

Enhancing Care for Children with Mental Retardation Through Family Support and Motivation

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Abstract

Background: Mentally retarded children have limited intelligence and limitations in self-care abilities. So it takes support and motivation from the family. The research aims to explore the relationship between family support and motivation in caring for children with mental retardation.

Methods: Cross Sectional Research Design. Held on 9-31 March 2021, population 180, sampling with the Total Sampling technique totaled 180 children with moderate mental retardation. Data was obtained by using a questionnaire. Data analysis was univariate and bivariate using Chi-Square test. **Results:** The results of the study mostly have good family support as many as 102 (56.66%) respondents, high motivation as many as 120 (66.66%) respondents and good care of mentally retarded children as many as 117 (65.00%) respondents. There is family support (p value = 0.045) and motivation (p value = 0.047) towards the treatment of mentally retarded children with p value <0.05.

Conclusion: There is a relationship between family support and motivation with the treatment of mentally retarded children.

Keywords: *informational support; physical motivation; Provision of care for mental retardation.*

INTRODUCTION

The COVID-19 outbreak has become a worldwide pandemic (WHO, 2019). So that government policies to study and work from home during the COVID-19 pandemic require parents to adapt to provide more education and care to their children while studying at home.

The 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 (1). Families with children with mental retardation will provide more support and motivation to children because during the COVID-19 pandemic, children are required to learn from home online. Parents must make adjustments, especially in meeting the daily needs of their children so

that family support and motivation can be fulfilled (2).

Data in the world of mental retardation is a problem with great application 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 Based on the standard score of the intelligence category of the American Association of Mental Retardation (AAMR) mental illnesses, disease classification in Indonesia ranks tenth globally (3).

Riskesdas 2018 data reveals the prevalence of mental emotional disturbance as indicated by symptoms of depression and anxiety for ages 15 and over, reaching

approximately 6% of the overall population of Indonesia (4) .

While the prevalence of mental retardation 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 children (5- 18 years) including mental retardation. 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 data, the population of mentally retarded children is the largest, at 66,610 children, compared to the number of children with other disabilities. When evaluated from the school age group, the overall population of mental retardation is 62,011 people, with 60% male and 40% female (1).

Based on the results of the 2012 census it was 2.45%. The province with the highest percentage of persons with disabilities such as mental retardation was Bengkulu (3.96%) and the lowest was Papua (1.05%). Meanwhile, Jambi Province in 13th place was 2.58%. According to BPS in 2010, sufferers reached 24,368 people. Based on this number, Jambi Province was ranked 19th out of 33 provinces throughout Indonesia (5) .

Individuals who experience mental retardation usually have less self-confidence, are insecure, refuse to improve their abilities, withdraw from the environment, have chaotic interpersonal relationships, communication that is not in harmony and sometimes their emotions are not controlled so they need help and guidance from parents (6).

Classification of mental retardation based on scores and behavioral competencies is divided into 4 levels, mild if

the IQ range 50 / 55-70 can be learned academy skills so that grade 6 levels can be guided for social conformity, medium if the IQ range 35 / 40-50 / 55 can be trained skills social and work; the possibility of not being able to rise above grade 2, some independence in a private place, heavy if the IQ range is 20 / 25-35 / 40 can learn to speak or communicate, can be trained in basic self-help skills, can be trained to do systematic habits and very heavy if the range is below 20 / 25 There is some motor development, can respond to very limited self-help training (1).

Care for mentally retarded children requires full support from their families during the process of caring for mentally retarded children. family support that 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 (3).

Based on the results of other studies on the development and initial validation of measurement tools for specific learning disabilities (SLD) in children, a total of 21 cases of SLD, 42 normal cases, and 37 borderline intelligence cases were obtained. The measurement tool with 26 items showed good Cronbach's alpha (0.95) and area under the curve (0.96). The tool demonstrated good sensitivity (100%) and specificity (77.2%), meaning that if the score is <10, SLD is not experienced (7) . This journal's strength lies in assessing the sensitivity of the validation of the measurement tool.

The research results on improving fine motor skills with embroidery in children with intellectual disabilities after data analysis with the Wilcoxon Signed Ranks Test were

conducted. The embroidery therapy used the cross-stitch technique and was implemented every Monday and Thursday for eight weeks, with each session lasting one hour (8).

The limitation of this research is that the embroidery sessions performed on children with intellectual disabilities were not illustrated.

Another study related to the Family Support link in Providing Care for Mentally Retarded Children in Special Schools for the Handicapped (SLB) showed that the majority of children were males aged 10 years. The majority of parents were in middle adulthood, with most mothers having a high school education and being homemakers. The p-value was 0.001, indicating A considerable association exists between parental support and self-care for mentally impaired children (9). The strength of this study is the highly significant p-value of 0.001.

Based on a circular from the Ministry of Education and Culture Number 15 of 2020 on recommendations for planning home-based education during the emergency phase of the coronavirus outbreak (COVID-19) (10).

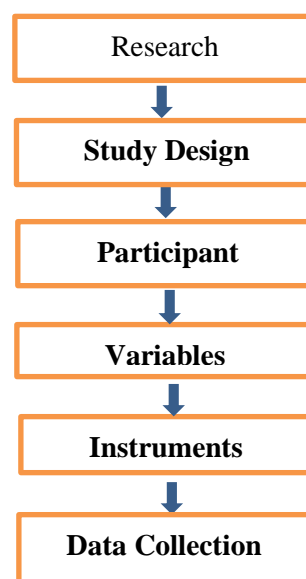
Families have a role in caring for mentally retarded children while learning from home during the COVID-19 pandemic with the main tasks which include recognizing the health problems of children with mental retardation, making decisions to take appropriate actions for mentally retarded children, providing care for mentally retarded children who cannot help themselves, maintains a home atmosphere that can help in the development of the personality of a mentally retarded child and maintains a reciprocal relationship between families in the form of support (11).

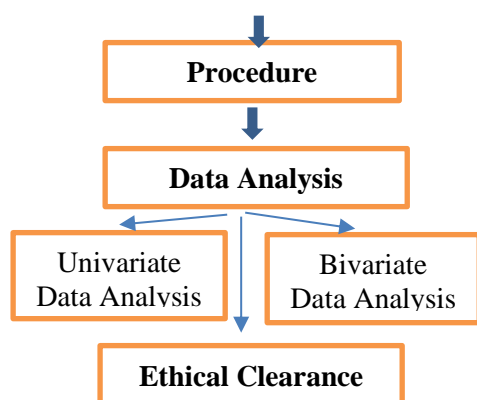
Care for mentally retarded children, the family must have motivation in life, each individual provides enthusiasm or encouragement that can be a force to achieve a desire, goal or dream that has been previously planned, an individual cannot achieve a predetermined dream or goal if unable to motivate himself properly. With motivation, humans will be faster and more earnest in carrying out activities. An unadulterated drive that truly stems from the significance of an action and is grounded in a necessity (12). According to Maslow's theory, this motivation is an encouragement that arises from parents in caring for children with mental retardation such as physiological needs, security, need for belonging, appreciation and self-actualization of children (2).

The research aims to determine "the relationship between family support and motivation with the care of children with mental retardation in special schools for the handicapped (SLB)". Thus, it contributes to enhancing family support and motivation".

MATERIALS AND METHODS

The research method can be illustrated generally in Figure 1 as follows:





Study Design

This research is a quantitative research with a cross-sectional or cross-sectional research design. The purpose of this study was to determine the link between the independent variable (family support) and the dependent variable (motivation and care for children with mental retardation) in SLB Jambi City. This research was conducted in March 2021.

Participant

The sample in this study were parents of children with moderate mental retardation who attended SLB Jambi City. Using a total sampling technique, namely as many as 180 respondents from class 1 to class 6.

Variables

The dependent variable in this study is Treatment of children with mental retardation, which is an independent variable of family support and parental motivation.

Instruments

The instrument in this study was a questionnaire as a tool for collecting data. The questionnaire consists of 2 question items, namely:

1. Motivation for children with mental retardation
It consists of 17 statements using a Likert scale consisting of positive and negative statements. If the statement is positive, the

score for SS (Strongly Agree) is given a value of 4, S (Agree) is given a value of 3, TS (Disagree) is given a value of 2, and STS (Strongly Disagree) is given a value of 1. If the statement is negative, the answer score is SS (Strongly Agree) is given a value of 1, S (Agree) is given a value of 2, TS (Disagree) is given a value of 3, and STS (Strongly Disagree) is given a value of 4.

2. Family Support

Consists of 22 statements consisting of 5 statements 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. If the statement is positive, the score for SS (Strongly Agree) is given a value of 4, S (Agree) is given a value of 3, TS (Disagree) is given a value of 2, and STS (Strongly Disagree) is given a value of 1. If the statement is negative, the answer score is SS (Strongly Agree) is given a value of 1, S (Agree) is given a value of 2, TS (Disagree) is given a value of 3, and STS (Strongly Disagree) is given a value of 4.

3. Treatment of mentally retarded children

Consists of 18 statements using a Likert scale consisting of positive and negative statements. If the statement is positive, the score for SS (Strongly Agree) is given a value of 4, S (Agree) is given a value of 3, TS (Disagree) is given a value of 2, and STS (Strongly Disagree) is given a value of 1. If the statement is negative, the answer score is SS (Strongly Agree) is given a value of 1, S (Agree) is given a value of 2, TS (Disagree) is given a value of 3, and STS (Strongly Disagree) is given a value of 4.

Data Collection

Data collected using a questionnaire and carried out by filling out the questionnaire. Before the respondent becomes a research subject, the researcher will ask the respondent to sign an informed consent form. after all the questionnaires are filled, data

collection will be carried out by filling out the questionnaire.

Procedure

Research that has been done by way of interviews and filling out questionnaires for Mental Retardation Child Care, motivation and family support for 10-15 respondents every day. Before conducting interviews and filling out questionnaires, the researcher explained the purpose of the research (informed consent) and asked for consent to become a respondent. After the respondent is willing, the researcher distributes the questionnaire filled in by the respondent. Researchers can conduct interviews and fill out questionnaires with a time of 30 minutes per respondent. After completing the questionnaire, the researcher conducted an evaluation to check the correctness of the data and avoid incomplete statements.

Data Analysis

Data analysis in this study employed univariate analysis and bivariate analysis. Univariate analysis was carried out to facilitate data interpretation by pouring the processed data into tables and descriptions in text form, as well as to determine the frequency distribution of each variable, namely care for mentally retarded children, motivation and family support. Two-Phase Analysis A bivariate analysis was carried out using the Chi Square statistical test to demonstrate whether or not there is a significant link between the independent and dependent variables, and to view the significance of the statistical computations, a significance limit of 5% (0.05) was used. In

this study, $p\text{-value} = 0.045$ and 0.047 ($p < 0.05$), which means that there is a relationship between family support and motivation with the care of mentally retarded children at SLB Jambi City in 2021.

Ethical Clearance

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. In this study, an ethical test was carried out on the health research ethics committee of the Jambi Ministry of Health Polytechnic with No.LB.02.06/2/0994/2021. The results of the ethical test are declared ethically feasible according to 7 WHO 2011 standards, namely 1) Social Values, 2) Scientific Values, 3) Equal distribution of Burdens and Benefits, 4) Risks, 5) Persuasions/Exploitation, 6) Confidentiality and Privacy, and 7) Approval After Explanation, which refers to the 2016 CIOMS guidelines.

RESULTS

The results of the study for univariate data used a frequency distribution. Univariate analysis is used to see the frequency distribution of each variable under study.

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3.1 Univariate Analysis

Univariate analysis is used to see the frequency distribution of each variable under study.

Table. 1 Frequency distribution based on family support, motivation and care for mentally retarded children

Variable	n	%
Family support		

Good	102	56,66
Not Good	78	43,34
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Motivation		
High	120	66,66
Low	60	33,34
<hr/>		
Care for Mental Retardation of Children		
Good	117	65,00
Not Good	63	35,00

Based on the research results, it is known that most of the respondents have good family support as many as 102 (56,66%) respondents, high motivation as many as 120 (66,66%) respondents and good care for mentally retarded children as many as 117 (65,00%) respondents.

3.2 Bivariate Analysis

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. Family support relationships and motivation to care for children with mental retardation in SLB

Variable	Care for Mental Retardation of Children				Amount		p-value
	Good		Not Good		n	%	
Family support	n	%	n	%	n	%	
Good	85	83,34	17	16,66	102	100	0,014
Not Good	32	41,02	46	58,98	78	100	
Motivation							
High	78	65	42	35	120	100	0,003
Low	39	65	21	35	60	100	

DISCUSSION

The Relationship between Family Support and Parenting of Children with Mental Retardation in Special Needs Schools.

The results of this study indicate that the statistical test obtained p value = 0.014 < 0.05, 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 retardation.

This research is relevant with research that Verawati has conducted on the relationship between family support and the ability to carry out self-care in children with mental retardation in SLB N 1 Bantul, showing that the Kendall-Tau test results obtained a

correlation value of -0.315 with a value (p) of 0.003, so it can be concluded that if family support has a relationship to ability to carry out self-care for mentally retarded children in SLB N 1 Bantul 13). The strength of this research lies in presenting correlation values, while the researcher did not display the correlation values from the Kendall-Tau test in the results.

This study is consistent with other research conducted by Pawiono. The findings show that there is a relationship between family support and the level of family depression in caring for mentally retarded children with a p-value of 0.000 14). The results of this study examine the relationship between family support and depression levels, while the researcher focuses on family

support in caring for mentally retarded children.

The research was also conducted by Setyani. The findings at SLB C Karya Bhakti Purworejo shown a connection between family support and the independence of self-care for children with mental impairment (15). The strength of this research lies in examining the relationship between family support and the self-care independence of children with mental retardation, whereas the researcher focused on the relationship between family support and the care of children with mental retardation.

The research results regarding the relationship between family support and independence in daily life among mentally challenged children at the special school YKDW 01 Karawaci Tangerang yielded a p-value of 0.001 and an odds ratio (OR) of 10.000, indicating a significant relationship between family support and the self-care independence of mentally challenged children. There is a correlation between family support and independence in the daily lives of mentally challenged children (16). The strength of this research is similar to that of Setyani's study on the self-reliance of mentally challenged children.

Research conducted by Muliana found that there was a relationship between family support for the independence of children with mental retardation (17).

The results of the study on the relationship of family support to the independence of mentally retarded children obtained p value = 0.001 ($p < 0.05$) (18). The results of other research on Parental Support in Improving the Independence of Children with moderate mental retardation found the results of the five RM subjects, the form of support provided was emotional support by helping and providing direction to children so that children's independence can be known when children learn on their own and listen to subject directions. 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 (19).

Another study regarding family support for the independence of early childhood children with mental retardation found that the majority of family support fell into the category of good family support, with 52 respondents (66.7%). The highest level of independence was categorized as being able to perform tasks correctly, with 49 respondents (62.8%) (20).

Family is closely related to the problem of children's mental retardation. The family is a place where an individual grows and develops, so the success of development is largely 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 get experiences that are in accordance with their level of development (2).

Family support can be classified as instrumental or informational. In the former case, the family provides the patient with tangible assistance, such as food and drink needs, and the latter involves gathering and sharing knowledge about the outside world and explaining how to give recommendations and advice. Information that may be used to identify an issue; emotional family support, which refers to the family as a secure and nurturing environment where support materializes as affection, the presence of trust, attention, and listening; and assessment family support, which refers to the family's recognition of each member's health issues, decision-making regarding the family's course of action, and nursing of sick family members (1).

The family's ability to care for family members who are sick with mental retardation, 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 environment (21).

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% dominant emotional support carried out by families accompanying children when learning at home, 52.1% of the dominant support provided by the family provides 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.

It is established from the aforementioned research's findings that RM's family support and child care are related. Family support relationships such as informational support, reward support, instrumental support, and emotional support for the independence of children with moderate mental retardation who experience intellectual or mental retardation, 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 important role in children's independence.

Researchers assume that family support is good in caring for children with mental retardation, 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 and Care for Children with Mental Retardation in Special Needs Schools in Jambi City

The results showed that the statistical test obtained p value = 0.003 <0.05, 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

retardation in special schools SLB.

Hasanah's research revealed a correlation between motivation and providing care for mentally challenged children, with a P-Value of 0.000 (Hasanah, 2016). Results of research were carried out by Ardani indicate that family motivation and the growth of learning achievement for kids with mental impairment are related (22).

Motivation is an encouragement that arises from parents in caring for children with mental retardation such as physiological needs, security, need for belonging, appreciation and self-actualization of children (23) .

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 (24) .

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 (1) .

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 (25).

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 retardation with a sig value of 0.000 so that the p value $< \alpha = 0.05$ (26).

Yuliana also did research, and the findings indicate a connection between parental stress and self-efficacy among mothers of mentally retarded children at SLB Negeri Semarang (Lestari *et al.*, 2016). Parents of mentally retarded children at SLB Marganingsih Kregan Yogyakarta showed a correlation between their level of knowledge of mental retardation and their coping strategies (27).

Findings from more studies on parents' implicit awareness of their children's intellectual and various disabilities: A qualitative investigation yielded several important organizational and policy constraints. This includes rigid funding structures and packages, a lack of awareness and familiarity with open employers, and a dearth of resources for those with the intellectual qualifications to make the move, such as training programs and other supports (28).

The relationship of motivation to the care of mentally retarded children in SLB Jambi City The results of research on the relationship between parents' self-esteem and motivation in caring for mentally retarded children show that parents have good motivation of 26 respondents (52.0%), sufficient motivation of 12 (24.0%), and less motivation of 12 (24.0%). Based on statistical tests using Rank Spearman with $\alpha = 0.05$ it was found value $p = 0.00$ ($p < \alpha$) and $r = -0.656$ means the relationship between self-esteem and parents the level of anxiety in caring for mentally retarded children at SDLB Negeri C Denpasar, namely strong and has a negative relationship, the higher the self-esteem, the lower the level of anxiety (29).

Based on the research results above, it shows that there is a relationship between motivation and care for children with mental

retardation. 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 retardation 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 retardation 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.

This study has limitations, as it only examines support and motivation in caring for children with mental retardation without any interventions. Furthermore, it does not analyze correlation tests.

CONCLUSIONS

The research findings indicate that family support and motivation are associated with the care of children with mental retardation. The majority of respondents reported having good family support, high levels of motivation, and effectively caring for children with mental retardation. There is a relationship between family support and the care of children with mental retardation in special needs schools (SLB). There is also a correlation between motivation and the care of children with mental retardation in SLBs in Jambi City. The impact on society following this research suggests that families should maximize their support and motivation in caring for children with mental retardation.

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