



SELF-DEVELOPMENT LEARNING IN INCREASING ACTIVITY OF DAILY LIVING IN CHILDREN WITH MILD MENTAL DISABILITY

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Abstract:

Children with mild mental disability have limitations to their intelligence and competency. It affects their capability in doing activity of daily living (ADL). Therefore, then, they depend on others and feel difficult to be independent individuals. Self-development learning is given to solve it. Where self-development learning in school, followed by professional teachers in their specific fields and using relevant strategy, method, and guidelines, is expected that children are able to do their activity of daily living independently, minimally for their simplest and personal activity of daily living. On the other hand, at least, they only rather need help from others. Therefore, then, the children do not depend on others and they can live independently.

Keywords: self-development learning, activity of daily living, mental disability

1. Introduction

Children with mild mental disability are children with special need facing inhibition in their intellectuality. Somantri (2005) suggested that “children with mild mental disability are conditions of children whose intelligence is lower than average signed by intelligence limitations and incapability to interact socially. While, children with mild mental disability are children who have IQ of 70-85 (Hallahan in Wardani, 2008).

Limited intelligence of children with mild mental disability makes the children face some inhibitions. One of the inhibitions is their inhibition in doing their activity of daily living, even if simple one. As suggested by Yusuf (2013), children with mild mental disability, in general, have limitations of capability to think, adapt socially, communicate and self-care. While, according to Astaty (2010), some of characteristics of

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children with mild mental disability indicate that they cannot continue, maintain and lead their friendship alone. For example, they need help for feeding, dressing and undressing, avoiding from danger, and controlling of time to play with other children.

Seeing the characteristics of children with mild mental disability, problem is difficulty in their daily life. The problem is associated with health and self-maintenance in their daily life; they face many difficulties. Maintenance of their daily life seriously needs guidance. Therefore, school is expected to give significant contribution to train and habituate the children to care for them. Problems frequently facing them are: problems to eat, brush their teeth, dress, wear shoes, and others (Astati, 2010).

Efforts to solve difficulties facing children with mild mental disability in doing their activity of daily living are to give self-development learning. One goal of self-development training is, after finishing the self-development learning, to make the children with mild mental disability live independently. They do not depend on others forever; at least, in doing their simplest activity of daily living.

Self-development learning should be given by competent teachers in field because a research indicates that many children with mild mental disability can be successful if some aspects help them, such as, aspect of competency and characteristics of teacher (Hoccut, 2006). Teacher as educator must certainly master of field. Teacher must be able to direct activities of learning for students to achieve objective of learning. Teacher must use appropriate method and strategy of teaching to avoid boring of students in taking process of learning. Therefore, teacher is required to actively find new method and strategy of learning students like.

2. Children with mild mental disability

Tunagrahita (mental disability) derives from words "tuna" and "grahita". Word "tuna" means inhibition or disorder; while word "grahita" means thought. Term tunagrahita is used to mention children with low intellectual capability implying in their capability to think and adapt socially. This condition has 2-3% of population (Amartas, 2009).

Mentally disabled children are children with mentally disabled condition, this condition is also known as mental retardation. Mentally disabled children have IQ under average than normal children, so that it causes their function of intelligence and intellectuality fail, causing other problems facing their development (Wikipedia, 2016). As suggested by Bergeon (2006), that cognitive capability of mentally disabled children tends to be "plain" and lower than other children at same age.

“One is called as Tunagrahita if he/she has the following factors: (01) general intelligence function retardation or his/her intelligence is under average; (2) incapability to behave adaptively; and (3) it occurs from his/her development process to age of 18 years old.”

(Yusuf et. al., 2013: 137).

According to Astaty (2010), children with mental disability are those whose intelligence is clearly under average. In addition, retardation faces them in self-adaptation to environment. They have less capability in thinking abstract things. They feel difficulty and complication. They are retarded, poor or unsuccessful in not only short time but also forever time. They are so not only in one thing but also in everything, especially in lessons such as writing, concluding contents of reading, using symbols, counting and all theoretic lessons. They are also less/retarded in self-adapting to environment.

In their activity of daily living, difficulty faces children with mental disability. As suggested by Munzayanah (2000), that children with mental disability are those experiencing disorder in developing their thinking force and all of their personalities are poor so that they are unable to live with their own force in both society and simple life way.

Children with mental disability are classified into several groups. Kemis and Rosnawati (2013) classify children with mental disability based on the following levels of intelligence:

1. Borderline level in education also called as slow learners with IQ of 70-85.
2. Educable mentally retarded with IQ of 50-75 or 75.
3. Trainable mentally retarded with IQ of 35-50 or 35-55.
4. Dependent or profoundly retarded with IQ under 25 or 30.

Children with mild mental disability are those experiencing inhibitions in intelligence and social adaptation, but they have ability to develop in field of academic study, social adaptation and ability to work (Wikipedia, 2016).

According to Effendi (2006:90), children with mild mental disability are children who are educable mentally retarded, those who are unable to follow programs in schools generally, but they have ability to develop through education even though their results are not at maximum.

Characteristics of children with mild mental disability, according to Astaty et. al. (2007), are as follows:

1. Although children with mild mental disability cannot be similar to normal children at same age, they can still learn to read, write, and count simply.

2. Children with mild mental disability can also still communicate and learn works only requiring *semi-skilled*.
3. At adult age, their intelligence achieve level as same as normal children at age between 9 and 12 years old.

One problem facing children with mild mental disability is a problem in daily life. This problem is associated with health and self-maintenance in daily life. Given limitations they have, children with mental disability experience many difficulties in handling their daily life, such as, to self-care for them. So, they need special guidance to train them in order that they can self-care for them.

Outline, it can be concluded that children with mild mental disability are children with IQ under average and they are unable to follow learning programs in schools generally, but they can still have potentials in education although their results are not maximum. Intellectual limitations of these children with mental disability make them less able to adapt to social environment around them. Their less skill in self-caring also affects their appearance and independence.

3. Self-development in Skill to Self-care

Self-development is a set of activities of development and training conducted by professional teachers in special education in planned and programmable forms for individuals who require special service, namely individuals experiencing motor-motion coordination retardation, intelligence inhibition, etc. so that they can do activity of daily living, whose goal is to minimize and/or eliminate dependence on others in doing activities (Rochjadi, 2014:5).

Activity of daily living is one's abilities and skills in daily life, starting from wake up to sleeping. These activities are usually known as *Activity Daily Living* (ADL). According to Yusuf (2013), self-development is an effort to give treatment to children with mental disability in order that they are able to manage them alone, can do their works associated with activity of daily living, can self-adapt to environment, and can use specific skills.

Self-development in activity of daily living consists of 7 skills as follows:

1. Skill to self-care, consisting of ability to maintain body such as taking bath, brushing teeth, caring for hair, and maintaining self-health and safety such as self-protection from surrounding dangers or curing of wound.
2. Skill to self-care, consisting of self-maintaining practically, manage personal needs such as food, drink, feeding, dressing, going to school, making up, and self-caring for health.

3. Skill to self-help, consisting of simple cooking, washing dress and doing home activities such as cleaning by broom.
4. Skill to communicate, consisting of communicative-expressive such as answering name and identity of family and receptive communication, namely, able to understand what others present.
5. Skill to socialize, consisting of skill to play, interact, participate in group, friendly in friendship, amble to respect others, responsible for self and able to control emotion.
6. Skill to live, consisting of skill to use money, skill to shop, and skill to work.
7. Need to fill spare time, consisting of exercise and art activities, and simple skills such as maintaining plants and animals.

4. Self-development learning

Self-development learning in Special Education School of Primary School is a lesson in 2013 curriculum, including group C (Specific Program) with learning load of 4 hours/week. It means that self-development learning given in school is relatively lower learning hour than other lessons such as 5-Principle, Citizenship, mathematic and Indonesian Language Lessons.

Learning of self-development given to children with mental disability is a vital step in their socialization process in social life (Akhmetzyanova, 2014). It is called as vital step because the learning of self-development is a step to train children with mild mental disability in activity of daily living so that, finally, children are expected to live independently and can socialize with people surrounding.

5. Objective of self-development learning

Objective of self-development learning is to develop capability of children with mental disability physically, psychically, emotionally and socially, in order that children are able to self-help, can do activity of daily living, can live socially without others' help. In short words, self-development of activity of daily living is expected to be useful in developing children to develop motor force, sensory force and sensory-motor force (Yusuf, 2013).

According to Depdiknas in Basuni (2012), objective of self-development education is to develop attitudes and habits in daily life to self-manage so that they can self-adapt to social life. Scopes of self-development for students with mental disability

at primary school level are: (a) effort to self-clean and self-make up, (b) cleanliness of environment and health, (c) dressing, (d) food and drink, (e) avoiding danger.

Objective of self-development furthermore is: generally to make children with mental disability independent and less dependent on others and have responsibility.

Specific objectives are:

1. To grow and increase competency of children with mental disability in individual performance management (self-care, self-help, self-maintain).
2. To grow and increase competency of children with mental disability in communication as to communicate them,
3. To grow and increase competency of children with mental disability in socialization (Rochjadi, 2014).

6. Principles of Self-development learning

According to Rochjadi (2014), principles of self-development learning consist of:

A. General Principles of Self-development learning

- a. Basic principles of Self-development learning: (1) associated with activities done by someone in meeting daily need of self-treatment and maintenance; (2) associated with function of self-development activities namely: developing main skills to maintain and meet personal needs, complete main tasks efficiently in social contact as to be accepted in environment, and increase independence.
- b. General principles of self-development activities: (1) assessment, namely natural observation, finding things belonging to children in various things and finding need of children; (2) safety; (3) poise; (4) independence; (5) confidence; (6) traditional manner; (7) appropriateness; (8) modification of tools and ways; (9) task analysis.
- c. Functional principles of self-development: these are services given in trainings of joint and muscle functions. The objective is to increase functions of muscular and joint motions to achieve optimal motion abilities suitable for standard motion of ROM.
- d. Supportive principles of self-development: training or development to increase motivation and confidence that they have developable ability. The objective is to implant confidence and motivation to have belief that retardation/disability facing them do not become inhibition to perform.
- e. Evaluative principles of self-development: activities of structured and sustainable services and development are evaluated for the achieved successfulness with standard development or normal standard competency.

- f. Principles of activity of daily living: development or training given leads to all activities executable in daily life. The activities start from wake up to sleeping again.
- B.** Special principles of self-development learning
- Special principles of self-development learning for children with mental disability are:
- a. Safety of children, it is main issue that must be considered.
 - b. It is executed when need appears.
 - c. It is given when children are eating, bathing, dressing, undressing, going to toilet.
 - d. Materials taught should be formulated operationally and measured easily.
 - e. New materials should continue using previous materials.
 - f. Reinforce should adapt to hobby of children taught at the time and have values different from unsuccessful children.
 - g. Avoiding everything that can move attention of children.
 - h. Using simple language.
 - i. Determining criteria of each meeting, children are assumed as successful if activities they do need no help.
 - j. Keeping consistence if the materials are developed by other teachers, the teachers should be similar to previous teachers.
 - k. Independence, children do not depend on others.
 - l. Confidence, children have belief in doing anything.
 - m. Tradition applicable to children should be teachers' attention.
 - n. Suitable for age, it means that materials are adapted to age of children (Rochjadi, 2014).

7. Techniques of Self-development learning

According to roc (2014), some techniques requiring attention in teaching skills of self-development in children are:

1. Modeling, showing to children what they must do.
2. Prompting, to do or say anything to help children understand what they must do.
3. Fading, to minimize demand gradually according to success of students.
4. Shaping, to divide activities into some shapes, for activities/works starting from the easy to the difficult.

7.1 Procedure of Self-development learning

Arrangement of self-development learning plan is directed to the following roles:

1. Self-development learning as process of learning in self. Children must get chance to learn optimally, whenever and everywhere. Implication is realized by giving chance to children to hear, see, experience and do.
2. Self-development learning as process of socialization. Self-development learning is not only to educate and make children skilled, but also to make children become responsible human.
3. Self-development learning as process of self-formation and development of children into independence (Roc, 2014).

Roc (2014) suggested that self-development learning consists of some aspects of development where one and others communicate and associate, namely:

1. Self-care: food-drink, body washing, keeping health.
2. Self-manage: self-dressing, making up.
3. Self-help: self-avoiding from and controlling danger.
4. Communicate: non-verbal, verbal, or oral communication.
5. Associate: self-statement, relationship to members of family, friends, and members of society.
6. Master of work: maintaining tools, mastering of skill, looking for job information, communicating results of work to others.
7. Sex education: differing gender, keeping self and tools of reproduction, self-keeping of touching to different sex.

Strategies of self-development learning are based on the following approaches:

1. Oriented to children' need and executed integrally and holistically.
2. Conducive environment. Environment must be created so attractive and comfortable considering safety and pleasure for children to learn.
3. Using integrated learning. Model of integrated learning starting from attractive theme for children in order that they can know various concepts easily and clearly so that learning becomes significant for children.
4. Developing life skills.
5. Utilizing various media and sources of learning. Media and sources of learning can derive from natural environment surrounding or materials consciously prepared.
6. Learning oriented to principles of development and ability of children/ characteristics of such learning are:
 - a. Children learn well possible if their physical needs are met, and they feel safe and calm psychologically.

- b. Learning circle of children repeats, starting from development of awareness, exploration, in order that children can use it.
- c. Children learn through social interaction with adults and peers.
- d. Developing life skills
- e. Developing and learning of children must consider individual difference.
- f. Children learn from the simple to complicated, from the easiest to the difficult (Rochjadi, 2014).

Some guidelines that must be considered to achieve successfulness for children in learning the self-development are:

1. Consider whether children have been ready (matured) to receive training, know children and accept children in all limitations.
2. Learn relaxing. Accept children if they make false even they are careful.
3. Learning should be given in simple way and short time step by step.
4. Show children ways to do anything truly by giving examples that are understood easily.
5. Use simple words.
6. Keep discipline/rule.
7. Praise children if they do well.
8. Stop learning if children do not experience progress in order that children do not feel frustration and failure.
9. Flexibility in using learning method. If one of methods is unsuccessful, the method can be analyzed again and adapted to children' ability.
10. Use similar terms, signs and methods in order that children do not feel confused.

7.2 Materials of Self-development learning

According to Yusuf (2013), self-development in activity of daily living can be classified into some fields as follows:

1. Field of self-appearance and attitude to develop personality properly, consisting of: (1) keeping clearance of body such as tooth brushing, bathing, facial washing; (2) maintaining dress such as washing and ironing; (3) choosing and wearing proper dress suitable for condition, weather and need; (4) repairing simple dress; (5) developing relationship development and politeness; sitting down properly, such as time of eating, at classroom, at home suitable for situation; (7) way to speak, way to walk and way to be guest; (8) self-making up such as combing hair and using face powder.

2. Fields of food and drink consisting of: (1) choosing types of food useful for health; (2) cooking rice and making side dishes; (3) way to arrange food desk and serve food; (4) procedure to eat politely; (5) way to keep food, drink and tools.
3. Field of ecologic health, consisting of: (1) implanting responsibility for ecologic health; (2) keeping room, home and environment clean; (3) introducing to institutions solving health issues such as hospital, local healthcare, villa polyclinic, etc.; (4) learning responsible for public health.
4. Field of simple tasks at home and school, consisting of: (1) appreciating home works; (2) maintaining furniture; (3) maintaining environment in order to keep pleasure in both home and school; (4) maintaining safe playground; (5) way to keep play tools; (6) habits to do tasks in classroom and school such as wiping blackboard, taking chalk, cleaning tables, arranging books; (7) habits to help teachers do light tasks in school.
5. Field of finance, consisting of: (1) implanting knowledge on money value; (2) using money economically and effectively; (3) fertilizing intention to save; (4) using properties economically.
6. Field of caring for young children, consisting of: (1) assisting mother to care for young children; (2) playing with younger brothers and sisters; (3) keeping safety and health well.
7. Field of first aid, consisting of: (1) ways to apply medicines to new wounds; (2) ways keep medicines; (3) ways to give simple assistances.

8. Conclusions

Limitations of capability and intelligence of children with mild mental disability affect their ability do activity of daily living. Even if activities are simple. They become dependent on others to care for them, it cannot continue until they are adults. Therefore, self-development learning is recommended to give to school to train their skills in doing their activity of daily living. Self-development learning is a special program learning given by professional teachers in fields. Objective of given self-development learning is to make them seriously depend on others, at least for very simple skills such as self-care for them consisting of skills to eat and drink, skills to wash hands and feet, skills to take bath, skills to wash hair and skills to brush teeth. Of course, various strategies and guidelines of self-development learning are considered for children with mild mental disability.

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