Buku Stimulasi Anak to Improve Parenting Self-Efficacy in Parent with Children with Special Need

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Abstract

Children who are exceptional learners typically have difficulties studying as they have developmental barriers, so they need extra stimulation to improve their ability to learn. The clinic program and parents must be involved to stimulate their children with special needs. Besides, parents needed the proper knowledge and skills to help their children after the clinic program. Hence, parents need a child stimulation handbook to continue the stimulation program at home. Buku Stimulasi Anak was developed as a guide for parents to stimulate their children. This research aims to test the child stimulation handbook to improve parenting self-efficacy. By the quasi-experiment method with pre-test post-test one group design, there are 14 parents as participants, and the Self-efficacy Parenting Task Index-Toddler Scale (SEPTI-TS) as an instrument measurement. The result from the t-test analysis shows that there are differences between pre and post-test averages (sig 0.00<0.05). This means Buku Stimulasi Anak can improve parents’ parenting self-efficacy as they stimulate their children at home.

Key words: improve, ability, exceptional, learners

Introduction

Children with particular needs have difficulties and limitations on their physical, mental, or emotional condition that affect social activity. Parents with special needs need more effort and intention and must learn how to provide education properly. They face the challenge of delivering good parenting to raise their children with particular needs (Rieskiana, 2021). When parents receive the diagnosis about their developmental barriers, they go to a psychologist, therapist or intervention program to help their particular child. In that way, parent hopes their unique child can adapt to the environment and reach their developmental task. Moreover, they need social support from the environment and also family. In line with Orim (2017) opinion which says that parent are the main teacher to their special need children. They have to collaborate with psychologist, guidance counselor, special educator, medical and paraprofessionals in partnership. So parent need a guidance to educate them how to teach their special need child.

However, professional who give therapy to special needs children also requires cooperation with parents to achieve successful intervention. Parents assume a role in continuing the intervention program. So they need knowledge and skills to be learned to stimulate their particular child at home. Bandura (Benedetto & Ingrassia, 2018) said parenting...
self-efficacy becomes a significant factor determining parental success in parenting, including giving a stimulating program to their child. Parenting self-efficacy is a cognitive component of parenting competencies. It shows parents’ perception of their competencies in living as a parent and their ability to positively stimulate children’s development and behaviour (Vatou, 2022). Parents with special needs children have a specific parenting. They have to learn about children with disabilities, so they can thinking properly about how to threat their children to raise their development by their capability. Parents with good parenting self-efficacy are more motivated to learn more (Chong & Kua, 2017).

Yaffe (2015) said that parenting style are and parental involvement can predict academic achievement in children with special need. He also said that authoritative parenting was the best parenting style before children with special needs. Hence parent with special need children must have self-efficacy that seen at a strong parental involvement to set a clear rule and expectation, open communication and natural consequences and also solve the problem together their child. When parents do not contribute optimally, it becomes an obstacle or problem in the intervention program process. Not a few parents who only depend entirely on the therapeutic process, which is only carried out by experts in the place of therapy. Where the average therapy process is only 1-2 meetings a week, this has an impact on the slow development progress of children. Parents who are unable to provide stimulation that is in harmony with the therapeutic process from where therapy is applied at home certainly have an impact on the success of therapy.

This is the problem complained about by psychologists and assistant psychologists in charge of treating patients at the psychology poly of RSUD. Brigjend H. Hasan Basry, South Hulu Sungai Regency, South Kalimantan Province. From the hospital data interview by the researcher, in South Kalimantan there are 2,353 children with special needs are spread across all districts or cities, including the South Hulu Sungai Regency. Most children with special needs in South Hulu Sungai Regency are patients at the psychology poly of RSUD. Brigjend H. Hasan Basry. Some patients also come from outside the district due to the lack of polypsychological services in other hospitals in South Kalimantan.

At the psychology poly of RSUD. Brigjend H. Hasan Basry, 14 pediatric patients with special needs are handled every day. In addition, 75 pediatric patients with special needs are included in the waiting list. The average patient they treat is aged 1-3 (toddler), but in some instances, they still treat children who have entered kindergarten age. For children who have begun to enter elementary school age, they will provide recommendations to continue their education at Special Needs Schools.

During the therapy process, psychologists will educate parents to provide stimulation that can be done at home. A contact book is available for parents that contains notes from psychologists related to child development each time therapy is done and an activity column as homework for parents to do stimulation at home. Unfortunately, most parents do not read and use the contact book. Parents do not do the stimulation as recommended by the psychologist, do not fill in the activity column at home, and do not even understand how to use the contact book.

Some parents say they do not stimulate their children because they do not care about their child’s development. However, parents need clarification to determine how they will stimulate their children. Parents do not have good enough references to provide appropriate activities for appropriate stimulation based on the achievements of intervention programs in their children. Parents need examples of concrete activities described to stimulate children at home.

Based on the problems described, parenting self-efficacy in parents with children with special needs appears low due to the lack of optimal function of the liaison book and concrete activity references to provide stimulation to children that are easy for parents to understand and do. So, researchers made the seventh sense of the handbook as a guide for parents to stimulate their children. The hope is that with the help of the seventh sense of handbook parenting, self-efficacy in parents can increase, and intervention programs for children with special needs will succeed.

**Method**

The type of research used is quasi-experimental, an experiment conducted on one experimental group alone without a comparison group or control group (Ramdhan, 2021). The design used is a pretest-posttest for one group, which means it is carried out in one group of subjects without a comparison class. Participants are parents, fathers, and mothers with children with particular needs, totalling 14 people aged between 24 and 41.
The intervention of this experimental research are used Buku Stimulasi Anak, that consists of the stimulation tutorial for parent with special need children. There are 14 activities including: a. Pesona air, to stimulating focus and sitting quietly, b. Menetuk, to stimulating concentration and focus listening and identifying the sound of tapping heard, c. Merasakan, to stimulating focus on tactile sensations and attention to clues while learning to distinguish objects with different textures, d. Sedotan warna, to stimulating eye contact and fine motor skills, and increasing children's vocabulary, e. mesin vakum, to stimulate the ability to eat, focus, concentrate and regulate emotions, f. Ikuti irama, to follow the rhythm that stimulate concentration and focus, improve memory skills and practice obeying instructions, g. Sorting barang, to stimulating children's patience and fine motor skills, from follow instructions, grouping objects, etc, h. Bermain ke taman, to stimulate gross and fine motor skills, social skills, introducing texture, independence, and controlling emotions, i. Olahraga bersama, to stimulate gross motor skills, social skills, and independence and teaching physical activity, j. Tukang gali, to stimulate sensory training, eye and hand coordination, and colour pronunciation, k. Memancing karet, to stimulate patience, fine motor skills, and concentration training, l. Kerangka ikan, to stimulate problem solving, fine motor skills, train patience, and train calm sitting, m. Gerak hewan, by doing animal movement can stimulating muscles and joints, understanding body position, training body balance and coordination, gross motor, n. Membaca dongeng, to stimulate language comprehension, increase vocabulary, train memory, k. Meronce, train fine motor, to stimulate concentration, train patience, teach calm sitting.

To measure the parental self-efficacy change on this experimental research, we use the Self-Efficacy Parenting Task Index-Toddler Scale (SEPTI-TS) (Vatou, 2022). Researchers chose to use SEPTI-TS because this scale was developed based on the most prominent dimensions of the child-parent relationship. This measuring instrument consists of 53 Likert-shaped items (favourable and unfavourable) with answer choices strongly agree, agree, disagree, and strongly disagree. There are four domains of SEPTI-TS; nurturance, discipline, play and routine. In this study we use Bahasa version of SEPTI-TS that had been adapted by Fatimah (2015) with a reliability coefficient value of 0.91.

Data Analysis Techniques

The analysis in this study consists of several steps. First, the normality and homogeneity tests are the prerequisites for the analysis tests. Next, test the hypothesis using the T-test. The normality test was used to determine whether the data in this study were usually distributed. The normality test in this study uses the Shapiro–Wilk technique, which is an effective and valid normality test method used for small samples. The homogeneity test is intended to determine whether the sample is of the same variance. The test used in the homogeneity test is the F test. With the help of SPSS for Windows 16, it produces values indicating whether the variance is homogeneous. The requirement for variance to be homogeneous is the value of Sig. > 0.05. Hypothesis testing of this study using t-test. This test is carried out to determine whether the results of this study are in accordance with the hypothesis proposed. The hypothesis of this research is there is an effect of using the Buku Stimulasi Anak on parenting self-efficacy of parents with children with special needs.

Experimental Procedure (Quantitative Experimental)

The pretest was given using SEPTI-TS to measure parental self-efficacy (Y1) as the dependent variable, then subjected to treatment using the Buku Stimulasi Anak (X) as the independent variable and intervention. After 2 weeks of intervention sessions, and one week of monitoring, all participant examine again by SEPTI-TS as the post-test to remeasure parental self-efficacy (Y2). The difference obtained through Y1 and Y2 results from the influence of the treatment given. Indirectly, experimental research is deliberately carried out to obtain answers to the hypotheses compiled (Ramdhan, 2021).

Results and Discussion

Results

Based on the analysis results, pretest and posttest parenting self-efficacy scores were obtained from the SEPTI-TS scale. The score is processed to determine the number of parents who get very high, high, low and shallow categories and determine the highest and lowest scores.

Based on the table above, it can be seen that the average rating of posttest 1 is 116; the highest value is 136, with the lowest value of 91. In posttest 1, the score in the low category was only one person; in the high category, as many as ten people; and in the very high category, as many as three people and no parents scored in the deficient category. In posttest 2, the average score was 118, the highest was 139, and the lowest was 92. In the very high category, as many as five people; in the high category, nine people; and in the low and also very low categories, did not exist. Posttests 1 and 2 were inputted from the pretest data into Microsoft Excel, and then the category, lowest and highest
Table 1. Result of the Pretest dan Posttest

<table>
<thead>
<tr>
<th>Interval</th>
<th>Score Category</th>
<th>Pre Test</th>
<th>Post Test 1</th>
<th>Post Test 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>129-158</td>
<td>Very High</td>
<td>0</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>99-128</td>
<td>Tall</td>
<td>5</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>69-98</td>
<td>Low</td>
<td>9</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>39-68</td>
<td>Very Low</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>14</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Average Rating</td>
<td></td>
<td>104</td>
<td>116</td>
<td>118</td>
</tr>
<tr>
<td>Lowest Value</td>
<td></td>
<td>85</td>
<td>91</td>
<td>92</td>
</tr>
<tr>
<td>Top Rated</td>
<td></td>
<td>125</td>
<td>136</td>
<td>139</td>
</tr>
</tbody>
</table>

values, were found. It can be seen that there is an increase in the scale score done by the patient’s parents, but further analysis will be carried out using SPSS.

As explained in Chapter 3, the hypothesis in this study will be tested by t-test. Testing can be done if the data owned is regular and homogeneous. Therefore, it will be ensured in advance that the data in the study are regular and homogeneous. The normality test in this study used the Shapiro Wilk test and was carried out two times to test the results of the pretest with posttest one and the pretest with posttest two.

The normality test results of pretest and postest 1 data show sig values. 0.13 and 0.666 > 0.05 or greater than 0.05, the data are typically distributed and can be used for hypothesis testing. Similarly, the normality test results of pretest and postest 2 data show sig values. The data are typically distributed by 0.13 and 0.445 > 0.05 or greater than 0.05 and can then be used for hypothesis testing.

The homogeneity test results of pretest and postest 1 data show sig values. If 0.862 > 0.05 or greater than 0.05, the data is homogeneously distributed and can be used for hypothesis testing. While the homogeneity test results of pretest and postest 2 data show the sig value. If 0.106 > 0.05 or greater than 0.05, the data is homogeneously distributed and can be used for hypothesis testing. The results of the t-test pretest analysis with posttest one and pretest with posttest two are described in the table below:

Table 2. RMIB Test Results for Vocational High School Students

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>T</th>
<th>Df</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest – Postest 1</td>
<td>-11.714</td>
<td>-3.502</td>
<td>13</td>
<td>.004</td>
</tr>
<tr>
<td>Pretest – Postest 2</td>
<td>-1.828E1</td>
<td>-5.919</td>
<td>13</td>
<td>.000</td>
</tr>
</tbody>
</table>

Based on the results of the pretest t-test with posttest 1, the value of Sig. 0.004 < 0.05 or less than 0.05. Then, the value of Sig. (2-tailed) < 0.05. Furthermore, the results of the pretest t-test with posttest two show that the value of Sig. 0.000 < 0.05 or less than 0.05. Then, the value of Sig. (2-tailed) < 0.05. There is a significant difference between the pretest with the posttest and the posttest after treatment using the Buku Stimulasi Anak. Based on the fulfillment of these conditions, Ha is accepted. This shows the effect of the Buku Stimulasi Anak on the parenting self-efficacy of parents with children with special needs.

Discussion

Initially, 65% of the 14 parents of children with special needs had a relatively low level of parenting self-efficacy. This aligns with observations that only four parents know and understand how to provide stimulation activities to their children at home. Meanwhile, ten parents who should have followed the psychologist’s direction to continue stimulating children at home even repeated the same mistakes despite being reminded. Parental understanding and mastery in stimulating children with special needs relate to parenting self-efficacy. By definition, parenting self-efficacy is parents’ view regarding their ability to provide parenting that positively impacts their children (Vatou, 2022).

Stimulation is not required by default; parents can provide flexible stimulation through simple activities. Parents still need to believe in their ability to provide care that positively impacts child development. This makes parents hesitant and still needs clarification based on the therapy process. The success of an intervention, one of which can be influenced by the delivery of information related to implementation, is good, easy to remember, and carried out. The delivery of information can be in the form of oral or written information. This study used a child stimulation book that became a medium of information for parents to do their job well and provide positive support in the form of actions that could affect the success of their child’s therapy.
After being given treatment, the results of the posttest were carried out two times, with a span of 2 weeks between posttest one and posttest two; it was seen that the scores obtained by parents increased. In posttest 1, there is only one parent with a low score category; also, parents are included in the high and very high categories. The observations also showed an increase that all parents have been stimulating their children every day. Parents also know what kind of stimulation they should do. The interviews also showed improvement, and parents were seen as more confident to stimulate children at home. In addition, parents tend to make the same mistakes less and are more disciplined in carrying out the directions of the psychologist. In line with what was revealed by (Coleman & Karraker, 2000), when parents have high self-efficacy in parenting, they will better understand and pay attention to the development of their children, have positive interactions and do not show negative behaviour and are better prepared to face demands in parenting.

Based on the results of research using the t-test test, it was concluded that there was an influence of parenting self-efficacy by using Buku Stimulasi Anak on parents with special need at the psychology poly of RSUD Brigjend H. Hasan Basry. This is evidenced by Ho being rejected and Ha being accepted with a significant value. < 0.05. Several factors influence parenting self-efficacy: parents’ childhood experiences, culture and community of residence, parents’ experiences with children, parental cognitive factors and social support (Coleman & Karraker, 2000). Some of these factors are fulfilled by child stimulation books, namely parents’ experiences with children. It is explained that parental closeness in children’s daily activities is related to parenting self-efficacy. In the child stimulation book, parents are required to accompany children in every activity, and children are not advised to play alone, so the activities in the Buku Stimulasi Anak also build parental involvement with children more deeply.

Next is parental cognitive factors; parenting self-efficacy is related to cognitive and parental knowledge in the choice of parenting style. Ribeiro & Kase (2016) revealed that parental knowledge which can be seen from formal educational opportunities contribute to improvement in confidence and related to parenting self-efficacy. This also strengthens the opinion of Bandura (1997), which explains that knowledge is capital for individuals to assess their self-efficacy. Vatou (2022) also revealed that reading literature relevant to parenting will increase the self-efficacy of parental care.

If studied more deeply, the parenting self-efficacy scale score for parents of children with special needs at the psychology poly of RSUD Brigjend H. Hasan Basry, before being given a child stimulation book, had an average score of 81, while after being given a child stimulation book, parents had an average score of 92 on Postest 1 and 97 on Postest 2. This means that the level of parenting self-efficacy of parents of children with special needs patients at the psychology poly of RSUD Brigjend H. Hasan Basry has increased after being given a child stimulation book that refers to parents’ understanding of the stimulation that parents can do. The book is also a medium of information and education for parents so that the level of self-efficacy in their care increases and their involvement in the child therapy process also increases.

Conclusion

Based on the results of research the conclusions were parental self-efficacy level of parents of special need children at the psychology poly of RSUD Brigjend H. Hasan Basry are increase by using the Buku Stimulasi Anak as a guide for parent to teach them how to stimulate their special need children at home. Several recommendation from this research are The Buku Stimulasi Anak can be assessed by psychologists on duty at RSUD Brigjend H. Hasan Basry, such as academics in their fields or psychologists on duty at independent bureaus, so that the target in using this handbook does not only include patients at the psychology poly of RSUD Brigjend H. Hasan Basry. Moreover, after being given a book, parents must constantly be reminded to do the stimulation in the book routinely every week.

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Authors’ Contributions

Author 1 is a correspondent author who designed the study and wrote the manuscript. While author two was an experimenter who implemented the treatment to the participant and collected and analysed the data.

References


