

## SOCIAL SUPPORT THROUGH FAMILY COPING MECHANISMS FOR CHILDREN WITH MENTAL RETARDATION IN SPECIAL NEEDS SCHOOL (SLB) BANDA ACEH

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### Abstract

*Mental retardation is a condition in which mental development is below average since birth or childhood, typically associated with overall lower intellectual development. The global prevalence of mental retardation in children is 14.8%. According to the 2018 Basic Health Research (Riskesdas) data, the prevalence of mental disorders and emotional disabilities in Indonesia was 9.8%, marking a 6% increase compared to 2013. The disability rate among children aged 5-17 in Indonesia is 3.3%, which includes cases of mental retardation. This study aims to explore the relationship between social support and coping mechanisms in families with mentally disabled children attending Special Needs Schools (Sekolah Luar Biasa) in the city of Banda Aceh in 2023. The research methodology is analytical, with a total population of 50 individuals. The sample consists of 50 parents of mentally disabled children selected through purposive sampling. The research was conducted from January 7th to 12th, 2023, and involved both univariate and bivariate analyses. The study's results indicate that out of 50 respondents, the most common type of social support is instrumental support, with 33 individuals (66%), and the majority of coping mechanisms fall into the adaptive category, with 35 individuals (70%). The p-value obtained is 0.004, suggesting a significant correlation between social support and coping mechanisms among parents of mentally disabled children. Hence, parents should keep learning about intellectual disabilities and become better at taking care of children with such challenges.*

**Keywords:** Coping Mechanism, Mental Retardation, Social Support

### 1. INTRODUCTION

Mental retardation is a condition in which mental development is below normal from birth or childhood, with overall intellectual development that is generally poorer. Mental retardation is characterized by intellectual functioning with an IQ below average (IQ of about 70 or less, starting before the age of 18, accompanied by adaptive behavior) (Heni, 2021). Emotional support is a form of support provided, such as empathy, creating comfort, providing a sense of security, boosting morale, and reducing despair in caring for and raising family members (Putra & Tahlil, 2017).

The prevalence of mental retardation in children worldwide is 14.8%. According to the Basic Health Research (*Riskesdas*) data in 2018, the prevalence of mental disorders and emotional disabilities in Indonesia was 9.8%, an increase of 6% compared to 2013. The disability rate in children aged 5-17 in Indonesia is 3.3%, including mental retardation. In 2020, data from the Aceh Provincial Health Office showed a prevalence of emotional mental disorders of 8.96%, with the highest cases in Bener Meriah Regency at 18.97%. The number of disabled children aged 5 to 17 years is 1.79%, including mental

retardation. In 2019, there were 255 children with mental retardation in the city of Banda Aceh.

The development of mentally retarded children often does not correspond to the intellectual age of normal children, such as gross or fine motor skills, language development, and social development. Poor social adaptation skills in mentally retarded children have below-average intellectual function, making it difficult to engage in activities like normal children. The social skills of mentally retarded children do not develop optimally, so they are not independent, unable to communicate directly with friends and others, and unable to fulfill their duties as members of society in accordance with the social behavior model. (Dalami et al., 2016)

Negative reactions from society to mentally retarded children elicit various responses from parents. For example, some parents may ostracize their children or refuse to acknowledge their child's intellectual disability, while others may try to cope with it. Provide more attention and give your best to your child by contacting a specialist who can handle mentally retarded children. Therefore, parents need to have coping mechanisms different from those for other children when raising mentally retarded children (Hinshaw et al., 2011).

Coping refers to an individual's efforts to manage challenging situations, intensify efforts to face the problems at hand, and attempt to overcome stress. Effective coping is crucial for the body's resilience and its ability to withstand disease, both physical and psychological, social, and spiritual. Attention to coping is not limited to minor discomfort but also applies to serious illnesses (Widiyawati, 2020). Family coping mechanisms are means of self-adaptation used by families to deal with accepted changes. Family coping mechanisms are used to expend or burden individual resources. Family coping mechanisms with mentally retarded children involve solving a problem or reducing stress and also accepting information and advice from others related to mentally retarded children. One of the factors that influence family coping mechanisms is social support (Muhith et al., 2019). Social support is a form of care, concern, appreciation, comfort, peace, or assistance to others, both as a group and individually. Social support includes verbal and non-verbal information or advice, tangible assistance or actual actions provided through presence and impact, which are emotionally beneficial or behaviorally effective for the recipient (Damaiyanti, 2014).

The research results on social support related to self-acceptance of parents of mentally retarded children show that there is a significant relationship between social support and self-acceptance of parents with a p-value of 0.00.11 This is supported by research on the relationship between social support and family coping mechanisms in dealing with aggressive patients, indicating a relationship between social support and family coping mechanisms in dealing with aggressive patients (Rahmi & Fitriani, 2020).

Data obtained from special schools (SLB) in Banda Aceh for the period from January to June 2022 showed that the number of mentally retarded children was 50.13 The initial study conducted by the researcher on 7 families with mentally retarded children in SLB Banda Aceh found that only 1 family stated that the mother often talked (sought solutions) to others regarding their child with mental retardation, while the other 6 families said that the mother never talked to others about their child because she believed she could handle it herself. They also said that the mother had received support from friends, family, and the local community, such as providing information on how to care for mentally retarded

children, providing motivation, and listening to the mother's complaints. Based on this background, the researcher conducted a study to examine the relationship between social support and family coping mechanisms among families with mentally retarded children at the Special School (SLB) in Banda Aceh.

## 2. RESEARCH METHOD

The research employed an analytical design with a cross-sectional approach. Analytical surveys investigate how and why health phenomena occur, utilizing a cross-sectional approach, where data is collected at a specific point in time. The sample size consisted of 50 respondents. This study was conducted from January 7 to January 12, 2023.

The cross-sectional approach allowed for a snapshot view of the relationships and variables of interest at a single point in time. It enabled the researchers to collect data from a diverse group of respondents within a short time frame, making it a suitable method for understanding the relationship between social support and family coping mechanisms among families with mentally retarded children at the Special School (SLB) in Banda Aceh during the specified period. The use of a well-defined sample size ensured that the research findings could be generalized to the larger population of interest, adding to the study's credibility and reliability.

## 3. RESULT AND DISCUSSION

### 3.1. Result Research

Based on the results of research conducted on January 7-12, 2023. Data collection was carried out by distributing questionnaires to parents of children with disabilities in SLB Banda Aceh. The search results can be seen as follows:

#### 3.1.1. Characteristic

**Table 1. Frequency Distribution of General Characteristics of Respondents in SLB Banda Aceh**

No	Age of Mother	Frequency	Percentage (%)
1	20-35 years old	27	54
	>35 years old	23	46
	<b>Total</b>	<b>50</b>	<b>100</b>
No	Education	Frequency	Percentage (%)
2	Senior High School	26	52
	Diploma/Bachelor	24	48
	<b>Total</b>	<b>50</b>	<b>100</b>
No	Job	Frequency	Percentage (%)
3	Working	25	50
	Unemployed	25	50
	<b>Total</b>	<b>50</b>	<b>100</b>
No	Age of Children	Frequency	Percentage (%)

<b>4</b>	8-11 years old	14	28
	12-19 years old	32	64
	20-21 years old	4	8
	<b>Total</b>	<b>50</b>	<b>100</b>
<b>No</b>	<b>Gender of Children</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>5</b>	Boy	27	54
	Girl	23	46
	<b>Total</b>	<b>50</b>	<b>100</b>

Table 1 shows that out of 50 respondents, 27 respondents (54%) were mothers aged 20 to 35 years, 26 respondents had secondary education (52%), 25 respondents (50%) were not employed, 32 children were 12 years old (64%), and 27 respondents were male (54%).

### 3.1.2. Univariate Analysis

#### 1) Social Support

**Table 2. Frequency Distribution of Respondents Based on Social Support in Parents of Children with Mental Retardation in SLB Banda Aceh**

No	Social Support	Frequency	Percentage (%)
1	Supportive	33	66
2	Not supportive	17	34
<b>Total</b>		<b>50</b>	<b>100</b>

Based on Table 2, out of 50 respondents, it can be seen that the highest social support category is "Supportive," with 33 individuals (66%).

#### 2) Emotional Support

**Table 3. Frequency Distribution of Respondents Based on Emotional Support in Parents of Children with Mental Retardation in SLB Banda Aceh**

No	Emotional Support	Frequency	Percentage (%)
1	Supportive	30	60
2	Not supportive	20	40
<b>Total</b>		<b>50</b>	<b>100</b>

Based on Table 3, it can be observed that out of 50 respondents, the majority of emotional support falls under the "Supportive" category, with 30 individuals (60%).

### 3) Coping Mechanisms

**Table 4. Relationship between Social Support and Coping Mechanisms in SLB Banda Aceh**

No	Social Support	Coping Mechanism				Total		p-value
		Adaptive		Mal adaptive		f	%	
		f	%	F	%			
1	Supportive	28	84,8	5	15,2	33	100	0,004
2	Not supportive	7	41,2	10	58,8	17	100	
<b>Total</b>		<b>35</b>	<b>70</b>	<b>15</b>	<b>30</b>	<b>50</b>	<b>100</b>	

Table 4 shows that out of 33 subjects with social support, 28 subjects (84.8%) exhibit adaptive coping mechanisms, while out of 17 subjects without social support, only 10 subjects (58.8%) have maladaptive coping mechanisms. Based on the Chi-Squared test results, a p-value of 0.004 indicates a significant relationship between social support and coping mechanisms among parents of children with intellectual disabilities.

**Table 5. Relationship between Emotional Support and Coping Mechanisms in SLB Banda Aceh**

No	Social Support	Coping Mechanism				Total		P-value
		Adaptive		Mal Adaptive		f	%	
		f	%	f	%			
1	Supportive	23	76,7	7	23,3	30	100	0,345
2	Not supportive	12	60	8	40	20	100	
<b>Total</b>		<b>35</b>	<b>70</b>	<b>15</b>	<b>30</b>	<b>50</b>	<b>100</b>	

Table 5 shows that out of 30 individuals who received emotional support, 23 respondents (76.7%) exhibited adaptive coping mechanisms, while out of 20 respondents who did not receive social support and had inadequate coping mechanisms, there were 8 respondents (40%). Based on the chi-square test results, a p-value of 0.345 indicates that there is no relationship between emotional support and coping mechanisms among parents of children with intellectual disabilities.

### 3.2. Discussion

#### 3.2.1. The Relationship between Social Support and Coping Mechanisms

The research findings indicate that out of 33 subjects who had social support and adaptive coping mechanisms, there were 28 subjects (84.8%), while out of 17 respondents who did not have social support and had poor adaptive coping mechanisms, there were only 10 respondents (58.8%). Based on the Chi-Square test results with a p-Value of 0.004, there is a relationship between social support and coping mechanisms in parents of children with intellectual disabilities.

This study aligns with the theory that family coping mechanisms serve as a means of self-response used by families to manage the changes they encounter. Family coping mechanisms are used to address internal and external needs that deplete or burden

individual resources. Family coping mechanisms with mentally retarded children involve problem-solving or stress reduction and also receiving information and advice from others related to mentally retarded children. One of the factors influencing family coping mechanisms is social support.

Social support is a form of concern, care, appreciation, comfort, peace, or assistance provided to others, either in groups or individually. Social support encompasses verbal and non-verbal information or advice, tangible assistance, or concrete actions provided through social interactions or obtained through presence and its impact, which is beneficial either emotionally or behaviorally to the recipient.

These findings are supported by Patilima et al. (2021) on social support related to parental coping mechanisms with mentally retarded children, revealing a significant relationship between social support and parental coping mechanisms with p-values of 0.009. According to the researcher, there is a relationship between social support and coping mechanisms of parents with mentally retarded children, where the majority of parents with adaptive coping mechanisms tend to receive good social support. This indicates that better social support leads to improved coping mechanisms for parents because the support they receive assists them in dealing with or caring for mentally retarded children, whether in the form of emotional support, information, assessment, or instrumental support. Many parents have adaptive coping mechanisms due to their higher education levels and reproductive ages, typically between 20-35 years old, which in turn influences parental coping mechanisms.

### **3.2.2. Emotional Support and Coping Mechanisms**

The research results show that out of 30 individuals who received emotional support and had adaptive response mechanisms, there were 23 respondents (76.7%), while out of 20 respondents who did not receive social support and had non-adaptive response mechanisms, there were only 8 respondents (40%). Based on the test results using chi-square, it was found that the p-value was 0.345, indicating that there is no relationship between emotional support and coping mechanisms in parents of children with intellectual disabilities.

Emotional support includes expressions of empathy, concern, and attention to those affected. The support provided involves caring for the parents of children with intellectual disabilities, providing support when needed, and paying special attention to both parents and mentally retarded children. Emotional support can provide physical and psychological comfort to parents of children with intellectual disabilities and can reduce an individual's stress levels resulting from a problem they are facing. Emotional support can have a positive impact on the well-being of parents without being influenced by their levels of stress or depression. Additionally, thanks to this social support, parents can also experience higher self-esteem compared to individuals who do not receive or receive less support.

## **4. CONCLUSION**

this study revealed a significant connection between social support and coping mechanisms among parents with mentally retarded children attending special schools in Banda Aceh. The findings emphasize the vital role of social support in assisting parents

in effectively handling the challenges associated with raising children with intellectual disabilities. However, no significant correlation was observed between emotional support and coping mechanisms in this context, suggesting that there may be other factors at play that influence parents' coping abilities.

Looking ahead, it is advisable to develop support programs and interventions that strengthen social support networks for parents of children with intellectual disabilities. These initiatives should prioritize enhancing parents' coping skills, especially in addressing the distinct needs and obstacles that come with caring for such children. Furthermore, further research can delve deeper into the intricacies of emotional support and its potential impact on aiding parents in navigating the daily responsibilities of caring for children with intellectual disabilities. By doing so, we can contribute to improving the overall well-being of families and enhancing the quality of life for children with intellectual disabilities.

## REFERENCES

- Dalami, E., Rochimah, N., Suryati, K. R., & Lestari, W. (2016). *Asuhan Keperawatan pasien dengan gangguan jiwa*. Jakarta: CV. Trans Info Media.
- Damaiyanti, I. (2014). *Asuhan Keperawatan Jiwa. Cetakan kedua*. Bandung.
- Heni, S. K. (2021). *Kelalaian Perkembangan Pada Anak; Buku Lovrinz Publishing*. LovRinz Publishing.
- Hinshaw, S. P., Scheffler, R. M., Fulton, B. D., Aase, H., Banaschewski, T., Cheng, W., Mattos, P., Holte, A., Levy, F., & Sadeh, A. (2011). International variation in treatment procedures for ADHD: social context and recent trends. *Psychiatric Services*, 62(5), 459–464.
- Muhith, A., Eka, V., Yani, L. Y., & Wahyuningrum, T. (2019). Mekanisme Koping Keluarga yang Memiliki Anak Retardasi Mental. *Journal of Health Sciences*, 12(1), 39–45.
- Patilima, S. M., Soeli, Y. M., & Antu, M. S. (2021). Hubungan Dukungan Sosial Dengan Penerimaan Diri Orang Tua Yang Memiliki Anak Retardasi Mental di SLB Negeri Kota Gorontalo. *Jurnal Ilmu Keperawatan Jiwa*, 4(3), 579–590.
- Putra, Y., & Tahlil, T. (2017). Pengalaman Keluarga Dalam Memberikan Dukungan Keluarga Pada Penderita Kusta. *Jurnal Ilmu Keperawatan*, 5(2), 28–41.
- Rahmi, N. N., & Fitriani, D. R. (2020). *Hubungan Dukungan Sosial dengan Mekanisme Koping Keluarga dalam Menghadapi Pasien Agresif: Literature Review*.
- Widiyawati, W. (2020). *Keperawatan Jiwa. Literasi Nusantara*.

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