

Living Skill Development of Children with Down Syndrome at Home based on Parents' Education Level

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Abstract

This research aims to determine the influence of parents' education level to develop Down syndrome children's ability of living skill at home. It is a kind of descriptive qualitative research. Data were gathered by using questionnaire, observation, and literature study. Subject used in this research was 32 parents of Down syndrome children of two special schools in Klaten Regency.

Results gotten from this research are: Down syndrome children with parents educated in the level of elementary school have level of living skill by 60%; Down syndrome children with parents educated in the level of junior high school have level of living skill by 68%; Down syndrome children with parents educated in the level of senior high school have level of living skill by 78.5%; and Down syndrome children with parents educated in the level of university have level of living skill by 82.5%. On the other side, independence level of Down syndrome children with parents educated in the level of elementary school is 3.4 (fairly); independence level of Down syndrome children with parents educated in the level of junior high school is 3.8 (independent); independence level of Down syndrome children with parents educated in the level of senior high school is 4.5 (highly independent); and independence level of Down syndrome children with parents educated in the level of university is 4.7 (highly independent).

From the result, it can be concluded that parent's education level has influence in the living skill development of Down syndrome children at home.

Key words: living skill, parent's education level, down syndrome

1. Introduction

Down syndrome was first found by an Englishman named John Landon Haydon Down. Sotjningsih (2013: 490) states that in 1966, John Langdon Haydon Down was the first person describe

physical appearance and health problem suitable with down syndrome. In 1959, a French genetics expert, Jerome Lejeune and his colleagues identified that down syndrome is caused by trisomy 21. Normal human have 46 chromosomes, 23 generated from father and the other 23 generated from mother. Individual with down syndrome typically have 47 chromosomes instead of 46 (Davidson et. al, 2010). According to Durand and Barlow (2007), syndrome down is a chromosomal mental retardation that is the most frequent to discover. Children with down syndrome can be detected from their round face like a full moon (moon face), with sharp pulled up slanted eyes (Irdawati and ABiMuhlisin, 2009). Children with down syndrome need living skill education from parents and family and also their surroundings. Generally, children with down syndrome have limited ability in communication, behavior system, and social interaction (Davis A, 2008). Living skill development of children with down syndrome can be carried out not only at school, but also at home with helping from their parents.

Parents' role in guiding children to do their daily activities to take care of themselves is very important. Parents' attention as a teacher at home is the most important thing for children. If parents always spoil their children, it will cause dependency for the children and they cannot do activity independently without others' help. It is very important for children with down syndrome to take care of themselves and the life skill is to live in society. One important part in living skill development program is to develop cognitive, affective, and psychomotor aspects along with daily activity training.

Children with down syndrome have obstacle in mastering adaptive behavior skill in their growing period. There are two obstacles of adaptive behavior skill of children with down syndrome, namely personal living skill and interpersonal relation skill and using daily facility skill (social living skill). General activities in Living skill like washing hands, washing feet, brushing teeth, wearing clothes, and so on, will be

difficult for children with down syndrome. In daily life, there are a lot of activities should be understood and carried out so that it gives experience for people to take care of themselves. In order children with down syndrome can develop optimally especially in living skill, every parents should pay attention on living skill concept. As stated by educators, living skill material is an obligatory material should be taught for children with down syndrome. It will be mastered well if this material is given continuously in certain time. This method let children remember the given steps and ways. Children with down syndrome have not only limited intelligence, but also limited in responding new things incidentally and fast. Down syndrome needs parents to have competence to guide and train them to develop living skill. Related with independence of students with down syndrome, it is needed to conduct living skill training continuously at home.

Based on the problems above, it is important for parents to understand about living skill, so that they can teach their children independently at home. There is previous research about living skill conducted by Irdawati and AbiMuhlisin (2009). In their research, they explain about the implementation of living skill by children with down syndrome viewed from bio medic. DessynurMillata and DhianSatya R (2014) observed relation between family support with social function of children with down syndrome aged 6-12 years old.

By referring to the previous study and adopting product existed, researcher tries to examine the influence of parents education to develop living skill of children with down syndrome at home. With the unique and various characteristics of children with down syndrome, family's role, in this case is especially mother, is highly needed to develop living skill, because the children spent most of their timer at home. Geniofram (2010) stated that down syndrome may need extra support from family and society, so that they can live in whole, happy, and productive. Generally, living skill is important to develop the ability of children with down syndrome to do activities related with their lives by not interrupt other people. According to Hurlock (2012), emotional support gives people comfy, love, help in the form of enthusiasm, empathy, believe, and care, so they will feel worth. Study in the field shows that most parents and the other family member always give their children education in the form of motivation and support to communicate despite of their physical and mental disability.

RedjaMudyahardjo (2014: 3) explains that education is an effort of family, society, and government through guiding, educating, and or training program conducted in school and outside school for a lifetime to prepare students to be able to play their role

in every environment in the future. Education plays an important role to create a human having culture. It has power in a life of a human influencing physic, soul, social, and moral. Education is an organized effort to create learning atmosphere and process to make students actively develop their potential to have spiritual power, religion, self-control, personal, intelligence, good behavior, and skill needed for themselves, society, nation, and country (UU No. 20 Tahun 2003). From those opinions, it can be concluded that education is an effort conducted by an individual or group to develop independence in social interaction in society.

Education level influences understanding level or present materials form informant, so parents of children with down syndrome need to use their education, in this case is to develop the living skill of their children.

Research Methodology

Method used in this research is a qualitative research by using informants taken from two special schools in Klaten regency. Subject in this research is parents from children with down syndrome aged 6 – 10 years old. Qualitative research is a descriptive, process, and meaning research (subject perspective) (Sugiyono, 2015). Data collected by completing instrument about achievement level of living skill competency and also independence level of children's competence filled by parents having different education level from elementary school until university. This living skill competency instrument is then analyzed by using percentage. Meanwhile independence level instrument measured by using Likert scale 5 (highly independent); 4 (independent); 3 (fairly); 2 (unindependent); 1 (highly unindependent).

Result and Discussion

3.1 Research Result

Material of living skill for children with down syndrome at home adapted from A Helpful Guide In The Training Of A Mentally Retarded Child. It contains 2 competences should be mastered by students with down syndrome in early school age. These competencies are self-treating, namely: washing hands, washing feet, brushing teeth, and combing hair; and self-managing, namely: wearing clothes, trousers/skirts, socks, and shoes.

Data shows that giving guidance to develop living skill of children with down syndrome from parents educated in the level of basic (elementary – junior high school) have significant difference with parents educated in the level of moderate (senior high school) and university. Complete data is as follows.

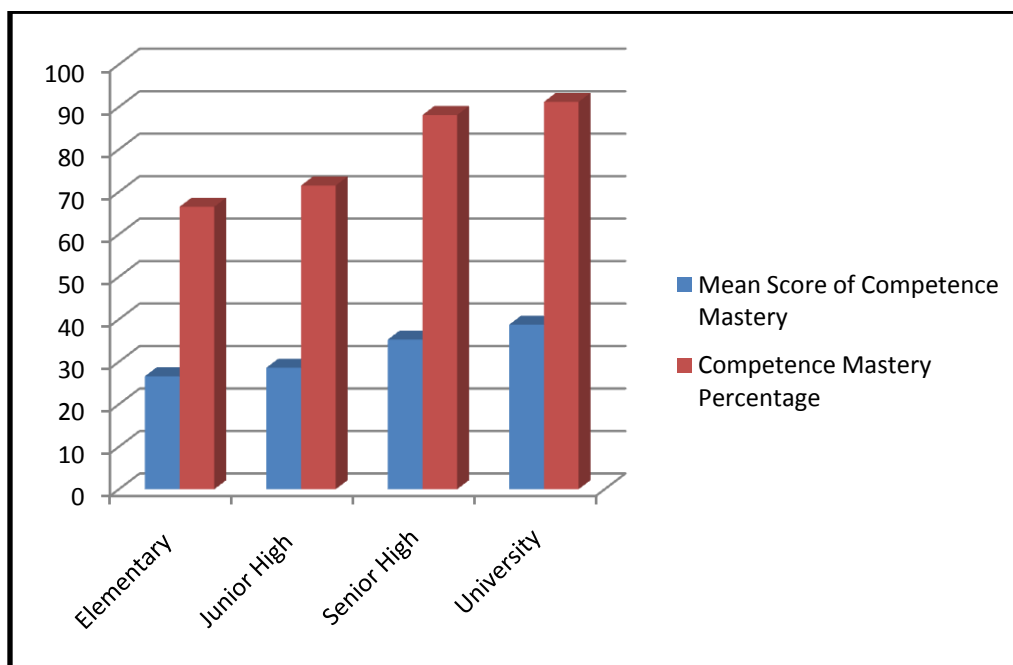
No.	Parents' Education	Mean Score	Competence (%)	Independence level
1	Elementary School	26,60	66,5	3,3
2	Junior High School	28,60	71,5	3,9
3	Senior High School	35,23	88,1	4,5
4	University	38,75	91,2	4,7

Table 1. Score of Living Skill Competence Mastery

From table 1, it shows that Down syndrome children with parents educated in the level of elementary school have mean score of competence by 26.60 with 65% mastery competence; Down syndrome children with parents educated in the level of junior high school have mean score of competence by 28.60 with 71.5% mastery competence; Down syndrome children with

parents educated in the level of senior high school have mean score of competence by 35.23 with 88.1% mastery competence; and Down syndrome children with parents educated in the level of university have mean score of competence by 38.75 with 91.2% mastery competence.

The data can be presented in the form of graphic as follows.



Graphic 1. Mean Score Result of Living Skill Competence Mastery

3.2 Discussion

The result shows that parents' education level of children with down syndrome affects development of children's living skill at home. This statement is in line with result from the research of Dian Rahmawati (2012). The research shows that parents educated in the level of senior high school have chance by 3.12 times more succeed to develop living skill of mentally retarded children rather than parents educated in the

lower level. Amira (2001) stated that parents who are open about their children's condition will give their children ease to interact for information needed. Most open minded people will have moderate attitude and also are better educated. K. Scorgieet. al (2010) stated "live management aspect and transformation result of parents have important implication for children with down syndrome to interact effectively in personal, relational, and perspectiveal dimension". Shelley M. et

al (2009) explains prospective relation between parents' stress relieve strategy of children with down syndrome with knowledge focused on positive activities in intervention of children's activity. This will reduce their stress. Most parents having education lower than senior high school are stress easily. Nora Shields et al (2009) also stated that involving in the physical activity of children with down syndrome at home is important for their health. The activity at home is living skill activity. It contributes to cardiovascular risk and obesity. Parents with high education will have more improvisation in developing activity at home.

4. Conclusion

Based on the result and discussion above, it can be concluded that parents' education level influences development of living skill of children with down syndrome at home. The higher parents' education level is, the more variation they give on guidance and training of living skill for their children. It will give their children better competence.

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