

PERCEPTION OF STRESS IN MOTHERS WHO HAVE SPECIAL NEEDS CHILDREN AT SLBN 1 AND SLB YPPLB PADANG

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ABSTRACT

Background: stress is tension that occurs beyond a person's ability to cope. Stress is related with individual stimuli, events, responses, and interpretations. The same stress can be interpreted differently by different individuals. It is caused by cognitive functions, namely perception. One individual may experience mild stress, but another individual may experience severe or no stress. The stress experienced by mothers of special children needs is called parenting stress. This stress can cause disruption in the family and ineffective parenting. It could cause special needs children having problem to cope with and manage their emotions.

Purpose: to find out the perception of stress on mothers who have children with special needs at SLB Negeri 1 Padang and SLB YPPLB Padang.

Method: the type of research used is descriptive quantitative with a cross sectional approach. This data collection was taken using a questionnaire. **Results:** the results of the research related to the perception of stress of SPECIAL NEED CHILDREN mothers found that 9 mothers experienced mild stress (9.0%), 48 mothers experienced moderate stress (71.6%) and 13 mothers experienced severe stress (19.4%).

Conclusion: the majority of mothers have moderate stress perceptions.

Keywords : Stress., special need children., mother

INTRODUCTION

Children are a gift given by God to every married couple. Having healthy and normal children both physically and mentally is the hope of every parent. Not all children can be born perfect.¹ Children who do not develop normally are also called Children with Special Needs.² Children with special needs are children who have exceptionalities or limitations, both mentally-intellectually, physically, emotionally and socially, which can have a big influence on the process of development and growth compared to other children the same age.³

Children who are classified as children with special needs include those who are visually impaired, hearing impaired, speech impaired, mentally retarded, physically disabled, learning difficulties, slow learners, autistic, motor disorders, victims of drug abuse, illegal drugs and other addictive substances, have other disorders, and dual-impaired.⁴ Reporting from kemdikbud.go.id, the number of children with special needs in Indonesia has reached 1.6 million children.⁵ In the 2018, data collected by Riskesdas shown the highest percentage of children aged 24-59 months who experienced disabilities were visually impaired (0.17%).⁶

Mother is a figure who plays a very important role in the process of child growth and development in the family. The mother is seen as the person with the closest relationship because of her connection in the overall child care process.⁷ Mother is the first person to guide children in learning about life. Mothers are also responsible for educating and caring for children. A child's good and bad behavior depends on the mother's personality in caring for her children. Caring for children with special needs is very difficult, difficult for mothers to process their emotions. Emotions that are not well controlled will have an impact on the mother's mental condition.¹

The emotional reactions that can arise for mothers who have children with special needs are positive and negative reactions. Positive reactions include feeling happy, affectionate and having confidence in their child's improvement. Meanwhile, the negative reactions are sadness, disappointment, confusion, depression, suspicion and feeling guilty.⁸ This affects the mother's psychological condition, such as experiencing symptoms of depression, anxiety, worry, feelings of hopelessness and stress.¹ Stress is a tension that occurs beyond a person's ability to overcome a

process that includes stimulation, events, events, responses and individual interpretations.⁹

There are three factors that trigger stress, namely individual, family and environment. Stress can have an impact on two aspects, namely physically decreasing the body's immune system so that it is easily attacked by disease and psychologically the emergence of negative feelings including feeling depressed, lonely, sad, resentful, hate and feeling useless.⁹ The same stress can be interpreted differently by different individuals. This is because every individual has one cognitive function, namely perception.¹⁰ This stressful condition is referred to as perceived stress. One individual may experience mild stress, but another individual may experience severe stress or others may not experience it at all.¹¹

The stress experienced by mothers of children with special needs is called parenting stress.¹² Parenting stress can arise due to problems such as children's behavior problems, children's abilities, ties with other family members, costs for children's needs, children's education, children's medication and lack of social support.¹² The impacts of this stress include causing disruption in the family and ineffective parental care so that children find it difficult to overcome and manage their emotions.¹³ Another impact resulting from parenting stress is that there is a change in the caregiver's attitude towards the child and causes changes in behavior for the caregiver. Behavioral changes that occur include good parenting, neglect and even harshness.¹⁴

Several research results show that having children with special needs can cause stress in parents, especially mothers, in the results of research conducted in Bangladesh, parents who have children with mental retardation (tanagrahita) experience higher stress compared to parents who do not have children without mental retardation 34.27%.¹⁵ Research results of Hendrikus *et. al* . (2020) shows that 20.5% of mothers of children with special needs experience severe stress.¹⁶

Based on the background above, the problem formulation in this research was obtained, namely how is the perception of stress in mothers who have children with special needs at SLB Negeri 1 Padang and SLB YPPLB Padang. The aim of this research is to determine the perception of stress in mothers who have children with special needs at SLB Negeri 1 Padang and SLB YPPLB Padang.

MATERIALS AND METHODS

The type of research used was descriptive quantitative with a cross sectional approach, to determine the perception of stress in mothers who have children with special needs at Sekolah Luar Biasa (SLB) Negeri 1 Padang and SLB YPPLB Padang. This data was collected using a questionnaire. This research covers the medical field, especially psychology. This research was conducted at SLB

Negeri 1 Padang and SLB YPPLB Padang. The research was carried out in March 2021 – February 2023.

The sample for this study was all mothers who have children with special needs at SLB Negeri 1 Padang and SLB YPPLB Padang who met the inclusion and exclusion criteria. The minimum sample in this research was 63 people.

This research uses materials in the form of stationery and paper containing the Perceived Stress Scale (PSS-10) questionnaire to produce appropriate answers to the problems in question. The tool used in this research is the Perceived Stress Scale (PSS-10) questionnaire created by Sheldon Cohen and proven to be standardized and has a high level of reliability and validity. (Nahdah *et al.*, 2022)

This research began when researchers had obtained permission from the Faculty of Medicine, Bairurrahmah University, with the Health Research Ethics Code of the UNBRAH Faculty of Medicine. Data is taken from respondents who have filled out a questionnaire and met the inclusion criteria which will be carried out in 2022. Data collection on the variables required is the mother's age group, mother's highest level of education, mother's employment status, family income, number of children, gender of special need children age of special need children, classification of special need children and stress levels of mothers who have special need children. In this research, data analysis was carried out by computer using SPSS to obtain the frequencies and percentages studied.

Data obtained from the results of distributing questionnaires were then analyzed using descriptive analysis statistics . Univariate analysis was carried out on each variable contained in the study. This research aims to determine the description of the mother's age, the mother's highest level of education, the mother's employment status, family income, the mother's number of children, the gender of the SPECIAL NEED CHILDREN, the age of the SPECIAL NEED CHILDREN, and the classification of the SLB SPECIAL NEED CHILDREN as well as the stress level of mothers who have children with special needs at SLB Negeri 1 Padang and SLB YPPLB Padang in table and narrative form.

RESULTS

This research contained a questionnaire that had been printed, then distributed directly to SLB Negeri 1 Padang and SLB YPPLB Padang schools to collect data regarding the perception of stress in mothers who have children with special needs at SLB Negeri 1 Padang and SLB YPPLB Padang and collected 67 respondents. This questionnaire contains questions about the identity of the respondent and 10 questions to determine the perception of stress of mothers who have children with special needs at SLB Negeri 1 Padang and SLB YPPLB Padang.

Respondent Characteristics

Table 1. Respondent characteristics

Characteristics	F	%
Mother's Age		
- 26-35 years old	4	6.0%
- 36-45 years old	26	38.8%
- 46-55 years old	29	43.3%
- 56-65 years old	8	11.9%
Mother's Last Level of Education		
- No school	1	1.5%
- Elementary School	11	16.4%
- Middle School	6	9.0%
- High School	35	52.2%
- S1/Equivalent	12	17.9%
- S2/Equivalent	2	3.0%
- S3/Equivalent	0	0.0%
Mother's Employment Status		
- Work	19	28.4%
- Doesn't work	48	71.6%
Family Income		
- Low	17	25.4%
- Currently	28	41.8%
- High	14	20.9%
- Very high	8	11.9%
Number of children		
- 1	6	9.0%
- 2-5	55	82.1%
- ≥6	6	9.0%
Gender of SPECIAL NEED CHILDREN		
- Male	42	62.7%
- Female	25	37.3%
Age of SPECIAL NEED CHILDREN		
- 5-11 years	16	23.9%
- 12-16 years old	30	44.8%
- 17-25 years old	21	31.3%
Classification of SLB SPECIAL NEED CHILDREN		
- SLB-A (Visual)	13	19.4%
- SLB-B (Hearing)	52	77.6%
- SLB-C (Intellectually)	1	1.5%
- SLB-D (Headless)	1	1.5%
- SLB-E (Tunalaras)	0	0.0%
- SLB-G (dual disabled)		

Low (≤1,500,000/month), Medium (Rp. >1,500,000–2,500,000/month), High (Rp. >2,500,000–3,500,000/month), Very high (Rp. >3,500. 000/month)

The research results showed that the frequency distribution of perceived stress among mothers who have children with special needs at SLB Negeri 1 Padang and SLB YPPLB Padang is described as follows: Based on table 1 regarding age groups, it is known that the majority of mothers are aged between 46-55 years (43.3%). It is known that the majority of mothers have a high school education or equivalent (52.2%). Most mothers do not work (71.6%).

Family Income has a medium family income (41.8%). Based on table 1, it is known that the majority of mothers have children in the range of 2-5 children (82.1%). Most of the SPECIAL NEED CHILDREN respondents were male (62.7%), with an age range of 12-16 years (44.8%). Most of the SPECIAL NEED CHILDREN were in SLB C class or mentally retarded (77.6%).

Stress Perception of Mothers With Special Need Children

The research results showed that the frequency distribution of perceived stress among mothers who have children with special needs at SLB Negeri 1 Padang and SLB YPPLB Padang based on the stress perception of special need children mothers is described as follows:

Table 2. Frequency distribution of perceived stress among mothers who have children with special needs

Stress Perceptions Of Mother With Special Need Children	F	%
Mild	6	9%
Moderate	48	48%
Severe	13	19.4%

Based on table 2, it shows the level of stress perception of mother with special need children at SLB Negeri 1 Padang and SLB YPPLB Padang. The majority of respondents fell into the moderate category, 48 respondents (71.6%), while in the mild category only 9 respondents (9.0%) and in the severe category 13 respondents (19.4%).

DISCUSSION

Respondent Characteristics

Mother's Age

Based on the characteristics of the respondents, it was found that the majority of respondents in this study were in the 46–55-year age group (43.3%). Based on research conducted by Sefira et. al. 2017, the largest age group was 46-56 years (37.5%).¹⁴ The ideal maternal age during pregnancy is between 20-35 years of age. As you get older, the organs in your body will also age, resulting in changes that make it more likely that you will be exposed to disease during pregnancy, especially those over 35 years of age. Diseases that may occur include preeclampsia/eclampsia, hypertension, heart and blood vessel disease and diabetes, which can have a bad impact on pregnancy and the risk of complications at this age also increases.¹⁷

Based on Ikawati's 2017 research, it was also stated that pregnant women aged over 35 years were associated with the incidence of children with mental retardation aged 6-17 years.¹⁸ Research on mothers who give birth to children aged 35 years and over is at risk of giving birth to a child with Down syndrome 4.8 times more than mothers aged under 35 years.¹⁹ This research is in line with research on the significant relationship between maternal age at

pregnancy over 35 years and children who have Down syndrome in SLB Negeri Batam City in 2018.¹⁹ Research conducted in the United States explains that 1 in 300 births suffer from Down syndrome (mental retardation) at the mother's age over 35 years. In old age, failure to separate chromosomes in the meiosis phase can occur as well as the condition of the egg cells will become less good, resulting in division errors when fertilized by spermatozoa. In addition, in old age there are sudden endocrine changes such as a decrease in hydroepiandrosterone levels, a decrease in systemic estradiol concentrations, an increase in the hormones FSH (Follicular Stimulating Hormone) and LH (Luteinizing Hormone), an increase in androgen secretion, and changes in hormone receptor concentrations during menopause or before menopause so it can also increase the risk of nondisjunction.²⁰

Mother's Last Level of Education

Based on the mother's highest level of education in this study, the majority of respondents had a high school or equivalent education (52.2%). Based on research, the majority of parents who have children with special needs (Autism), have high school or college education (39.5%).²¹ Research conducted by Putri et. al. 2019 also states that the majority of parents of children with autism have secondary or high school/equivalent education (41%).²²

Maternal education can influence the mother's nutritional status, where mothers with higher education have higher nutritional status compared to mothers with low education. High maternal education can increase family income and thus have an impact on the mother's nutritional status. High maternal nutritional status can reduce the incidence of mental retardation due to the reduction in the incidence of low birth weight babies. High levels of parental knowledge regarding the types of food that suit their needs, namely, containing nutrients, a balanced diet, the right frequency of feeding children, the function of various types of food including vitamins, proteins, carbohydrates, fats and minerals can support the child's nutritional status.²³

Mother's Employment Status

This research states that based on the employment status of mother with special need children, the majority of respondents are not working (71.6%). Based on Irbah's 2018 research, the majority of special need children were not working (76.05).²⁴ Based on research by Ramadhany et. al. 2017, states that the majority of special need children do not work (70.5%).¹⁴ Research Putri et. al. 2021, also states that the majority of parents with mentally retarded children do not work (76%).²⁵ Although a child's disability can affect the entire family, compared to the father, the mother has a greater impact on the child's disability. This is due to gender roles related to parenting and work. Fathers tend to work hard to meet the family's financial needs while mothers tend to be more involved with childcare.¹² Other factors taking care of special need children require more attention and

time. Mothers become less likely to work because of caregiving.²⁶

Family Income

Based on this research, the family income of the majority of respondents has a moderate income of > Rp. 1,500,000-2,500,000 (41.8%) while in research conducted by Hendrikus 2020, the majority had income < Rp. 1,000,000.¹⁶ Families who have low incomes are at high risk of having children with chronic health problems and disabilities.²⁶ According to the World Health Organization (2022), around 94% of severe birth defects are estimated to occur in middle and low-income countries.²⁷ Research by Ikawati et. al. 2017 also states that low or poor economic conditions can cause a 64% incidence of mental retardation.¹⁸ This is related to the possibility of increased exposure to agents such as alcohol and infections, lack of nutritious food for pregnant women, and poor access to health care.²⁶ Socioeconomic is everything related to meeting needs in terms of education, housing, food, clothing and health. Providing nutrition to children can be affected if the family has a low economy. Insufficient nutrition will affect a child's brain development.²⁸

Mother's Number of Children

This research states that the majority of mother had 2 children (38.5%).²⁹ Research by Noviyanti et. al. 2020, also stated that most of mothers with mentally retarded children, had 2 children (61.8%).³⁰ Research conducted by Khadijah et. al. states that multiparous mothers have almost twice the chance compared to primiparous mothers of giving birth to children with intellectual disabilities.³¹

Multiple pregnancies can disrupt the work of the uterine blood. This is due to damage to the walls of the uterine blood vessels due to repeated pregnancies so that the mother's nutrition for the fetus is affected and causes the fetus' brain to develop not optimally or is disturbed and can cause autism.³⁰ Parity is associated with the incidence of low birth weight babies. Mothers will be weak due to parity which is at risk due to frequent childbirth, pregnancy, caring for children and breastfeeding which can result in various problems such as malnutrition and suffering from anemia.³²

Gender of special need children

Based on this research, the majority of special need children's gender is male (62.7%). Based on research by Moch et. al. also stated that the majority of special need children were boys (62.5%).³³ In research conducted by Khadijah et. al. 2022, shows that compared to girls, boys are three times more likely to experience intellectual disabilities.³¹ Johnson & Myers, also stated that the predominance of autism is due to certain genetic processes that cause autism in males, gene imprinting and also the causative gene attached to the sex hormones. Women produce a lot of estrogen, thereby increasing the work of Retinoic Acid-Related Orphan Receptor-Alpha (RORA), a gene that regulates brain function. while men who produce a lot of testosterone actually inhibit the work of RORA.³⁶

Age of special need children

Based on the age of the special need children, the majority of respondent children were aged 12-16 years (44.8%). Based on research by Iswinarti et. al. 2020, stated that the majority of special need children were aged 10-15 years (36.2%).³⁵ Based on research by Cau Kim et. al. 2020, states that the majority of special need children are aged 12-17 years.²⁶ Based on research by Yani 2017, it also states that mothers who become pregnant at the age of over 35 years are associated with the incidence of children with mental retardation aged 6-17 years.¹⁸

Classification of special need children

In this study, most of children were classified in class C (mentally retarded) about 77.6%. Based on Juzri's research, the majority of special need children are mentally retarded.³⁷ Mental retardation is someone who has significantly below normal intelligence and during his development is unable to adapt his behavior. According to the Ministry of Women's Empowerment and Protection, mentally retarded children are the second most disabled people in Indonesia after the speech impaired, with the highest position being in the province of West Sumatra (0.66%).³⁸

MOTHER'S STRESS PERCEPTION OF SPECIAL NEED CHILDREN

Based on this research, the results of maternal stress perception were in the moderate category (71.6%). The majority of mother who had special need children mothers had moderate stress (51.76%).³⁹ Parenting stress can still occur even though parents are able to accept their child's presence because having a child with special needs is something unexpected and sometimes cannot be anticipated, causing stress. The presence of children with special needs also has the potential to be a stressor (source of stress) which is influenced by their perception as parents. This stress reaction will appear stronger if they consider the presence of a child with special needs as a burden in life compared to the idea that the presence of a child with special needs is a test to increase their faith in Allah. Before accepting the presence of a child with special needs, there are several stages that parents go through, namely:

1. Rejection (*denial*), this reaction arises to protect oneself which usually occurs, as an *emotional state* that makes parents not think clearly.
2. Anger, a negative emotional *reaction*
3. Bargaining, the stage of trying to comfort yourself and thinking about what efforts to make for the child's recovery.
4. Depression (*depression*), a stage of self-blame, despair and loss of hope
5. Acceptance, the stage of acceptance of the child's condition.⁴⁰

According to Ulima and Erny 2022, the mother's lack of experience and knowledge, the economy, the mother's

age and a stressful environment can cause stress in the mother. According to Hidangmayun, factors that influence parenting stress come from the characteristics of the parents themselves, namely, education, income, age, social support and parental employment and also come from the characteristics of the child, namely, the level of intelligence, age and gender of the child.⁴⁰

Based on the age of the parents, people aged around 40-60 years should be at the stage of enjoying life and the result of their hard work, however, the presence of children with special needs can reduce the quality of life of elderly mothers because of more pressure and burden. Based on education, parents who have higher education usually know the development stages and appropriate parenting styles of their children, while parents with low education tend to have limited intelligence so they dominate their children, lack understanding and lack knowledge of their children's developmental needs. Based on work, although parents, especially mothers, whether working or not working, can cause stress, working mothers have more stress than non-working mothers.⁴⁰

Based on income, parental stress can be influenced by parental income. This is related to a person's ability to fulfill their needs.²⁵ Parents whose economic income is low can create high levels of stress because they think cannot fulfill all their children's needs. Based on social support, stress reactions can be minimized if parents receive social support, especially from the extended family and received from the closest environment such as neighbors.⁴⁰

Based on the gender of the child, the interaction between mothers and daughters is much greater than sons. Based on age, caring for special need children requires patience because the process is very long and quite difficult. This difficulty is likely to continue until the child grows up. Children's development that is not in line with normal children and independence from special need children that cannot be expected to be a stressor or source of stress in itself for parents.⁴⁰

Parents can stay healthy, both physically and psychologically, if they can do effective coping in dealing with the stressors of caring for special need children. Coping is defined as behavioral and cognitive efforts to manage external and internal demands that are considered to exceed individual capacity, regardless of the negative or positive outcomes of these efforts. Coping is a response aimed at reducing emotional, physical and psychological burdens associated with stressful situations and daily problems. There are two types of coping strategies, namely:⁴⁰

1. Problem-focused coping

These are efforts made to reduce demands and stressors that affect a person's resources, starting from assessment, identifying problems, developing alternative solutions, to taking solution actions.

2. Emotion-focused coping

These are efforts aimed at managing chaotic emotions, including strategies for releasing emotions, denial, avoidance, seeking social support, and positive reappraisal.

The coping strategies implemented by parent who had special need children are adjusted to the type of problem they are experiencing. Problem focused coping is very necessary for problems related to selecting appropriate interventions. Children who experience retardation can be treated by optimizing the child's functioning according to their abilities because it cannot be cured, whereas children with developmental delays still have the opportunity to be stimulated. Emotional focused coping is needed when psychological, physical or behavioral stress reactions arise that require social support and emotional regulation from the environment.⁴⁰

CONCLUSIONS AND SUGGESTIONS

Based on the characteristics of the respondents, the majority of mother who had special need children were in the age group of 46-55 years, had a high school/equivalent education, were not working, had a medium family income and had between 2-5 children. Based on the characteristics of the respondent's children, the majority of special need children are male, aged between 12-16 years and in SLB C class (with mental retardation). Based on stress perception, the majority of mothers have moderate levels of stress.

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