL is described by the World Health Organization as an inability to perform daily activities such as maintaining personal hygiene, eating and awareness of hazards as one of the world's greatest health problems, high levels of child dependence in daily activities becomes a huge burden for parents/family, caregivers and health care providers (Ramawati, 2012).

There are various government's efforts in providing health services for children with intellectual disability such as through basic health services at Community Health Centers (CHCs), referrals to hospitals and strengthening community empowerment efforts through increasing the role of parents and families of children with disabilities (Ministry of Health, 2014).

The role of family in fulfilling the Activity of Daily Living (ADL) is to provide comprehensive understanding and recognition to children with intellectual disability in the early prevention of various diseases, such as as providers, child care, child socialization, and family nurse (Friedman, 2010),

The government provide health services for children with intellectual disability by creating programs including promotive, preventive, curative and rehabilitative efforts through health services at CHC level and referral to hospitals, CHCs also conduct counseling through health services in the form of School Health Program in Special School, such as counseling on child health, counseling on environmental health, health screening, mosquito breeding eradication, immunization, treatment, and other efforts (Ministry of Health, 2014).

Health development by CHC for children in Special Schools has been done in 2013 in 22 Provinces, one of them was Riau Province with 10 schools and one of them was State Special School Pembina Pekanbaru (Ministry of Health, 2014).

In 2017, State Special School Pembina Pekanbaru had the highest moderate-level disabled children in Riau Province of 43 students (Education Office of Riau Province, 2017). Initial preparation to parents and teachers found that many students/children could not perform ADL independently.

The high number of children with intellectual disability who have not been able to perform ADL will have an impact on the independence of children in performing daily activities and living clean and healthy. Thus, family members should be given the right understanding and education that affect the health of children with intellectual disability, as they are not only given by the teacher but there is a need for parents to know how they should provide appropriate action so that children are independent in performing ADL and children can be protected from various diseases (Ministry of Health, 2014).

The data and phenomenon explained above became the basis for conducting a study on how is the relationship between the roles of family and the compliance of ADL in children with intellectual disability. The purpose is to enable parents/families to know how the roles should be done to children with intellectual disability so that children can perform ADL independently.

METHODS

The study design used here was cross-sectional. The study analyzed the relationship between the roles of family Activity Daily Living (ADL) among children with intellectual disability. This study was conducted in State Special School Pembina Pekanbaru in November 2017. The population in this study was a children with moderate level of intellectual disability aged 8-12 years with a total of 43 by using total sampling technique of children with moderate level category of intellectual disability.

Variables in this study consisted of independent variable that was the role of family as provider, the role of family in child care, the role of family in child socialization, the role of family as family nurse and dependent variable that was the the compliance of Activity Daily Living (ADL) among the children with intellectual disability. The instrument used was a questionnaire. Data analysis used bivariate analysis (Chi Square) and Multivariate (logistic regression) with SPSS 16 .

RESULTS AND DISCUSSION

Study results on the roles of family in ADL among children with intellectual disability in State Special School Pembina Pekanbaru with a total samples of 43 will be described below.

Bivariate Analysis

Table 1.. Analysis of the role of family as provider and Activity of Daily Living among Children with intellectual disability at State Special School Pembina Pekanbaru

The role as provider	Activity of Daily living				Total		<i>P-value</i>
	Poor		Good		f	%	
	f	%	f	%			
Poor	19	76	6	24	25	100.0	0.035
Good	8	44.4	10	55.6	18	100.0	

The result of chi square analysis obtained $p\text{-value} = 0.035 < \alpha (0.05)$ showed that there was a significant correlation between the role of family as provider and ADL among children with intellectual disability.

The study data showed that there were 19 of 25 parents (76,0%) who had the role of family as Provider in poor category and had children with poor ADL. The condition was influenced by the parents and families who poorly acted as providers for the needs of children with intellectual disability such as providing a place to study, providing medication, providing facilities needed by the children in ADL compliance, so there were still many children who performed ADL poorly.

This is supported by the study conducted by Zulifatul & siti 2015 which stated that children with intellectual disability needed time, attention, effort, cost and great support, and parents played an important role in providing those facilities for the children with intellectual disability.

The new finding of this study showed that there were 6 (24%) children with good ADL in the poor role of family as provider and the good role of family as provider still caused 8 (44.4%) children with poor ADL. From the interview results related to the phenomenon, every child with intellectual disability had different nature and treatment, the parent who lacked in providing facilities to the child but good in other roles could be successful in the compliance of ADL and vice versa parents who only provided

facilities but did not perform other roles would cause poor in the compliance of ADL.

Table 2. Analysis of the role of family in child care and Activity of Daily Living among Children with intellectual disability at State Special School Pembina Pekanbaru

The role in child care	Activity of Daily Living				Total		<i>P-value</i>
	Poor		Good		f	%	
	f	%	f	%			
Poor	21	75	7	25	28	100.0	0.024
Good	6	40	9	60	15	100.0	

The result of chi square analysis obtained $p\text{-value} = 0.024 < \alpha (0.05)$ showed that there was a significant relationship between the role of family in child care and ADL among children with intellectual disability.

The study data showed that there were 21 of 28 parents (75%) who had the role of family in child care in poor category and had children with poor ADL. The condition was influenced by poor role of parents and families in child care such as taking care and acting to know the condition of children who were in pain and to help children in performing ADL.

This is supported by the study conducted by Latipun & Moeljono 2016 which explained that families should pay attention and act to know the condition of children with intellectual disability in order to optimize and improve health of the child.

The new finding of this study showed that there were 7 (25%) children with good ADL in the poor role of family in child care and the good role of family in child care still caused 6 (40%) children with poor ADL. From the interview result related to the poor role of family in child care but the children had good ADL, it was found that parents did not always help children in doing activities such as washing hands and so on, to make the children accustomed to do it independently, in contrast parents who always helped the children in doing ADL which would make the children becomes lazy and could not learn alone because they were used to be helped continually, and finally

made the children could not perform ADL independently.

Table 3. Analysis of the role of family in child socialization and Activity of Daily Living among Children with intellectual disability at State Special School Pembina Pekanbaru.

The role in child socialization	Activity of Daily Living				Total		<i>P-value</i>
	Poor		Good		f	%	
	f	%	f	%			
Poor	20	76.9	6	23.1	26	100.0	0.018
Good	7	41.2	10	58.8	17	100.0	

The result of chi square analysis obtained by $p\text{-value} = 0.018 < \alpha (0.05)$ which showed that there was a significant correlation between the role of family in child socialization and ADL among children with intellectual disability.

The study data showed that there were 20 of 26 parents (76,0%) who had the role of family in child socialization in poor category and had children with poor ADL. The condition was influenced by poor role of the parents in child socialization, in this role the parents should teach the children to socialize with friends, environment and community such as by introducing and accompanying the children in social environment during interaction with friends of the same age and not ashamed with their condition so that the children could have self confidence and became independent in performing ADL.

This is reinforced by a study conducted by Neti, M. et. al., 2015 that the role of family in child socialization was to help the child role in the context of socializing the child with intellectual disability to friends, surrounding environment and community. Parents as the closest person in the child's life could help and introduce the children to their social environment so that the children with intellectual disability could adapt to the environment.

This is supported by the a study conducted by Latipun & Moeljono (2016) that stated the importance of the role of the family in child socialization to solve any problem faced by

the child, the family needed to make time to gather and listen to the complaints presented by the child and also provide guidance so as to take appropriate action in solving child problems including in compliance with ADL.

Table 4. Analysis of the role of family as family nurse and Activity of Daily Living among Children with intellectual disability at State Special School Pembina Pekanbaru.

The role as nurse	Activity of Daily Living				Total		<i>P-value</i>
	Poor		Good		f	%	
	f	%	f	%			
Poor	18	78.3	5	21.7	23	100.0	0.024
Good	9	45	11	55	20	100.0	

The result of chi square analysis obtained $p\text{-value} = 0.018 < \alpha (0,05)$ showed that there was a significant relationship between the role of family as family nurse and ADL among children with intellectual disability.

The result data showed that 18 of 23 parents (78.3%) had poor role as family nurse for ADL. The condition of poor role of the parents and family as family nurses for would cause poor ADL among the children. This is supported by a study conducted by Suryanto et al., 2014, which concluded that family had a function as the actor in determining appropriate actions to address family health issues.

This is reinforced by the study conducted by Khoiri (2012) which concluded that Parents/family members should play a role as family nurses, caring for whatever the circumstances of the child. In addition, the parents had to guide and accept whatever the condition of the child.

CONCLUSION AND RECOMMENDATION

Based on the study results explained above, it can be concluded that there was a relationship between there was a relationship between the role of family as provider and ADL, the role of family in child care and ADL, the

role of family in child socialization and ADL and the role of family as nurse and ADL.

There were several recommendations in this study, such as for the parents of children with intellectual disability, the family should always give a comprehensive role so that the children can meet the ADL needs independently and maintain their health to avoid various diseases.

The further recommendation is for related Health Office, Community Health Center and State Special School Pembina Pekanbaru which are expected to improve the assistance of parents/family and children with intellectual disability through comprehensive, sustainable and quality health services. There should be an effort to reduce the health impact i.e. burden for the families, communities, and country. Recommendation for future researchers is to conduct further studies that provide more detailed information on the role of family in ADL among children with intellectual disability with more samples and different study design

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