Relationship Parenting Parents with the Ability Personal Hygiene (Oral Hygiene) Children Mental Retardation in SLB-C Dharma Wanita Pare Kediri

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ABSTRACT

Background: Maintaining personal hygiene in children with mental retardation are needed especially oral hygiene are closely related to oral health, it is often found in people with mental retardation are dental caries and periodontal disease. The role of parents in helping mentally retarded child's ability in maintaining personal hygiene is the implementation parenting practiced in parenting.

Method: The design that used in this research is correlational analytic (correlational study), and the research design used "cross-sectional". Total sampling obtained a sample of 30 respondents. The instrument used was a questionnaire sheet parenting parents questionnaire and checklist for the ability of personal hygiene (oral hygiene) mentally retarded children.

Results: Results of research conducted on 30 respondents based parenting that democratic criteria as much as 24 respondents (80%), the characteristics respondents based on the ability personal hygiene (oral hygiene) mentally retarded child with a democratic obtained sufficient criteria 9 respondents (30%), permissive with sufficient criteria 3 respondents (10%), authoritarian with sufficient criteria 1 respondent (3.3%). Analysis showed with statistical test Contingency Coefficient that significant value ρ = 0.000 <α = 0.05 so that H1 is accepted which means that there is a relationship parenting parents with the ability of personal hygiene (oral hygiene) mentally retarded children with a 0.778 coefficient value of a strong relationship level.

Conclusion: Parenting parents can have an impact on the ability of personal hygiene (oral hygiene) mentally retarded children. It is recommended to parents who have children with mental retardation for the institution to be applied during the process of learning in students of nursing the child, especially the ability of personal hygiene (oral hygiene) in children with mental retardation.

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I. INTRODUCTION

Maintaining personal hygiene well in the child's mental retardation will help improve confidence and will minimize the occurrence of disease. Failure to maintain personal hygiene will cause various adverse effects. Not only increases the risk of infection / disease, but also affects social and psychological aspects. Oral hygiene problems are closely related to dental and oral health, the things that are often found in people with mental retardation is caries teeth and periodontal disease (Sungkar, 2009). Dental caries and periodontal disease are always associated with the accumulation of plaque and coral (calculus) in the teeth, because plaque is the leading cause of periodontal disease and dental caries. Dental plaque is a soft sediment firmly attached to the tooth surface, consisting of
microorganisms that multiply in an intercellular matrix. Poor personal hygiene, closely related disease spread, mental retardation sufferers have many obstacles due to lack of ability, including personal hygiene oral hygiene. The need for oral care of mentally retarded patients is not much different from other normal patient care, but the implementation of care is more difficult (Putri, 2009).

The incidence of dental caries is still high. Based on the results of School Dental Health (UKGS) activities, through dental examination on 1318,723 children (40.31%) found as many as 395,633 children need care and 236,586 children (59.80%) have received treatment (DHO profile Jatim, 2008). Based on the research of oral hygiene index on children of mental retardation at SLB C the Union of the Female Dharma Kalimantan Province, showed that index of oral hygiene of children in mental retardation in SLB C the Union of the Female Dharma of South Kalimantan Province globally is index of oral hygiene of children of good mental retardation (29.1%), moderate (66.7%), and poor (4.2%) while the index was specifically based on sex: men were good (57%) and women were moderate (76%). Based on the age level: age group 8-11 years oral hygiene index of children mental retardation is moderate (85.7%) and by 12-15 year age group oral hygiene index of children mental retardation is good (50%) (Azahra, 2014).

Based on a preliminary study conducted by researchers on December 20, 2016 at SLB-C Dharma Wanita Pare Kediri. There is 30 children with mental retardation, the data were obtained from document of mental retardation grouping at SLB-C Dharma Wanita Pare Kediri in 2016, while the attendance data when the researcher visited did preliminary study to SLB-C Dharma Wanita Pare School as many as 12 children. Furthermore, the researchers asked the question informally to 5 parents of children mental retardation. Of the five parents of the child said there are 4 children can not clean their own mouth, while that can clean the mouth itself only 1 child. It shows that there are only a few mentally retarded children who can cleanse their own oral cavities. researchers also made an observation on 10 children mental retardation found 7 children there are dental caries and 3 children experienced period.

This is in accordance with research conducted by Apriastuti (2013) with the title "The Relationship Level of Education And Parenting Parenting With Child Mental Retardation Development in Ngagel Surabaya" by using correlational research method with cross sectional design, while the number of respondents as many as 38 mothers who have child mental retardation. In the study showed that authoritarian parenting as many as 11 respondents (28.95%), Liberal care as much 10 respondents (26.32%), Democracy parenting as many as 17 respondents (44.74%).

Similar research has also been conducted by Arfandi (2013) Journal entitled "Family social support, self-care capability, child mental retardation" with a sample of 53 respondents. From the results of this study obtained the results that most self-care skills in children mental retardation in SLB Negeri Ungaran in most of the respondents category enough that is 29 (56.9%). In addition, other research has also been done by Fatimah (2013) with the title "The influence of Dental and Oral Health Education in Parents with Mental Retardation Children on Dental Hygiene and Mouth of Retardation Children" with the number of respondents as many as 35 respondents, using pre experimental design. From the research results obtained before the dental hygiene and mouth obtained most categories less as much as 18 respondents (81.82%). Obtained most categories less as much as 18 respondents (81.82%).

Mental retardation that occurs in children in society in general children with mental retardation can not be independent in performing daily activities there are limitations of personal hygiene ability dependence with others. Personal hygiene including oral hygiene of children less mental retardation than normal children, due to several factors such as the success of parents in educating the child to early maintain his teeth health. Early treatment of dentists and daily home care, oral hygiene helps maintain the health status of the mouth, teeth, gums, and lips, brushing teeth from food particles, plaque, bacteria, gum memasase. Do not do to maintain oral hygiene can occur discomfort of smells and uncomfortable taste. Some of the diseases that may arise due to poor dental and oral care are caries, gingivitis (gingivitis) that affects the subsequent appetite menuruya interfere with health. Limited ability of personal hygiene and dependence with others. Children who suffer mental retardation must have a delay in various aspects of the life skills of children who are mentally retarded depends on the role of parenting parents (Fatona, 2010).
Handling personal hygiene problems in children with mental retardation can be done by educating children about good hygiene to prevent the spread of infections and disabilities and not just for childhood development, teaches the correct principles of personal hygiene especially in the child's mental retardation (Johnson, 2010). According to Budiharto (2008) one way to overcome the problem of personal hygiene (oral hygiene) is through the approach of dental health education to parents, so that parents through the pattern of upbringing given to the child mental retardation can apply to his child about oral hygiene. Based on the above background, the researcher is interested to do research with title about "Relationship Pattern Parent Parenting With Personal Hygiene Capability (Mouth Oral Cleansing) In Child Mental Retardation in SLB-C Dharma Wanita Pare Kediri". This research aims to know the relationship of parenting parenting with personal hygiene (oral hygiene) to the children of mental retardation at SLB-C Dharma Wanita Pare Kediri. Then this research makes the researcher more know about child with certain mental retardasi, so that can add insight researcher about child with mental retardasi speciallyldren of mental retardation in SLB-C Dharma Wanita Pare Kediri. the existence of personal hygiene (oral hygiene) in children mental retardation. While the next researcher can use as a consideration to do further research with other variables which is almost the same.

II. RESEARCH METHODS

Design research is a strategy in identifying problems before the final planning of data collection and to define the structure of research to be implemented. Research design is also the final result of a decision stage made by the researcher related to how a research can be applied. Based on the purpose of this study is non-experimental research with correlational design. Correlational research aims to reveal correlative relationships between variables Correlative correlation refers to the tendency that variation of a variable is followed by another variation of variables (Nursalam, 2014). The design used in this research is correlational analytic design cross sectional approach. Called correlational because this study aims to determine the relationship of parenting parents with personal hygiene (oral hygiene) in children mental retardation in SLB-C Dharma Wanita Pare Kediri in 2017.

III. RESEARCH RESULTS AND DISCUSSION

A. Research Results

I. Characteristics of Research Subjects

a. Frequency Based Distribution Age

In diagram 5.1 above is known that from 30 respondents got more than half of respondents aged> 35 years as much 16 respondents (53.5), less than half of respondents aged 20-35 years were 11 respondents (36.7%), and a small percentage of respondents <20 years old were 3 respondents (10%).

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b. **Frequency Based Distribution Education**

In diagram 5.2 above is known that from 30 respondents got more than half of respondents high school education as much as 21 respondents (70%), junior high school education as much as 6 respondents (20%), 3 respondents (10%) and none of the respondents were educated elementary school.

c. **Frequency Based Distribution Work**

In diagram 5.3 above is known that from 30 respondents got more than half respondents IRT work as much as 20 respondents (66.7%), private employment / entrepreneurship 7 respondents (23.3%), farmers' work 3 respondents (10%).

2. **SPECIFIC DATA**

a. **Frequency Based Distribution Based on Parents Parenting Patterns**

<table>
<thead>
<tr>
<th>Pola asuh orang tua</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demokratis</td>
<td>24</td>
<td>80</td>
</tr>
<tr>
<td>Permisif</td>
<td>4</td>
<td>13,3</td>
</tr>
<tr>
<td>Otoriter</td>
<td>2</td>
<td>6,7</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

In Table 5.1 above, it was found that from 30 respondents most of the respondents were 24 respondents (80%), permissive parenting pattern 4 respondents (13.3%) and authoritarian parenting 2 respondents (6.7%).
b. Frequency Distribution Based on Personal Hygiene Ability (Mouth Surgery) Child Mental Retardation

<table>
<thead>
<tr>
<th>Kemampuan personal hygiene (kebersihan rongga mulut) anak retardasi mental</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baik</td>
<td>8</td>
<td>26,7</td>
</tr>
<tr>
<td>Cukup</td>
<td>13</td>
<td>43,3</td>
</tr>
<tr>
<td>Kurang</td>
<td>9</td>
<td>30</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

In table 5.2 above it is known that from 30 respondents most respondents ability of personal hygiene (oral hygiene) children mental retardation criteria is enough that is 13 respondents (43,3%), good criteria counted 8 respondent (26,7%), criteria less as many as 9 respondents (30%).

c. Relationship Pattern Parenting Parenting With Personal Hygiene Capability (Mouth Oral Hygiene) In Children Mental Retardation in SLB-C Dharma Wanita Pare Kediri

Based on the results of research can explained in the parents with democratic parenting gained the ability of personal hygiene (oral hygiene) of children mental retardation mostly including enough criteria that is 9 respondents (30%). In respondents with permissive parenting pattern, a small percentage of personal hygiene (oral hygiene) ability of mentally retarded children was also included with sufficient criteria, namely 3 respondents (10%) and respondents with authoritarian parenting, obtained a small portion of personal hygiene (oral hygiene) children mental retardation including adequate criteria at the same Analysis of Test Result Statistics Research Results SPSS analysis using the above formula Coefficient Contingency as follows. By seeing significant figures obtained Asymp. Sig (2-tailed) or p = 0.000 <0.05 then Ho is rejected and H1 accepted means there is a relationship parenting parenting with the ability of personal hygiene (oral hygiene) in children mental retardation in SLB-C Dharma Wanita Pare Kediri. The level of relationship is strong (Correlation Coefficient 0.788). time less that is 1 respondent (3,3%).

B. Discussion

1. Identification of Parenting Parenting Patterns

Based on the results of the study it is known that from 30 respondents most of the respondents of democratic cohort pattern are as much as 24 respondents (80%) got the ability of personal hygiene (oral hygiene) children mental retardation criteria either 7 respondents (23,3%), criteria enough 9 respondents (30% ) and criteria less 8 respondents (26,7%), permissive parenting pattern 4 respondents (13.3%) got the ability criteria either 1 respondent (3,3%), enough criteria 3 respondent enough ability of 1 respondent (3,3%), ability less 1 respondent (3,3%).

Parenting parenting is one of the best ways parents can take in educating children as a manifestation of their sense of responsibility to children (Chabib Thoha, 2010). According to Gunarso also pointed out that “Patterns of Care” is nothing but the method or way that educators choose in educating their children which includes how educators treat their students (Gunarso, 2010).

Democratic parenting is a parenting that prioritizes the interests of the child, but does not hesitate to control them. The characteristics of parenting with this parenting are rational, always underlying their actions on rationale or thinking, the child is involved in decision making, the child is given the opportunity to independently control himself internally. Parents of this type also be realistic about the ability of children, do not expect excessive beyond the ability of children. Parents of this type also give the child the freedom to choose and perform an action, and his approach to the child is warm. While authoritarian parenting tends to set a standard that must be obedient, usually
accompanied by threats. Parents of this type tend to force, rule, punish. If the child does not want to do what is said by the parents, then this type of parents do not hesitate to punish the child. Parents of this type also do not recognize compromise and in communications are usually one-way, this type of parent does not need feedback from her child to understand about her child. Permissive parenting patterns provide very loose supervision. Giving the child an opportunity to do something without enough supervision from him / her. They tend not to admonish or warn the child when the child is in danger, and very little guidance given by them. But parents of this type are usually warm, so often liked by children (Junaidi, 2010).

From the results of this study it is known that from 30 respondents who criteria with the pattern of democratic criteria, according to the opinion of researchers this is due to the form of democratic parenting patterns that parents apply to their children because parents assume that the parenting is good to be applied to children so can form the soul of an independent child. In addition, parents already understand how to apply good parenting pattern with democratic parenting, because a child is based on a democratic parenting, then the child will be familiar with the freedom to choose and perform an action. And parents do not curb or always forbid their children and children are given the opportunity to independently control themselves internally and the people just set an example and help what the child needs.

In diagram 5.2 it is known that from 30 respondents, most of them are 21 respondents (70%), junior high school education is 6 respondents (20%), college education 3 respondents (10%) and none of them are educated elementary school. 

According to Prasetya (2013), there are several factors that influence parenting patterns, one of which is the factor of education, education means guidance or help deliberately given to the adult by the adult so that he becomes an adult. Parental education background can be affect the parent mindset both formal and non formal and then also affect the aspirations or expectations of parents to their children.

The existence of research results on education owned respondents, in this case researchers argue that obtained most respondents high school education shows that the education owned respondents is upper secondary education so that parental thought patterns to be applied in caring for children contribute to the ability of children. Conversely parents who are less educated ie elementary or junior high in the guidance or help given to the child, so that the higher the education level of a person the more knowledgeable including the knowledge of educating children through parenting that applied parents to their children.

Education is very influential at all parenting provided by parents to children, one example of parents who mempuyai high educational background will pay more attention all changes and every development of independence that happened to his son. Highly educated parents generally know how the level of independence of children and how the parenting of children to support the independence of children.

Parental education is one of the most basic human needs needed to develop themselves, the higher the education the more easy to receive and develop the knowledge and technology. Low education from parents result in a lack of parental quality in providing care to children according to the stage of child development, so that children will tend to be independent in meeting their self-care needs. The higher education level prefers the type of democratic parenting. In this study the low level of education in the family, will affect the lack of parental knowledge how to nurture children in accordance with the stages of independence and growth.

In diagram 5.3 above it is known that from 30 respondents most respondents IRT work is as much as 20 respondents (66.7%), private / self-employed 7 respondents (23.3%), farmer work 3 respondents (10%).

Parental work affects the psychological state of the family impact on the maintenance of children in the family. Gunarsa (2010), stated that families with low income levels will cause parents to pay less attention to children, less appreciation of praise, in children less time to teach children to do good and follow the rules through parenting that is applied by parents, lack of practice and the planting of value - values and norms in society, so that will result in children will have problems in the process of growing up. While in a high family economy parents have more time to guide their
children, because parents are not confused with family economic conditions, or hard earned for the family (Gunarsa, 2010).

In the opinion of researchers the work mempengaruhi family income is one factor which can influence the process of independence in the care of children through parenting patterns applied by parents. Families with high social status will strive to meet all the needs of children, from basic needs, education, and other financial needs can be met. In addition, the work of parents is a source of income for families who can meet the physical, psychological and spiritual needs, sehingga can be concluded that the work factors affect the parenting patterns applied by parents to children.

2. Identification of Personal Hygiene Capability (Mouth Case Hygiene) Child Mental Retardation

Based on the results of the study it is known that from 30 respondents most of respondents have the ability of personal hygiene (oral hygiene) of mental retardation children with sufficient criteria that is as many as 13 respondents (43.3%), good criteria as many as 8 respondents (26.7%), criteria less as much as 9 respondents (30%).

Personal hygiene comes from the danger of Greece, which is personal, meaning personal and hygiene means healthy. Personal hygiene is an act of maintaining a person's hygiene and health for physical and psychological well-being. Oral care should be done daily and depending on the patient's mouth condition. Teeth and mouth are an important part that must be maintained clean because through these organs various germs can enter. Mouth hygiene helps maintain the health status of the mouth, teeth, gums, and lips, brushing the teeth from food particles, plaque, bacteria, memenasase gums, and reduce discomfort resulting from uncomfortable smells and flavors. Some of the diseases that may arise due to poor dental and oral care are caries, gingivitis (gingivitis), and canker sores. Good mouth hygiene provides a healthy feeling and further stimulates appetite. In certain diseased states the ability to care for self diminishes and needs help to do so eg children with special needs ie mental retardation requires assistance in personal hygiene care (Tarwo, 2010).

Factors affecting oral hygiene and oral cavity is the buildup of food scraps, food debris will be dissolved by bacterial enzymes, and cleared from the oral cavity, but there are still remnants of food left on the teeth and mucosa. The things that affect the speed of cleaning food in the mouth is the flow of saliva, tongue, cheeks and the arrangement of teeth in the jaw arch. The second factor is plaque, the plaque is all that remains on the tooth and gingiva after gargling strongly. A very thin plaque (less than 10-20%) is visible only by coloring. Plaque consists of soft white, yellowish, green or grain. The third factor is calculus, calculus is a mass that has a classification that is formed and attached to the tooth surface, and other solid objects that exist in the oral cavity, such as denture and re yellowish, and can be found in poorly maintained oral hygiene. The fifth factor of the dental stain, the substance that forms a stain attached firmly to the tooth surface is numerous and must be specially cleaned. Stains have a poor aesthetic but do not cause gingival irritation nor function as a focus of plaque deposition (Tarigan, 2012).

Results in this study obtained most respondents ability of personal hygiene (oral hygiene) children mental retardation criteria enough. This is because parenting is applied by parents democratically so as to form a good development in children and children more independent and have the ability to care for themselves. For example, the existence of parenting style of democratic parenting that provides opportunities for children to learn and parents to give an example, it can trigger more children can do the ability to do something including the ability to care for personal hygiene.

While the ability of personal hygiene (oral hygiene) of children mental retardation criteria is lacking in this study due to permissive parenting applied so that parents give more freedom to children and parents do not give control and examples of how should do something that can mensupor children to be able to do personal hygiene with little help or independently. The results of the research on the respondents with the ability of personal hygiene (oral hygiene) of children mental retardation criteria is less due to parenting patterns that do not provide support to create the ability of children stomation. The fourth factor is the alba material, the alba material is a rare and soft, colored deposit including the ability to perform personal hygiene and authoritarian impression and always
dictate the child, parents do not understand must act and address the ability to perform personal hygiene.

3. Analysis of Relationship Pattern Parenting Parents With Personal Hygiene Capability (Mouth Oral Hygiene) In Children Mental Retardation in SLB-C Dharma Wanita Pare Kediri Year 2017

Based on table 5.4 distribution the result of analysis of parenting parenting relationship with personal hygiene (oral hygiene) ability in child mental retardation at SLB-C Dharma Wanita Pare Kediri. In this study obtained statistical test results using the formula Coefficient Contingency above as follows. By seeing significant figures obtained Asymp. Sig (2-tailed) or \( p = 0.000 <0.05 \) then \( H_0 \) rejected and \( H_1 \) accepted means there is a relationship parenting parenting with the ability of personal hygiene (oral hygiene) in children mental retardation in SLB-C Dharma Wanita Pare Kediri. The level of relationship is strong (Correlation Coefficient 0.788).

Parenting is a pattern of interaction between parent and child, that is how the attitude or behavior of parents when interacting with children, including how to apply the rules, teach values/norms, give attention and affection and show good attitude and behavior so as a role model for his son (Junaidi, 2010).

Mental retardation is a mental disorder or weakness with less intelligence (subnormal) since the development period (since birth or since childhood). Usually there mental development is less overall, but the main symptom is the retarded intelligence (Maramis, 2005). Mental retardation is a weakness that occurs in the function of the intellect. The mental ability of mental retardation fails to develop fairly. Mentally, intelligence, feelings, and willingness are at a low level, so that the relevant experience of obstacles in adjustment (Kuntjojo, 2010).

Oral care should be done daily and depending on the patient's mouth condition. Teeth and mouth are an important part that must be maintained clean because through these organs various germs can enter. Mouth hygiene helps maintain the health status of the mouth, teeth, gums, and lips, brushing teeth from food particles, plaque, bacteria, guming and reducing discomfort resulting from unpleasant odors and flavors. Some of the diseases that may arise due to poor dental and oral care are caries, gingivitis (gingivitis), and canker sores. Good mouth hygiene provides a healthy and subsequent stimulating appetite (Tarwoto, 2010).

According to the researchers the results of the analysis in this study is the relationship of parenting parents with personal hygiene (oral hygiene) in children mental retardation. This is because parenting given to the child can affect the ability of personal hygiene (oral hygiene) of mental retardation children, but also because there is a cause of parenting factors such as socioeconomic, educational, values religion adopted by parents, personality. This is based on each pattern of parenting having various forms and effects such as democratic parenting tend to child mental retardation has the ability to perform personal hygiene (oral hygiene).

Similar research has also been conducted by Arfandi (2013) Journal entitled "Family social support, self-care capability, child mental retardation" with a sample of 53 respondents. From the results of this study obtained the results that most self-care skills in children mental retardation in SLB Negeri Ungaran in most of the respondents category enough that is 29 (56.9%).

In addition, the appropriate parenting pattern is given to the child's parent in self-help children in self-care, will have a positive impact on children. The ability of the child to do personal hygiene independently will make the child responsible for the task, the child will independently do everything he wants to do, and the child will succeed through the stage of growth and development according to his age. Parents should be able to be friends for children, not impose the will of the child so that the independence of children can be formed properly including the independence of the ability to do personal hygiene.
IV. CONCLUSION

1. The results of the study of 30 respondents consisting of democratic parenting, authoritarian and permissive democratic as many as 24 respondents (80%).

2. Result of research from 30 respondents most of respondents ability of personal hygiene (oral hygiene) children mental retardation criteria enough that is 13 responden (43,3%).

3. There is a parenting relationship with the ability of personal hygiene (oral hygiene) in children mental retardation in SLB-C Dharma Wanita Pare Kediri in 2015, $\rho = 0.000 < 0.05$. With a coefficient of 0.778 the level of strong relationship.

V. BIBLIOGRAPHY


