

ANXIETY OF CHILDREN WHO HAVE MENTAL RETARDATION AT BINA PUTRA SPECIAL SCHOOL

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Abstract

Anxiety is a psychological problem that has many types and can affect everyone from children to teenagers and parents. Prolonged anxiety will cause interference that will affect growth and development, both in normal children and children with special needs such as mental retardation. Mental retardation is someone who has limited intellectual functioning, intelligence functions, limitations in socializing and limited adaptive abilities that cause disrupting effects of the process of cognitive, psychomotor development and experience immature emotions which results in children being irritable, depressed, unable to hold back and experiencing anxiety excessive. The aim of this study was to obtain data related to the percentage of anxiety symptoms in girls and boys with mental retardation. This study uses a quantitative method with a descriptive approach and respondents in this study are students who experience mental retardation at the Bina Putra Special School. Data collection techniques used a measuring device based on the Glasgow Anxiety Scale by Midham J. and Espie, C. which has been adapted into Indonesian. The results of this study showed that 19 male students with mental retardation were identified 14 students had anxiety disorders and 18 female students with mental retardation were identified 16 students had anxiety disorders. This can be caused by several factors, including: problems in the family, the school environment, both stressors from school activities, teachers and schoolmates.

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1. Introduction

Anxiety or involving is a part that often occurs in everyday life. Anxiety is usually also a sign of danger. However, for most people, this is the most that can be done on days like school, working at rest. Anxiety is a common thing but not handled properly will be a health problem and other problems.

Steven Schwartz in his book said, anxiety is similar to fear but not specific. While fear is usually a response to many direct threats, anxiety is characterized by concerns about the unexpected danger that lies ahead. In addition, in a book entitled Child and Adolescent Developmental Psychology, written by Gunarsa and Singgih in 2008, anxiety is a feeling of worry, fear of unknown causes (Gunarsa and Singgih, 2008). Anxiety is also a determinant of behavior, behavior that is shown is usually like the fingers on the hands feel cold, fast heartbeat, sweating, headaches, decreased appetite / excessive, tightness in the chest and difficulty sleeping (Roberts CK, 2012).

Anxiety is a psychological problem that has many types and can affect everyone from children to teens and parents. According to data from RISKESDAS in 2013 there were around 14 million people or 6% who experienced depression and anxiety disorders at the age of 15 years (Ati and Rosnawati, 2013). According to data sourced from the National Institute of Health in the United States, anxiety and depression are mental disorders that are now the most common psychiatric illnesses, with an average of 38 million people suffering anxiety and depression each year (Syamsuddin, 2011).

Anxiety can occur due to various forms of stressors that can trigger depression, anxiety, and stress in school-aged children. This can be in the form of stressors in the family, the school environment, both stressors from school activities, teachers and school friends (Huriastul Masdar, 2016). The school environment has a role in shaping the psychological of children, and therefore schools must create a sense of comfort for children, especially for

children with special needs. Children in Elementary Schools aged 6-12 years often experience anxiety when they lose the attention of affection, and quality support from teachers and their parents (Rahmayanti, 2014).

Psychological disorders such as feeling prolonged anxiety will affect growth and development, both in normal children and children with special needs such as mental retardation. Mental retardation is often touted as a person who has mental retardation from birth. Kemis and Rosnawati (2013) explain "mental retardation is someone who has intelligence under normal intelligence, with an IQ score of 70 or less, intelligence that is lower than a normal child, obviously this will hamper all of his daily activities, in socializing, communication, and what is more visible is the inability to accept academic learning as children of their peers" (Kemis and Rosnawati, 2013).

In its development, children who are mentally retarded face obstacles or delays in their mental development, with an inability to learn and adapt to the level of normal children so that they need special education services. The special education services in question are inclusive education that is tailored to the abilities of children. Mental retardation children have several general characteristics namely, intelligence limitations, social limitations, cognitive and psychomotor development limitations.

Children with mental retardation have limited intellectual functions, intelligence functions, limitations in socializing and limited adaptive abilities that cause the effect of disrupting the process of cognitive development, psychomotor and experience immature emotions that result in children easily angry, depressed, less able to hold back and experience anxiety that overdo it. Mental retardation also causes children to be sensitive and need attention as well as assistance in terms of learning abilities and self-care. Repeated practice of something you want to learn, both language and the ability to look after yourself, can help the learning process and sometimes patients can do it themselves without help.

According to the American Association on Intellectual and Developmental Disabilities (AAIDD) mental retardation or mental retardation is a disability characterized by significant limitations in intellectual functioning and adaptive behavior, which includes many social skills and everyday social practices. This disorder occurs before the age of 18 years. Until now there has been no data regarding the description of anxiety levels in children, especially in the City of Salatiga. This study aims to obtain a description of the level of anxiety risk in children with Mental Retardation at SLB Bina Putra Salatiga.

Based on the background above, this study was conducted to describe the condition of mental retardation children in elementary school level in one of the Salatiga Extraordinary Schools. This study aims to describe the level of anxiety symptoms in

girls and boys with mental retardation.

2. Method

This study uses a quantitative research design with a descriptive approach, namely research conducted to describe existing phenomena using numbers to determine individual or group characteristics. This study assesses the nature of the conditions that arise. Respondents in this study were students who experienced mental retardation at Bina Putra Extraordinary School. Data collection techniques used a measuring tool based on the Glasgow Anxiety Scale by Midham J. and Espie, C. which had been adapted into Indonesian. Glasgow Anxiety measurement tool has passed the validity test phase by correlating the score of each item with the total score which is the score of each item, the results of the validity test indicate that the measuring instrument is feasible to use because it has a score of 0.3 items (Sugiyono, 1999). Furthermore, the measuring instrument also passes the reliability test stage to see the extent to which measurements can provide relative results if given measurements again with the same measuring instrument. The results of the reliability test show the number 718. Reliability is expressed as a reliability coefficient if the number is in the vulnerable 0 - 1.00, the more the reliability coefficient close to 1.00 means the higher the reliability and vice versa if approaching 0 means the lower the reliability (Azwar, 2000). Glasgow Anxiety Scale itself is used to determine the level of anxiety of respondents. The measuring instrument consisted of 27 questions with 26 negative questions and 1 positive question, respondents were identified as having symptoms of depression if they had a final score of more than 15. The sampling technique used total sampling with a total population of 37 students. The time spent in this study is approximately 60 minutes.

3. Results

The results of anxiety symptoms in Bina Putra SLB students are presented in tabular form which can show the percentage of respondents. The following is the profile of respondents.

Profile of Respondents

This research was conducted at an Extraordinary School at the Elementary School level involving 37 students. Respondents who participated in this study were students from grade 1 to grade 6 elementary school, with the characteristics of age 7 years to 14 years.

Table 1. Profile of Total Respondents

GENDER	Frequency
Male	19
Female	18
Total	37

Table 1 shows that the number of participants was 37 respondents with the most being dominated by 19 male students and 18 female students.

Anxiety Symptoms Results

Table 2. Results of the Glasgow Anxiety Scale Questionnaire

GENDER	Total responden (n): 37 student Female = 18student Male = 19student			
	RISK		NO RISK	
	F	%	F	%
Female	16	89%	2	11%
Male	14	74%	5	26%

Table 2 shows the anxiety symptom scores in 37 students who were divided into 2 groups, namely the results of anxiety symptoms in female students and the results of anxiety symptoms in male students. Anxiety symptoms were measured using the Glasgow scoring questionnaire.

Table 2 shows that students were identified with anxiety, and female students were identified with a high score of 89%. Whereas the score for men is 74%. Both are identified as having anxiety. Based on the results of the questionnaire, the points that cause the most anxiety are the points with questions relating to how to socialize and do new things. Of the 37 children there were 35 children who answered anxiously to socialize and deal with new things.

4. Discussion

Based on data obtained from the results of a study of 37 students, there were 30 students identified as having anxiety disorders, this shows that the majority of students with mental retardation in SLB Bina Putra are at risk of experiencing symptoms of mental disorders. The results of the anxiety percentage in women is 89% and the percentage for men is 74%, both results show that both are identified as having an anxiety risk with high anxiety results in women and only 7 participants are not identified as anxiety disorders.

Researchers include research results by Dewie relating to anxiety and gender differences where the results are female students have a higher level of anxiety than men, especially anxiety in cognitive aspects. Anxiety in female students arises as a result of thought processes. Female students are also more easily influenced by environmental pressures compared to men (Dewie Retno, 2007). The statement was corroborated by the results of an anxiety study by Huriatul Masdar in his journal entitled Depression, Anxiety and Stress, and its relationship to adolescent obesity, saying that women are more likely to suffer from depression and anxiety than men, which can be caused by many factors including women who are less assertive and focus

more on the symptoms they experience than boys. Conversely, boys tend to direct it to certain physical activities such as watching television and being aggressive. In addition, girls are less dominant and less aggressive, physically and verbally, in their interactions with their groups (Huriatul Masdar, 2016).

Anxiety develops over a certain period of time and depends on the life experience of the person as a whole. The cause of anxiety cannot be known for certain because anxiety disorders such as other forms of mental illness, but are usually caused by biological factors and environmental stress. Special events and situations can accelerate the onset of anxiety symptoms. According to Savitri Ramaiah there are several factors that indicate anxiety reactions, including: the environment, depressed emotions, and physical causes (Savitri Ramaiah, 2003).

Mental retardation or mental retardation is included in the group of children with special needs. Mental retardation has mental and behavioral abnormalities that result in disruption of intelligence and disruption of physical abilities. Children with mental retardation certainly have characteristics such as being slow in learning new things, lack of speech, physical disabilities and the development of motion, behavior and interactions that are less reasonable and continuous. Mental retardation children will also experience difficulties in expressing their desires, thus making mental retardation children feel anxious or worried (Ati and Rosnawati, 2013).

Anxiety experienced by children with mental retardation can make it more difficult for them to develop. Anxiety can cause doubt, tremble / not dare to things that are not concrete, pseudo, or unclear. Davidson supports this idea by arguing that anxiety is defined as a psychological state characterized by pressure, fear, anxiety, and threats from the environment (Davidson, 2000).

From the description above, signs of anxiety are conditions that identify an individual experiencing an emotional change that can develop into a pathological state and continue so that it requires anticipation so that the mental health of a child's mental retardation is maintained.

5. Conclusion

Based on the results of the study it can be concluded that of the 19 male students with mental retardation there were 14 students identified as having anxiety disorders and of 18 female students with mental retardation identified 16 female students experiencing anxiety disorders at the elementary school level especially at the Salatiga Extraordinary School. Based on the results of the discussion it can be concluded that anxiety between male and female students there are different results. Female students have higher anxiety values than men, especially anxiety in cognitive aspects. Anxiety disorders that are identified in students such as worrying about

things that are uncertain and prolonged feelings of sadness.

6. Suggestion

This study only shows a general description of the anxiety percentage of children with mental retardation at the time of the study by sex comparison. Anxiety measurement tool with a standard questionnaire that has been adopted in the Indonesian translation. While factors that might influence such as demographic profile are not examined, so for the future development of this study, other variables can be added according to the factors that support research. Schools can make this research as a reference for teachers and parents by checking regularly. This research can be done again with more than one measurement until the results that appear are considered quite valid.

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