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## Overview of Coping Mechanism Mother of Children with Disabilities in Special Elementary School Tompokersan Lumajang

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### ABSTRACT

Mothers who have children with disabilities have many problems and barriers. The research aims to describe mother's coping mechanisms for children with disabilities in Special Elementary School Tompokersan Lumajang. Respondents in this study were 54 mothers that were taken with purposive sampling technique with brief cope instrument. The result showed mother's age have a median value of 39.50 years and the child's age have a median value of 11 years. Mothers who have children with disabilities have 1 child with disabilities in the family (96.3%) in order of disabled children in the main family of the first child (55.4%). The majority of mothers' last education is elementary school (35.2%) and The majority of the marital status is married (96.3%). Types of disabilities that are mostly experienced are intellectual disabilities (61.1%). The description of a mother's coping mechanism in children with disabilities has a mean of 86.46. It is shown that the dominant indicators for respondents include religion (mothers believe there is wisdom in the problem), behavioral disengagement (mothers fulfill their education rights and provide therapy or medication), and substance use (mothers do not use drugs to protect themselves). Further researchers can identify mother's motivation in caring for children with disabilities

**Keywords:** coping mechanism, mother, disabilities

## INTRODUCTION

Every parent wants their child to be in good health, both physically and mentally. However, not a few parents have children with privileges, namely those with disabilities (Andromeda, 2018). According to the Law of the Republic of Indonesia number 35 of 2014, children with disabilities are children with physical, mental, intellectual, and sensory limitations for a long time. When disabilities interact with their environment and attitudes of society, disabilities can encounter problems or obstacles that make it difficult for them to participate fully and effectively based on equal rights (Lestari, Adyas, Rachmawati, Ardesa, & Pasaribu, 2018). The characteristics of disability are that it looks unusual in the form of body parts that have disabilities, movement and mobility are very limited, there pain in certain parts, dependence appears to always be assisted in carrying out activities. Children with disabilities will experience obstacles that will become more complex along with the increasingly complex characteristics of their disabilities (Aripah et al., 2019).

Disability is divided into 4 types, namely people with physical disabilities, intellectual disabilities, mental disabilities, and sensory disabilities. In the 2018 Riskesdas data, it was found that 3.3% of children aged 5-17 years had a disability (Data and Information Center of the Indonesian Ministry of Health, 2019). It is estimated that 150 million children in the world live with disabilities. Four out of five children with disabilities are in developing countries (Sukeri et al., 2017), In Lumajang there are 632 children with disabilities (BPS, 2019)

Parenting children with disabilities requires skills to reduce the problems that may occur in parenting. Parenting a child with a disability requires more responsibility. Not a few parents of children with disabilities experience confusion in parenting (Andromeda, 2018). According to Kyle and Carman (2015), parents need time to be able to accept the child's condition even though in the end there are still parents who have not been able to accept their child (refused) (Rismawan et al., 2019). For children with disabilities, it takes the involvement of parents, especially mothers to take care of who has a big influence on the success of children with disabilities (Aripah et al., 2019). In caring for children with disabilities, mothers experience obstacles in meeting their information needs, social support, financial support, receiving community services, and other needs (Sukeri et al., 2017). Mothers who have children with disabilities are prone to stress (Andromeda, 2018). Mothers who have children with disabilities will experience a lot of pressure, including feeling

like they have failed to give birth to children and look after children. In addition, mothers will receive unpleasant responses from others such as giving bad and inappropriate attitudes to children with disabilities so that children become the center of attention because they are considered unnatural or strange. In addition, mothers can also experience stress related to risk factors such as a closed personality, social stressors such as bickering every day because they have a disabled child and feel they are considered the cause of a disabled child (Aripah et al., 2019). In the results of research that examines the stress of parenting mothers who have children with disabilities, especially children with cognitive barriers, 1 respondent has low stress, 36 experiences high stress and 3 other mothers are very high (Kristiana, 2017). Besides stress, another problem faced by mothers is anxiety. Disability conditions can cause parental reactions, especially mothers, to be anxious. Anxiety in mothers is caused by high demands on the fate of children in the future which are not balanced with knowledge and understanding of children's abilities. In this case, the mother is very worried about education and also the work that will be obtained by the child in the future. The mother even felt hopeless and also experienced depression. From a study, it was found that the anxiety experienced by mothers with children with disabilities was mild as much as 64%, moderate anxiety 29%, and severe anxiety by 7%. In the journal, it was stated that the research conducted was by following per under one journal and contrary to 2 other journals which obtained data that most mothers experienced severe anxiety (Nasir, Rindayati, & Susilowati, 2018).

In a study, it was found that the unmet obstacles for mothers with children with disabilities include maternal expectations, internal and external support, the role of health professionals as well as bureaucratic policies and resources to survive and maintain care (Sukeri et al., 2017). Mothers will pay attention to children with disabilities by helping children to be useful in the future. One form of mother's concern is by helping in the field of learning, providing education before school by being put in a therapy place first and followed by placing her in special and general schools (Aripah et al., 2019). Special elementary school is a formal school that can serve students with special needs (Supriyanti, 2018) Special elementary school is the second level of education from special kindergarden, special elementary school, special junior high school, and special senior high school (Toharudin & Yusuf, 2020). According to the annex to the Regulation of the Minister of National Education Number 33 of 2008, one special elementary school can serve a minimum of 6 study groups while the , special junior high school and special senior high school have at least 3 study groups (Minister of National Education, 2008). According to a literature study on data from the Ministry of Education and Culture for the 2019/2020-2 data semester, Special Elementary School Tompokersan Lumajang has more study groups than other Special Elementary School located in Lumajang Regency, namely, there are 22 study groups while at Special Scvhool Samala Nerugrasa there are 12 study groups. For the 2020/2021 academic year, 117 students studying at Special Elementary School Tompokersan Lumajang.

Of the various problems experienced by mothers who have children with disabilities, mothers need coping that is used to solve the problems they face. Coping is a method used by a person to cope with stress (Brink & Wood, 2000). Coping can come from internal or external (Andromeda, 2018). Carver and Weintraub also classify coping into 3 which are almost similar to Lazarus and Folkman, namely, problem-focused coping, emotion-focused coping, and dysfunctional coping. Within each classification, several subclassifications that will later be used in overcoming individual problems (García et al., 2018).

Parents want to have children who are physically and mentally healthy but some of them have special advantages (Andromeda, 2018). The mother will initially reject this fact but the mother will later try to understand and seek to heal the child. Mothers have more free time to care for and take care of their children, so it is not uncommon for mothers to be stressed (Erina & Sitompul, 2019). To overcome this stress, coping is needed, especially for mothers as the main caregivers for children with disabilities. In addition to stress, anxiety is also something experienced by mothers with children with disabilities. The results of Kumar and Akhtar's research stated that mothers with children with disabilities experienced higher anxiety (Ariesti & Ardani, 2017). Coping mechanisms will be used by mothers who have children with disabilities to suppress problems or minimize problems experienced by mothers such as anxiety, stress, depression, and other problems that have been described previously so that mothers can remain stable. So it is very important to do research related to the coping mechanisms of mothers with children with disabilities. From this background, the researcher is interested in researching the "Description of the Coping Mechanisms of Mothers with Children with Disabilities at Special Elementary School Tompokersan Lumajang ". It is hoped that this can be a research study to describe how the coping mechanisms used by mothers who have children with disabilities are physically disabled, intellectually disabled, and disabled. mental and sensory disabilities.

## METHOD

The research design used is descriptive-analytic research. In determining the sample, the researcher used the purposive sampling technique. With a sample of 54 respondents. The data collection technique used a brief cope questionnaire which was accessed on a google form and distributed via WhatsApp and also a door to door to mothers who did not have a smartphone. Researchers took data at school by distributing google forms through an application on a smartphone, namely WhatsApp to the principal, then sent it to the homeroom teacher and distributed it to the homeroom teacher. The link is filled by 6 respondents. Parents with problems in filling out the questionnaire filled out the questionnaire directly using the door-to-door method. Researchers visited respondents' homes one by one with the application of health protocols, namely by using a medical mask or cloth mask using a face shield, washing hands, and keeping a minimum distance of 1 meter. The questionnaire was filled out by 48 respondents. Data analysis used univariate analysis with one variable data, namely the coping mechanism of mothers with children with disabilities at Special Elementary School Tompokersan Lumajang. The data on maternal coping mechanisms were analyzed by the Kolmogorov Smirnov normality test because the sample was 54 or more than 50. The data were normalized with a result of 0.200 ( $p > 0.05$ ). The presentation of the data is presented in the form of data on the size of the concentration and spread. Normal data distribution used the mean as a measure of centering and standard deviation for data distribution (Dahlan, 2016).

The characteristics studied included maternal age, age of children with disabilities, last education, type of disability, marital status, number of children with disabilities in the family, and the order of children with disabilities. The data on the age of the mother and the age of the child with disabilities were included in the numerical data and were tested for normality with an abnormal result of  $p < 0.05$ . So that the data distribution is used the median as a measure of concentration and the maximum-minimum for the spread (Dahlan, 2016). Data on types of disabilities, marital status, number of children with disabilities in the family, and the order of children with disabilities are included in nominal data. While the latest education data entered into ordinal data. The data is presented in the form of frequency and percentage. The ethics of this research was carried out with an ethical feasibility test at the Faculty of Nursing, University of Jember No. 38/UN25.1.14/KEPK/2021

## RESULT

### Mother Characteristics

Characteristics of respondents include maternal age, age of children with disabilities, last education, type of disability, marital status, number of children with disabilities in the family, and the order of children with disabilities. Based on the results of research at Special Elementary School Tompokersan Lumajang, the characteristics of the respondents are found in table 1.

Based on table 1, it can be seen that the median age value of mothers who have children with disabilities in Special Elementary School Tompokersan Lumajang is 39.50 with a minimum value of 30 years and a maximum of 57 years. For children, the median value obtained is 11 years old with an age range of 7 to 16 years. The majority of mothers who have children with disabilities in Special Elementary School Tompokersan Lumajang have 1 child with disabilities in the family with a percentage of 96.3%. The order of children with disabilities in the majority family is the first child with a percentage of 55.4%. The last education of mothers who had the most respondents was elementary school as many as 19 mothers (35.2%). The type of disability that most children have are those with intellectual disabilities, 33 children (61.1%). And the last characteristic is the marital status of the majority married 52 mothers (96.3%).

Table 1. Characteristics of Mothers in Special Elementary School Tempokersan Lumajang (n=54)

Variable	Median	Minimum - Maximum
Mother's Age (years)	39.50	30-57
Child's age (years)	11.00	7-16
	Frequency (f)	Percentage (%)
Number of children with disabilities		
1 child	52	96.3
2 children	2	3.7
Order of children with disabilities		
1 child	31	55.4
2 children	11	19.6
3 children	9	16.1
4 children	5	8.9
Last education		
No school	2	3.7
Primary school	19	35.2
Junior high school/Islamic junior high school	18	33.3
Senior high school/Islamic senior high school	12	22.2
College	3	5.6
Type of disability		
People with physical disabilities	6	11.1
People with intellectual disabilities	33	61.1
People with mental disabilities	1	1.9
Sensory disability	14	25.9
Marital status		
Married	52	96.3
Widow	2	3.7

**Coping Mechanism**

The variables in this study are coping mechanisms that are presented for normal data using the mean for the measure of concentration and the standard deviation for the measure of spread.

Table 2. Coping Mechanism Normality Test

Variable	p-value	Data Distribution
Coping Mechanism	0.200	Normal

Based on table 2, it can be seen that the distribution of normal data with  $p > 0.05$  is 0.200

Table 3. Maternal Coping Mechanisms for Children with Disabilities at Special Elementary School Tempokersan Lumajang (n=54)

Variable	Mean	SD
Coping Mechanism	86.46	10.78

Based on table 3, it can be seen that the mean value of the coping mechanism questionnaire is 86.46 and the standard deviation is 10.78.

Table 4. Coping Dimensions of Mothers with Children with Disabilities at Special School Tompokersan Lumajang (n=54)

Coping Dimensions	Mean	SD
Problem Focused Coping	17.37	3.81
Emotional Focused Coping	30.64	4.97
Dysfunctional Coping	37.09	4.91

Based on table 4 it can be seen that the highest mean value of the coping dimension is dysfunctional coping with a mean value of 37.09, and the lowest is problem-focused coping with a mean value of 17.37.

Table 5. Coping Indicators for Mothers with Children with Disabilities at Special Elementary School Tompokersan Lumajang (n=54)

Coping Dimensions	Coping Indicator	Mean	SD
Problem Focused Coping	Active Coping	6.31	1.30
	Use of Instrumental Support	5.19	2.16
	Planning	5.87	1.78
Emotional Focused Coping	Acceptance	6.15	1.70
	Use of Emotional Support	5.30	1.81
	Humor	5.28	1.67
	Positive Reframing	6.20	1.50
	Religion	7.52	0.67
Dysfunctional Coping	Behavioral Disengagement	7.57	0.67
	Denial	6.45	1.41
	Self Distraction	4.85	2.16
	Self Blame	5.76	2.11
	Substance Use	7.98	0.14
	Venting	5.65	1.78

Based on table 5, it can be seen that the high value of coping mechanisms is religion, behavioral disengagement, substance use, denial and the lowest is humor, self-distraction, use of instrumental support, and use of emotional support.

## DISCUSSION

### Mother Characteristics

#### Mother's age

Based on the research, the median age score for mothers who have children with disabilities in Special Elementary School Tompokersan Lumajang is 39.50 with a minimum score of 30 years and a maximum of 57 years. This study is contrary to previous research where most mothers are early elderly as much as 41% (Desriyani et al., 2019). According to Erikson's theory, the age of the mother understudy enters middle adulthood or is called middle adulthood. At this stage, individuals will focus on providing support to future generations after successfully establishing relationships. In this case, the individual will take care of the child, accompany the child, and be involved with activities that occur in the community (Potter et al., 2019). This is supported by the Aripah journal, where mothers will give the best for their children, one of which is by sending their children to special schools (Aripah et al., 2019).

In research that has been carried out the median age of the mother is 40 years where at that age the mother will focus on educating her offspring and giving the best for her offspring so that they get a good future. In practice, mothers do not only send their children to special schools. Mothers who have children with disabilities, especially in Special Elementary School Tompokersan Lumajang also use alternatives such as therapy and also seek various ways to support children. After knowing that the child experiences differences in growth and development, the mother tries to examine the child and tries to achieve the same growth and development with other children.

#### Age of children with disabilities

The data obtained from research for the age of children with disabilities who attend Special Elementary School Tompokersan Lumajang has a median value of 11 years with an age range of 7 to 16 years. will experience role confusion. In achieving this, efforts are needed to help children with disabilities find their child's character (Lestari et al.,



2018). Children with disabilities can be taught character education which is carried out in stages. It takes 3 components of character that can be taught to children with disabilities, namely moral knowing, moral feeling, and moral action. Teachers can help children with learning, through example, reinforcement, and also through habituation (Juhema et al, 2020).

At this age, according to Erikson, children experience physiological changes and sexual maturation (Potter, P. A et al, 2019). Mothers who have children with disabilities experience unpreparedness when they realize that their children are entering puberty because of the child's condition and also lack of independence (Dewi & Wideasavitri, 2019). In adolescents with disabilities, there are also problems, one of which is sexual harassment, which occurs mostly in women. In this case, awareness and understanding of the social environment are needed as well as the need to provide sex education and also reproductive health services for disabled youth (Farakhiyah et al, 2018).

Mothers who send their children to Special Elementary School Tompokersan Lumajang have attempted this stage of development, one of which is by introducing menstruation to girls and using sanitary napkins during menstruation. In addition, mothers also teach the differences between men and women so that they can help children in this stage and prevent sexual abuse of children.

#### Number of children with disabilities

The majority of mothers who have children with disabilities in Special Elementary School Tompokersan Lumajang have 1 child with disabilities in the family with a percentage of 96.3%. A total of 2 mothers have children with 2 disabilities in the family with the results of coping mechanisms 107 and 86 and are included in the good category. This is in contrast to previous research where mothers who have more children will experience greater problems and stress in raising children and also in educating children (Pratiwi et al., 2018). As for mothers who have only children and have disabilities, they tend to have thoughts of supporting their child's growth and development to the maximum and when the child can adapt and has good development, the mother has the desire to have more children.

#### Order of children with disabilities

The order of children with disabilities in the majority family is the first child with a percentage of 55.4%. In general, parents have problems knowing how to care for, nurture, and educate children with disabilities (Lestari et al., 2018). The first child of mothers with disabilities tends to cause mothers to be more stressed and anxious in caring for and meeting the needs of their mothers, both for information, family and emotional support needs, and other needs.

#### Type of disability

For the types of disabilities that children have, they are sorted from the most with intellectual disabilities 33 children (61.1%), people with sensory disabilities 14 children (25.9%), people with physical disabilities 6 children (11.1%), and people with mental disabilities 1 children (1.9%). For mothers who have children with disabilities, mothers must get support because if there is no support, mothers tend to experience depression, anger, and deviant behavior (Rismawan et al., 2019).

In Special Elementary School Tompokersan Lumajang, people with intellectual disabilities are children with mental retardation, children with sensory disabilities are children who are deaf and blind, people with physical disabilities are children with physical disabilities, and people with mental disabilities are children who have autism. According to one mother who has a child with mental retardation, the problem is more complex because the child is difficult to understand as well as in understanding language. Mothers tend to compare mentally retarded children with other disabilities such as those who are deaf, who even though they can't hear, can understand and tend to be smart. Mothers also experience difficulties regarding how to educate children, mothers rely on school and therapy alone. During a pandemic, mothers have difficulty educating their children and children tend to experience setbacks because they cannot go to school directly. By following per under previous research, it is said that the reduced number of hours of child therapy will have an impact on increasing maternal anxiety (Dewi and Wideasavitri, 2019).

#### Last education

The order of the last education of mothers from those with the most respondents was elementary school as many as 19 mothers (35.2%). This study is in line with previous research, the majority of mothers have the latest education at SD 32.3%, SMP 25.8%, SMA 32.3%, and tertiary education 9.7%. In this case, the level of education will affect the difference in the knowledge needs of mothers. So that later it will affect the information that mothers get for the care of children with disabilities (Lestari et al., 2018). In another study, mothers with more education had lower stress levels and were able to accept their children's circumstances (Pratiwi et al., 2018).

Mothers of children with disabilities with higher education levels will seek more factual and reliable information with their abilities and connections. Meanwhile, mothers with lower education tend to follow all the advice given to them and filter the information they get less.

#### Marital status

The marital status of the majority of mothers is married 52 mothers (96.3%) and 2 mothers (3.7%) are widows. In this characteristic, mothers need someone both friends and family to tell their problems (Lestari et al., 2018). Mothers without a partner will experience obstacles in meeting the needs of social support and family functions. Mothers will later feel helpless, isolated, rejected, and also separated from the people they trust (Sukeri et al., 2017).

For mothers who have children with disabilities at Special Elementary School Tompokersan Lumajang, the majority are married, but some of them only live at home with their children. Many spouses or husbands go out of town to earn a living. So that the fulfillment of family support and family functions will experience obstacles. The mother chooses to make her own decisions for the future of the child.

#### Overview of Mother's Coping Mechanisms

From the results of the study, it was found that the average value of the coping mechanisms of mothers who had children with disabilities Special Elementary School Tompokersan Lumajang was classified as good, namely 86.46. The minimum value of the coping mechanism is 28 and the maximum value is 112. The mean value of 86.46 is greater than the standard deviation of 10.78, in this, case it can be interpreted that this value can represent the entire data that has been obtained. In line with previous research where as many as 76.7% of respondents have good coping in the coping mechanisms, they have for children with disabilities. In this case, it can be seen that the mother can accept the child's condition, can reduce stress, and seek support to overcome the problem (Pravesty & Nurmaguphita, 2017). Coping mechanisms can be influenced by psychological factors including individual intelligence, experiences that have been passed, self-concept and motivation of the individual, and also self-defense (Stuart, 2016). Mothers who have children with disabilities in Special Elementary School Tompokersan Lumajang have the majority of education levels graduating from elementary school, sufficient parenting experience with children having a median age of 11 years, and high motivation to make their children better than before as shown by the efforts to send and take the child for therapy.

According to the dimensions of the coping mechanism, more participants used dysfunctional coping with a mean value of 37.09, then emotional-focused coping and the lowest was problem-focused coping with a mean value of 17.37. Contrary to research conducted by Arfina, 2017 where emotional-focused coping is more widely used. Emotional-focused coping is used when the individual is unable to change the situation and can cause the individual to be calmer (Baqutayan, 2015). This is because the mother does not do many things that are in the dysfunctional coping indicator for unfavorable so that she gets bigger points.

There are 14 research indicators including active coping, use of instrumental support, planning, acceptance, positive reframing, religion, denial, use of emotional support, humor, venting, behavioral disengagement, self-blame, substance use, and self-distraction. On indicators of active coping, mothers have made various efforts ever since the child was declared to have a deficiency since infancy. The mother checks the child, consults with experts, and tries her best with the hope that the child can recover and can eliminate the shortcomings that exist in the child and even want to spend quite a large amount of money on the child. In addition, mothers also send their children to school and also take them to therapy. Use of instrumental support, in this case, the mother tends to be closed and rarely discusses or asks for advice. Mother only trusts a few people for advice. Mothers tend not to want to share their problems because not everyone knows how you feel and can't necessarily help with the problem, maybe they just feel sorry for them. And to discuss, mothers tend to discuss with their husbands to decide what is important for their children. However, some mothers only live with their children and their husbands work outside the city so that mothers decide for themselves how to solve their problems.

Planning by planning what you can do when a problem occurs, and some mother tend not to plan so that if there is a problem, the mother immediately takes action to overcome it. Mother's acceptance tends to be able to accept the child's condition and considers this is all the will of the almighty creator and believes there is wisdom in all of His plans. Positive reframing mothers think more about positive things than think about negative things from children because they think that this has happened and if taken negatively the mother will tend to stress and later can have a bad impact on the child. So the mother prefers to think about positive things from what has been given to her. Mother's religion believes that children are a gift from God, so whatever the mother feels, she tends to surrender and believes that there is wisdom behind all of this and always prays for the improvement of her children's abilities in the future.

Denial, the mother has been able to accept the child's condition, for now, because again that the mother believes this is God's will and hopes that there will be progress in the child, balanced with the mother's efforts such as sending school and therapy. Use of emotional support mothers tends not to seek support and comfort from others because mothers do not trust others and think that other people do not necessarily understand what they feel. Mother's humor tends to think that the problems she is experiencing are problems that must be addressed and considered serious so that the humor indicator has a fairly low value. Venting mothers tend not to express their feelings and choose to solve the problems they face on their own. Behavioral disengagement, in this case, the mother must give her best, for example by sending her child to school and not giving up on a better future for her child. Sel-blame Mother believes that what is experienced is God's will so that she does not blame herself for what has happened. Substance use, mothers do not use drugs to calm themselves when there are problems and self-distraction, mothers tend to look for work or things to do so they don't focus too much on problems because they don't want to burden their minds, so mothers tend to divert their minds and have low self-distraction scores.

Researchers assume that the motivation to bring children to better development is something that can improve a mother's coping and the existence of religious power where mothers always think positively about what is happening now and believe there will be wisdom behind what is happening at this time.

## CONCLUSION

The conclusion that can be drawn from the research that I have done is that maternal age has a median value of 39.50 years. The child's age has a median value of 11 years. The majority of mothers who have children with disabilities in Special Elementary School Tompokersan Lumajang have 1 child with disabilities in the family with a percentage of 96.3%. The order of children with disabilities in the majority family is the first child with a percentage of 55.4%. The mother's last education was an elementary school with a percentage of 35.2%. The most common type of disability experienced is mental retardation or intellectual disability as much as 61.1%. And the majority of marital status is married with a percentage of 96.3%. The description of maternal coping mechanisms in children with disabilities has an average of 86.46 which can be interpreted as good coping. With the highest coping dimensions dysfunctional coping. The indicators that have the highest scores are religion, denial, behavioral disengagement, and substance use.

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