A FAMILY BURDEN PERCEPTION OF MENTAL RETARDATION CHILD AND ITS CORRELATION WITH ANXIETY

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ABSTRACT
Introduction: Families who have children with mental retardation are at risk of experiencing the problems related to the psychic. Psychosocial problems are most often found in families with a child who has mental retardation is the anxiety and the perception of burden. The purpose of this study was to determine the correlation between anxiety and the families perception of the perceived burden in caring for children with mental retardation. Method: The design of this study using cross-sectional design, the population in this study are nuclear families caring for children with mental retardation in Extra Ordinary of State Elementary School Jombatan 7 Jombang. The number of samples are 24 care giver using purposive sampling. The instrument used ZRAS and The Burden Scale. Result: The results of bivariate data by using Spearman Rank Correlation test showed results 0.469 p value (α = 0.05), which means that there is no relationship between anxiety and the burden perception. Discussion: Based on the above results it can be concluded that there is no relationship between anxiety and perceived burden of the family in care of children with mental retardation. Mental health nurse must be able to identify an appropriate nursing intervention to address psychosocial issues that may appear on the different families who have children with mental retardation.

Key words: mental retardation, anxiety, burden perception

INTRODUCTION
Having the child with mental retardation can create many problems in family. One of the most emerge problems is the anxiety and burden perception of family. Mental retardation is a genetic disorder which is manifested by intellectual functioning below average and there is a deficit in adaptive behavior. It is happened began in childhood with the decline characteristics of intelligence and adaptive skills and developmental disorders in general (Armata, 2009). The children prevalence with mental retardation in Indonesia based on the Data RISKESDAS also showed the increased, the children with down syndrome also as a one of the cause mental retardation from 0.12% in 2012 become 0.13% in 2013 with mental retardation incident in a developed Country about 19 per 1000. Family admission to the child with mental retardation is different depend on the coping mechanism of this family. Parents who have a child with mental retardation have a hesitation of being love or independently child, having depression with the future of child. The public opinion also adds to the burden of families.

Results of a preliminary study in Jombang at Extra Ordinary of State Elementary School results of interviews with 10 mothers of children with mental retardation, the data obtained qualitatively that 7 of 10 mothers said anxiously about the future of children and economic problems. While 6 of 10 mothers said burdened primarily psychological and economic.

A condition that caused the parents’ anxiety, one of them is the condition of their child, especially whe he/she have a mental retardation. The parents’ anxiety increased as the age of child. The increased age of child affects the parents’ anxiety because of the high dependency of children to his/her parents. According to Mohr (2006) the anxiety is one of the subjective burden components. Generally, the anxiety will be directly proportional to the burden perception. The higher level of anxiety makes the higher level of burden perception also.

The impact of anxiety and perceived burden of the family if not addressed will affect the functioning and well-being of the family. It will also have an impact on the care of children,
so the negative impact will also be felt by the child. The existence of these problems led to a family function may not work properly. One of the roles and functions of the family is to provide affective function for completing psychosocial needs of its members in providing affection (Friedman, 2010).

Until now, the correlation between anxiety and burden perception is still unclear and need more research. Based on the above phenomena, researchers want to hold research about the correlation of anxiety and burden perception.

**METHODS**

Research design that used is correlation analytics with cross sectional approach. The sample is a family (father or mother) who have a child with mental retardation in state elementary of extraordinary school Jombatan 7 Jombang in group C class 1-6, totally 24 families from 28 families which is taken one of the family as a care giver in accordance with the criteria for inclusion. The technique that used is purposive sampling. The research instrument of anxiety levels is questionnaire anxiety from Zung Self Rating Anxiety Scale (ZRAS) consists of 20 question items, while the instrument to burden perception is a result modification from instrument to gain the data about family burden, the research adopt and modify from the burden scale which consists of 22 questions. The questionnaire has been tested for validity and reliability.

**RESULT AND DISCUSSION**

In this study, the data obtained anxiety and perception of family burden, can be seen in the table below.

Table 1. Distribution of Anxiety in Families who have a child with mental retardation in state elementary of extraordinary school Jombatan 7 Jombang 2015

<table>
<thead>
<tr>
<th>No</th>
<th>Subject</th>
<th>Amount</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mild</td>
<td>17</td>
<td>70.8</td>
</tr>
<tr>
<td>2</td>
<td>Moderate</td>
<td>7</td>
<td>29.2</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

Table 2. Distribution of the burden Perception in Families who have a child with mental retardation in state elementary of extraordinary school Jombatan 7 Jombang 2015

<table>
<thead>
<tr>
<th>No</th>
<th>Subject</th>
<th>Amount</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mild</td>
<td>8</td>
<td>33.3</td>
</tr>
<tr>
<td>2</td>
<td>Moderate</td>
<td>12</td>
<td>50</td>
</tr>
<tr>
<td>3</td>
<td>Severe</td>
<td>4</td>
<td>16.7</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

From the data collected and processed, the result of this research is p value about 0.469 is on the alpha (α:0.05). The data is processed statistics test of rank spearman’s correlation; it showed there is no significant correlation statistically between anxiety and burden perception that family’s feel in carrying the children with mental retardation.

The anxiety and burden perception is the problems that have to solve in family. Both of them are relate to each other, if it is not solve in a long time, it will give negative effect to all the member of families. It is supported by Calderon et al (2011) in his research said psychologies distress and anxiety has positive correlation with burden perception which felt by care giver and it give a bad effect to the family’s harmony. Therefore it is important in early detection of psychosocial problems before its sustainable.

The opposite result was found in this research said that there is no significant correlation statistically. It is marked using p value over a. there are two kinds of burden perception, they are: subjective and objective burden, which anxiety include in subjective burden. Researcher assumption is not only subjective burden that increase the burden of family, but also the increasing of objective burden in caring the child with mental retardation such as limitation of time, exhaustion physics and economics burden.

Some respondents complain with the heaviest burden that they feel is economics’ problem. Because the children dependency make the parents can’t do the maximal work. The children with mental retardation need extra financial support. This is appropriate with the research; the absolute burden is economics’ problem because of the minimum income of family. While, children with specific requirements need more facilities than normal children (Parish et al, 2012). In this research, the average of other families can not work to support the income because they must care the child with mental retardation at home, although
the family’s income is under the minimum of wages.

In this research the average of family’s income is under the minimum of Jombang wages, it is appropriate with the research that is conducted by Gulseren et al (2010) that concludes there is a significant correlation between income and family’s burden. It is affected life poverty condition, Limited transportation, the cost of child’s education in specific school, lower children’s nutrition, and limited of the public health center. Variety of problems that emerged will be affected to the unhealthy mental condition in family and will be affected also to the quality of life.

The other research was conducted by Khamis (2007) explains that the objective burden feels heavier to the family than subjective burden. It is only affected to the care giver and sometimes try to push, will the objective burden will be affected to the quality of family’s life start from the nutrition food, home and education of child.

Objective burden because of the minimum time also give negative impact to the care giver’s healthy (Khamis, 2007). The caring of child with mental retardation takes many times because of the dependency of child. Therefore, many care givers have least attention to their condition and easy to suffer the illness. In addition to the objective burden that affects the perception of burden, stigma society is also one factor that was instrumental increasing the perception of the burden of the family in the care of children with mental retardation (Green, 2007). This stigma is very strong, especially in Indonesian culture which can lead to feelings of shame and guilt on the family. This feeling is one of subjective burden, and has more impact on the family burden compared than anxiety.

From many researches strengthen the result of this research that there is no significant correlation between anxiety and burden perception which is possible of the subjective burden is not significantly than objective burden.

CONCLUSION
From the description above it can be concluded that anxiety is not always affected to the high burden perception of family in caring the child with mental retardation. There are many factors in subjective burden which can affected burden perception beside the anxiety.

SUGGESTION
Anxiety and burden perception is one the psychosocial problems will be faced by the family who caring the child with mental retardation. The problems must be solved with the right action. Mental health nurses have to identify the problems and take the right action in order to create the good function of family.

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