

The Influence of Educative Video on Improved Personal Hygiene Directedness on Children with Retardet Mental

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ABSTRAK

Anak adalah individu yang unik dan memiliki kebutuhan sesuai dengan tahap perkembangannya, mulai dari bayi hingga remaja. Rentang usia perkembangan meliputi bayi (0–1 tahun), usia bermain atau produktif (1–2,5 tahun), usia prasekolah (2,5–5 tahun), usia sekolah (5–11 tahun), dan usia remaja (11–18 tahun). Retardasi mental adalah kondisi perkembangan mental yang tidak sempurna dan tertunda, ditandai dengan keterampilan hidup sehari-hari yang kurang memadai. Anak dengan retardasi mental umumnya memiliki masalah pada keterampilan motorik. Klasifikasi retardasi mental dibagi menjadi tiga kategori: ringan, sedang, dan berat. Penelitian kuantitatif deskriptif ini bertujuan untuk mengetahui apakah edukasi melalui video dapat meningkatkan kemandirian personal hygiene pada anak dengan retardasi mental, menggunakan desain one-group pretest-posttest. Uji Wilcoxon rank dengan tingkat signifikansi sig. (2-tailed) $\leq 0,05$ menunjukkan adanya pengaruh edukasi video terhadap kemandirian personal hygiene anak dengan retardasi mental. Jenis kelamin, usia, dan tingkat retardasi mental berpengaruh terhadap hasil. Penelitian ini menyimpulkan bahwa edukasi personal hygiene melalui video berpengaruh terhadap anak dengan retardasi mental.

Kata kunci: Edukasi Video, Personal Hygiene, Retardasi Mental

ABSTRACT

Children are unique individuals and have needs based on their stages of development, starting from infants to adolescents. The developmental age ranges from infants (0–1 years) to playing or producing age (1–2,5 years), to pre-school age (2,5–5 years), to school age (5–11 years), and adolescent age (11– 18 years). Mental retardation is a condition in which mental development is imperfect and delayed characterized by inadequate skills for everyday life. Mentally retarded children have problems with motor skills. The division of mental retardation includes three categories: mild, moderate, and severe. This descriptive quantitative research determined whether video education could improve the personal hygiene of children with mental retardation with a one-group pretest-posttest. The Wilcoxon rank test with the significance of sig.2 \leq tailed 0.05 indicates the influence of video education on the personal hygiene independence of children with mental retardation. Gender, age, and the level of mental retardation all have an influence. The study concludes that personal hygiene video education influences children with mental retardation.

Keyword : Educative Video, Personal Hygiene, Mental Retarded

INTRODUCTION

Children are the longing of everyone in a family. Children are individuals who are in the age range from newborns to teenagers. Children are in a period of growth and development both biologically, psychologically, socially and spiritually which vary according to their age stages (Purbasari 2020).

Mental retardation is a disability characterized by significant limitations in both intellectual function and adaptive behavior expressed in self-concept, social, and adaptive abilities with characteristics of intellectual function below average IQ (IQ <70-75) (Raysa 2014). Mental retardation or commonly called mental retardation is divided into 3 categories, namely mild, moderate and severe. Mild mental retardation has an IQ of 50-70 which is categorized as educable mental retardation. In this category, children are still able to take care of themselves simply but have difficulties in their academic work. Moderate mental retardation has an IQ of 35-50 which is categorized as trainable mental retardation. In this category, children have limitations in taking care of themselves, their motor skills are also delayed, and some of them require supervision throughout their lives. Severe mental retardation has an IQ of 20-35, in this category the child experiences significant motor damage or neurological deficits (Ayu et al. 2020).

The World Health Organization (2019) estimates that there are more than 450 million children with mental disorders or intellectual disabilities in the world. Based on Riskesdas (2018), the number of people with disabilities in Indonesia reached 12-15%, of which 3.3%

were children aged 15-24 years. Data from the Central Java Social Service in 2018 stated that there were around 2,088 students with mental retardation. The number of children with mental retardation in the city of Semarang is around 363 children. Children with mental retardation need to be trained to be independent to free themselves from parental dependence (Ita et al. 2020).

Personal hygiene independence needs to be improved in children with mental retardation. They need to be taught to carry out various basic needs independently, such as bathing properly and independently, washing hands properly, cleaning nails, brushing teeth, and defecation/urinary compliance. Three out of ten parents said that their children were able to perform personal hygiene independently such as bathing, washing hands, cleaning nails, brushing teeth, and defecation/urinary compliance. One in six children with mental retardation are able to perform personal hygiene themselves cleanly and correctly (Suci et al. 2022). Efforts to increase independence can be done by providing personal hygiene education using video education techniques so that children with mental retardation are interested and can apply personal hygiene procedures and their daily routines (Ita, Sigit., 2020).

Personal hygiene education using videos is most in demand by children because there are images and sounds, so it is easy to attract attention. This media is a media that is in accordance with current developments. Video media is very practical to use in delivering education to mentally retarded children (Denis, 2019).

METHOD

This study uses a quantitative method. This study is correlational because this study was conducted to find the relationship between the question method as a variable that influences learning outcomes as a variable that is influenced. The type of research design used is one group pre-post test, which is a technique used to determine the effects before and after treatment. This study aims to determine the effect of video education on improving personal hygiene bathing of mentally retarded children at SLB Negeri Semarang. The population in this study were elementary school students with mental retardation at SLB Negeri Semarang, which were 86 children. The number of samples studied was 46 respondents using a purposive sampling technique. The study was conducted on May 13, 2024 - May 31, 2024.

The data collection tool in this study used a questionnaire. The questionnaire used to measure the incidence of constipation is Personal Hygiene. In this questionnaire there are 15 questions. The minimum score is 0, and the maximum score is 45. While the score cannot is 15, the assisted score is 26 and the independent score is 31.

RESULT

1. Univariate Analysis

a. Respondent Characteristics

Table 4.1

| Kategori | Frequence | Presentation |
|----------|-----------|--------------|
| Gender | | |
| Man | 34 | 73.9 |
| Woman | 12 | 26.1 |

| | | |
|-------------------|----|-------|
| Total | 46 | 100.0 |
| Age | | |
| 7 | 3 | 6.5 |
| 8 | 13 | 28.3 |
| 9 | 13 | 28.3 |
| 10 | 6 | 13.0 |
| 11 | 9 | 19.0 |
| 12 | 2 | 4.3 |
| Total | 46 | 100.0 |
| Retardation Level | | |
| Right | 9 | 19.6 |
| Currently | 37 | 80.4 |
| Total | 46 | 100.0 |

b. Bivariate Analysis

Identification of the level of independence of personal hygiene before and after video education is carried out.

Table 4.3

Level of independence before and after being given education

| Pre test | | |
|-------------|------------|-------------------|
| Variable | frequency | Presentat ion (%) |
| Can't | 1 | 2.2% |
| Assisted | 22 | 47.8% |
| Independent | 23 | 50.0% |
| Total | 46 | 100% |
| Post test | | |
| Frekuensi | Presentase | |
| 0 | 0% | |
| 1 | 2.2% | |
| 45 | 97.8% | |
| 46 | 100% | |

Table 4.4
Analysis before and after being given personal hygiene video education

| Pre-Post | Amount | Mean Rank | Sum of Ranks |
|----------------|--------|-----------|--------------|
| Negative Ranks | 8 | 6.25 | 50.00 |
| Positif Ranks | 29 | 22.52 | 653.00 |
| Ties | 9 | | |
| Total | 46 | | |

DISCUSSION

Based on the results of the study on 46 respondents with the results of the frequency distribution of the majority of respondents' gender in the personal hygiene video education for mentally retarded children at SLB Negeri Semarang were male, totaling 34 respondents (73.9%). Respondent characteristics based on age, the majority were 8 and 9 years old, each totaling 13 respondents (28.3%). Respondent characteristics based on the level of mental retardation, the majority were moderately mentally retarded, namely 37 respondents (80.4%).

The results of statistical tests on personal hygiene video education interventions for mentally retarded children at Semarang State Special Needs School using Wilcoxon showed a p-value of 0.000 (≤ 0.05), thus it can be concluded that there was an influence before and after the personal hygiene video education intervention was given.

Personal hygiene is self-care that aims to maintain health, both physical and psychological health (Rahmawati, 2017). Video education is effective for children with mental retardation because videos can depict objects moving together with appropriate

sounds and can attract children to pay attention to them (Azhar A, 2014). Video education has been proven effective for children with mental retardation at SLB Negeri Semarang. The results of a study by Rahmawati 2017 stated that health education through audio visual or video can increase the independence of personal hygiene in children with mental retardation.

The concept of knowledge of personal hygiene of mentally retarded children according to Notoatmodjo 2012 in Juniati 2018, namely: Know, namely mentally retarded children know about what is learned through video education. They know that personal hygiene needs are very important to maintain their health, so they will imitate and follow the videos they see.

Education through videos can be recorded by the brain, memory, then followed and applied to fulfilling personal hygiene every day. Want, namely mentally retarded children are willing to follow and apply every procedure taught through the video. Capable, namely mentally retarded children are able to remember, follow and apply every personal hygiene education procedure after watching the educational video that is shown. Children's abilities increase after being given education with personal hygiene video media. With increased abilities, mentally retarded children can maintain personal hygiene in everyday life.

The use of this video media method can improve personal hygiene skills in students with mild and moderate mental retardation. Students with mental retardation are advised to continue watching educational videos so that they can improve their skills in personal hygiene independence. Through video displays, children with mental retardation can

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learn the steps to increase independence, and remember and apply them (Suharja, 2019). Videos can improve learning and improve emotional skills in children with mental retardation (Walsh et al., 2018). Regular video viewing and practice, repetition, and parental support for children will encourage children to gain mastery and self-confidence in independence, especially personal hygiene independence. It was concluded that regular practice of various activities through video sessions can help children's intellectual inability to overcome minor obstacles on their own without assistance (Munmi et al., 2020).

After analysis using SPSS, it was found that the personal hygiene video education intervention for mentally retarded children at Semarang State Special Needs School using Wilcoxon showed a p-value of 0.000 (≤ 0.05) so that H_a was accepted and H_0 was rejected

Video education is effective for children with mental retardation because videos can depict moving objects together with appropriate sounds and can attract children to pay attention to them (Azhar A, 2014). Video education has been proven to be effective for children with mental retardation at SLB Negeri Semarang.

CONCLUSION

Based on the results of the research characteristics of the characteristics of gender in this study, the majority of males amounted to 34 respondents (73.9%). The majority of respondents' ages were 8 and 9 years old amounted to 8 years 13 respondents (28.3%) and 9 years old amounted to 13 respondents (28.3%). The majority of mental retardation

levels were moderate mental retardation amounted to 37 respondents (80.4%).

The level of independence of personal hygiene before education was conducted, the majority of respondents were independent in carrying out personal hygiene, namely 23 respondents. While the level of independence of personal hygiene after education was conducted, the majority of respondents were independent, namely 45 respondents.

Pengaruh edukasi video personal hygiene pada kemandirian anak dengan retardasi mental nilai sig.(2-tailed) 0,000. Artinya sig.(2-tailed) 0,000 \geq 0,005. Sehingga dapat disimpulkan bahwa ada pengaruh pada edukasi video personal hygiene pada kemandirian anak dengan retardasi mental di SLB Negeri Semarang.

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