

Development of Eating Ability in Moderate Intellectually Disabled Children at Wisma Gondosuli 8 Bhakti Luhur Orphanage, Malang

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Abstract: In everyday life, humans need food, therefore everyone must have eating skills, including children with moderate intellectual disability. This research is focused on children with moderate intellectual disability with the inability to eat independently. This study aims to describe: the ability to develop self-feeding in children with moderate intellectual disability. This research is a qualitative descriptive study. The research subjects are two intellectually disabled children in grade 2 SDLB who live in Bhakti Luhur Orphanage, Malang. Data collection was carried out by observation (participant) because the researcher lived with the children and the data was documented. The steps of data analysis used descriptive qualitative analysis, namely presenting data in narrative form. The results showed that the ability to develop self-feeding in moderate intellectual disabled children was still in the moderate category because it still needed further assistance and training. Suggestions for companions to remain patient and diligent in training the abilities of moderate intellectual disabled children to train them repeatedly in the same way until children have eating skills.

Keywords: self-development ability to eat, moderate intellectual disabled children

INTRODUCTION

Intellectual disabled children are children with special needs who have intellectual limitations. Intellectual disabled children are children whose intelligence are significantly below the average intelligence of children in general, accompanied by obstacles in adjusting to the surrounding environment (Apriyanto, 2012). The intellectual development of intellectually disabled children is slower than normal children in general. According to (Garnida, 2015) intellectually disabled children are children who actually experience obstacles and retardation in mental-intellectual development below the average child in general, so they have difficulty in completing their tasks properly.

The intellectually disabled are classified into 3, namely the light intellectually disabled, the moderate intellectually disabled, and the severe intellectually disabled. An intellectually disabled child of the moderate category has an IQ ranging from 20/25-50/55 and can only be trained to take care of themselves (activities of daily living), and perform social functions according to their abilities (Efendi, 2006). In addition, the classification of intellectually disabled children has long been known as children with mild mental retardation, children with moderate mental retardation, and idiot for children with severe and very severe mental retardation (Apriyanto, 2012).

The characteristics of intellectually disabled children are different from other children with special needs. According to (Garnida, 2015) a person can be said to be an intellectually disabled child if he has: (1) Inhibition of intelligence functioning in general or below average; (2) Inability to behave socially / adaptively; (3) Barriers to social/adaptive behavior occur at the developmental age. Because of these various obstacles, intellectual disabled children tend to be alone if the social environment in which they develop does not care about them. According to (Sudrajat & Rosida, 2013) the characteristics of intellectually disabled children include: (1) Slow in learning new things; (2) Difficulty in generalizing and learning new

things; (3) The ability to speak is lacking for children with severe intellectual disability; (4) Physical disabilities and movement development; (5) Lack of self-help ability; (6) Unusual behavior and interactions; (7) Continuous inappropriate behavior. These various characteristics reflect that service for intellectual disabled children deserve better attention. One of them is by caring for the future of them such as always giving sincere love to them every day.

Physical appearance of intellectual disabled children also different from other children with special needs. (Garnida, 2015) mentions the physical characteristics and appearance of them namely: (a) Unbalanced physical appearance, such as the head is too small or too big; (b) Unable to take care of himself according to the age of a normal child in general; (c) There is no or very little attention to the surrounding environment; (d) Lack of coordination of movements or movements that are sometimes uncontrollable.

There are many obstacles in carrying out activities that make intellectually disabled children tend to be moody or even passively carry out activities that should be carried out by children of their age. The difference between them and other normal children in the learning process lies in the obstacles and problems or learning characteristics. The difference in the learning characteristics of intellectually disabled children with their peers is that they have problems in terms of: (1) their level of proficiency in solving problems; (2) Generalizing and transferring something new; (3) Interest and attention to the completion of the task.

The problem of intellectually disabled children who have very low intellectual abilities accompanied by low development of adaptive behavior will also have a direct impact on their daily lives. Children with these obstacles will experience difficulties and problems in living their lives. These problems according to (Kemris and Rosnawati, 2013) are as follows: a) The learning problems of intellectually disabled children have difficulties in thinking abstractly and have to learn with concrete objects. There are several things that can be considered in their learning process according to (Kemris and Rosnawati, 2013).

The problem of adjustment is a special difficulty for them when they are faced with understanding and interpreting an environmental norm. The problem of adjustment is that they take actions that are not in accordance with the norms where they live. Most people think that the behaviour of them is strange and unusual in terms of the normative size that is not in accordance with the development of his age.

Personality problems of intellectually disabled children is that they have a different personality from children in general. This personality is related to environmental factors and experiences when he was a child. Personality problems of them according to (Kemris and Rosnawati, 2013), namely: Isolation and Rejection of the Society because of the strange behaviour of them in socializing with their peers. Low Awareness of them is influenced by low cognitive process factors that have an impact on low personality processes.

Self-development learning for intellectually disabled children is being adapted to their characteristics and abilities. Self-development learning is learning that is expected to help them to be independent and not depend on others. Self-development is an effort to build an individual self both as an individual and as a social being through education in the family, school and in the community so that the realization of independence with adequate involvement in daily life (Astati, 2010).

Self-development learning needs to be given to intellectually disabled children as an effort to provide provisions for the future. Self-development education has deep principles and functions, especially for mentally retarded children and as a knowledge for families and communities. In Bhakti Luhur, various disabilities are treated according to their respective categories. Self-development learning is one of the special programs given to intellectually disabled children, namely taking care of themselves, self-help, daily skills, daily activities (activity of daily living). This activity is an effort to provide education for them so that the

children can be independent, especially in life and so that they are able to adapt to their environment.

The goal of self-development is given to children with special needs so that they are able to carry out activities of daily needs and no longer depend on the help of others and can grow their self-confidence (Sudrajat and Rosida, 2013). The existence of self-development for children with special needs becomes more aware of ways to carry out activities related to their daily life needs without having to wait for help from others.

According to (Sudrajat and Rosida, 2013) the scope is: a) Self-care is the ability to carry out basic daily activities for people in general, for example: (a) Recognizing and using eating utensils and drinking utensils; (b) Perform personal hygiene such as bathing, brushing teeth, cleaning after urinating and defecating and grooming without the help of others.

According to (Sudrajat and Rosida, 2013) the purpose of providing reinforcement is as follows: 1) Provide feedback for students on their behavior, so that they can control the behavior of these students from negative to positive. 2) Improve and focus students' attention on the learning material being discussed. 3) Encouraging, generating and increasing students' learning motivation to make it easier for students to learn. 4) Giving rewards and encouraging students to be more active in participating in the learning process. There are two types of reinforcement, namely: (a) Non-verbal reinforcement (head movements, cheerful faces, smiling, laughing. In addition to strengthening, there are also self-development learning methods. Sudrajat and Rosida (2013: 1).

The ability to eat is part of a self-help education program that is taught to children so that they can be independent in eating so they don't depend on others. In order to increase children's independence in carrying out good eating activities, it is necessary to carry out continuous training for children. The attention and affection of caregivers, and those around them are also highly expected in providing education to children, so that children feel comfortable and motivated in carrying out the tasks assigned to them. The ability to eat well must be learned by all children also for children with moderate intellectual disability.

Observations showed that the intellectually disabled child was not yet able to take their own food in turns with their other friends. Self-eating needs to be taught to children with moderate intellectual disability because it makes children independent in eating activities without help from others. The indicators are: 1) can take plates, spoons and forks, 2) can scoop rice using a spoon, 3) can spoon vegetables using a vegetable spoon, 4) can take a side dish with a fork and put it on a plate, 5) can eat using a spoon and fork, 6) can chew food without making a sound, 7) can eat without spilling, and 8) can tidy up spoons and forks after eating.

Learning methods for intellectually disabled children have special principles that must be known by caregivers, including: individual approach, Practical Approach, (Approach by means of continuous practice. According to (Garnida, 2015) the special principles for these children are: 1) the principle of compassion: children with intellectual disabilities often experience difficulties in carrying out their academic tasks. The difficulties they experienced had an impact on the decline in their enthusiasm for learning. Caregivers must be more intensive in supervising these children. The way to raise the spirit of these children is through a gentle, patient, willing to sacrifice, friendly and sociable attitude so that the self-confidence of the intellectual disabled child grows. 2) Demonstration Principle: children with intellectual disability have weaknesses in terms of abstract thinking. They always have difficulty imagining things without a concrete picture or example. So caregivers must provide training in accordance with the conditions in the surrounding environment. Because these children are more interested in concrete things. Using props will make it easier for them to digest the meaning of the exercises given by the caregiver.

Eating is a vital need for humans from infants to adults, all need food. If you don't eat, your body will feel weak, and you will easily get sick. The type of food eaten not only fills the

stomach so it is not empty but serves to replace damaged body parts and to increase energy. (Wantah, 2008) Eating is putting food into the mouth to be chewed and then swallowed. If you just put food in your mouth and then vomit again, it's not eating.

In carrying out eating activities, of course, it is necessary to have good eating procedures, how to sit, pray before and after eating, how to take food, how to hold a spoon and put it in your mouth, eat without spilling it. However, in everyday life it is not easy, there are still problems found when eating, children are not able to eat regularly as taught, especially when they eat alone without companion, there will be difficulties like fighting about who is first. How to eat is one of the most important things for children with moderate intellectual disability with the aim of being independent. The procedure for eating using a spoon begins from the sitting posture, how to dress at mealtimes, chew time, how to take food and how to hold a spoon correctly.

METHOD

This research use descriptive qualitative approach. According to (Suharsimi, 2005) descriptive research only intends to describe, not intended to test hypotheses. This study was chosen by researchers because researchers intend to describe the ability to develop self-feeding in moderately intellectual disabled children who are in a Bhakti Luhur Orphanage through observation, interviews and documentation.

The research location is the place where the research takes place and this research location influences the research results. This research is where the researcher is in a very close range and wants to know the ability to develop self-feeding in moderately intellectually disabled children who stay approximately two and a half year at the Bhakti Luhur orphanage in Malang.

This study focused on two moderately intellectual disabled: children who entered the orphanage at the same time with almost the same age of 9 years with slightly the same background: they were being abandoned by both parents and lived with their grandmother which resulted in a slow progress in participating in activities at the orphanage.

This study uses descriptive qualitative research by looking at the phenomena that occur in the field. The study began with observation of the subject and then continued with direct interviews with caregivers. From the results of observations and interviews, the researchers compared with the theory about intellectually disabled children, their characteristics and problems.

Collecting data through direct observation/participant observation, because the researcher lives with the children, and takes part in self-help eating activities with the children who are observed directly by the observer among others: Ability to take rice, side dishes and vegetables. In taking rice, side dishes and vegetables from the dining area, there were several aspects that have been able to be done independently without the help of a companion and there were aspects that have not been able to be done and still need assistance from a companion. The aspects that have been able to be done by themselves were; holding a ladle, using a ladle; bringing rice to a plate and pouring rice on a plate, and holding a vegetable spoon; take vegetables, and bring and pour vegetables on a plate. While the aspects that were still carried out with the help of a companion when holding a fork; take the side dish using a fork, put the side dish on the plate. When practicing preparing food by taking rice, side dishes and vegetables from the dining area, there are some aspects that can be done independently without the help of a companion and there are aspects that have not been able to be done and still need help from caregivers. The aspects that have been able to be done by themselves are; holding a ladle, using a ladle, bringing rice to a plate and pouring rice on a plate, and holding a vegetable spoon.

The ability to eat with a spoon and fork from the participant.

OT, When eating using a spoon and fork, the aspects that they can do on their own were; able to hold a tablespoon with the right hand, able to scoop enough food, able to put food in the mouth, and chew food slowly. While the aspects that have not been able to be done alone and still with the help of caregivers were: holding a fork.

NF, when eating using a spoon and fork, the aspects that they have been able to do on their own were; able to hold a spoon with the right hand, able to hold a fork with the left hand, able to scoop enough food, and able to put food in the mouth. While the aspects that have not been able to be done by themselves and still with the help of caregivers were: using a fork.

The ability to apply proper eating habits from the participant.

OT, when applying polite eating, aspects that they can do on their own were: praying before and after eating, able to scoop food without making a sound, able to chew food with his mouth closed, and able to swallow food slowly. While the aspects that have not been able to be done alone and are still with the assistance of a companion were; the sitting position of the child must be upright (calm, neat and polite, look at the plate and food), take food according to the needs, not talk much and not joke during eating and be able to maintain oral hygiene during eating.

NF, when eating can't sit up straight, don't look at the plate and food, this is because the subject can't be calm and actively move and always talk and joke with friends beside him. When taking food that must be in accordance with their needs, the subject took a lot of food, ate, and there was still rice and side dishes on the plate.

The ability to tidy up the dining table after eating.

NF, when tidying the dining table after finishing eating, aspects that have been able to be done alone were; Self-Development Ability to eat tidy up rice, side dishes and vegetables and get rid of dirty cutlery. While the aspects that have not been able to be done alone and still with the help of the teacher were; able to clean the table from scattered food and be able to tidy up the seat by putting the chair close to the dining table.

OT, after eating, did not clean the table from the scattered food and did not tidy up the seat by closing the chair at the dining table because every time he finished eating, the subject went straight out of the dining room and play with his friends, so the subject after finishing eating did not tidy up the place.

At Wisma Gondosuli 8, Bhakti Luhur orphanage in Malang, the caregivers provide continuous guidance with repeated exercises that can change the ability of moderate intellectual disabled children to be better. In addition, the ability to eat can be improved by using demonstration.

The technique of presenting and analysing the data used is descriptive qualitative analysis, namely presenting data in narrative form. (Arikunto, 2005) stated that qualitative descriptive analysis only uses simple data exposure. The data exposure is then followed by a qualitative interpretation, which is described in words to obtain a conclusion which is carried out using the principle of induction which puts forward a description that starts from the specific (Sukardi, 2006). The conclusion drawn by the principle of induction is what will answer the problem formulation.

RESULT AND DISCUSSION

Result(s)

The Bhakti Luhur Orphanage, at Jalan Gondosuli 8, Lowokwaru Malang is one of the units of Bhakti Luhur Orphanage in Malang. At Bhakti Luhur Orphanage, children with intellectual

disability range in age from seven to nine years old, are in a good condition. When they come for the first time they have difficulty for one to two weeks or even a month to adjust both for eating/drinking, bathing and dressing, because at home they usually eat at any time and at any place Bathing and dressing is also difficult for them.

The subjects in this study were intellectual disabled children in the second grade of SDLB Bhakti Luhur Malang. The research subjects were two children: OT, have the characteristics of easy to socialize, easy to forget, so he often doesn't complete tasks well. NF, have soft and quiet characteristics, have physical completeness as in normal children. The two research subjects according to the ability to eat are still with the help of caregivers. The two subjects in their daily activities follow the schedule of activities at the homestead, including: participating in activities at the homestead, for example, every morning, participating in prayer together at the homestead with the caregivers, helping with household chores. Subjects have physical completeness as in normal children. Their daily activities follow the schedule of activities in the orphanage, including: being involved in activities at the house every morning, participating in prayer together at the homestead with the caregivers, helping with household chores.



Figure 1. OT in eating activity (OT eat using spoon and fork still with help, OT After eating the tablespoon, face down with the help)



Figure 2 NF eating activity (NF can scoop rice, NF can scoop vegetables, NF eats using spoon and fork still with help, and NF After eating the tablespoon face down with help)

Discussion(s)

Efforts to provide training for independence in self-help eating are for children with moderate intellectual disability, the obstacles that are often faced by caregivers are in accordance with the intellectual limitations of these children. For this reason, in practicing self-development according to (Kemlis and Rosnawati, 2013:26) certain things need to be done

such as: (1) The material being taught needs to be broken down into small parts and arranged sequentially; (2) Each part of the material is taught one by one and is done repeatedly; (3) Exercise activities should be carried out in concrete situations; (4) Give children encouragement when they are learning something; (5) Create a pleasant learning atmosphere. This is what caregivers need to do. The exercises that have been given repeatedly show results that are not optimal where the subject has not been able to be independent in eating self-development. Based on the results of observations and discussions with the caregivers that the use of direct learning methods to children showed results in the moderate category.

Ability to take rice, side dishes and vegetables

The ability to take rice, vegetables and side dishes is very low when the subject is passive, if there is no companion even though it has been taught by the demonstration method where the caregiver gives an example and the child follows. According to (Sudrajat and Rosida, 2013) the purpose of the self-development exercises given is so that they are able to carry out daily activities and not depend on others. In addition, if they are able to do it themselves, it will foster self-confidence.

Ability to apply polite eating

The ability to eat politely is one of the important parts in developing self-eating, the subject can sit up straight, calmly, pray before and after eating, patiently waits for their turn to take food, takes food as needed, eats slowly not while talking, joking or standing while eating, able to eat without spilling, tidying up spoons and forks after eating, maintaining cleanliness at the dinner table (wiping his mouth with a tissue or napkin.)

Ability to eat using a spoon and fork.

The ability to recognize eating utensils and be able to use a spoon and fork appropriately where the right hand uses a spoon and the left hand uses a fork, and scoop food into the mouth. According to (Sudrajat and Rosida, 2013), self-care in self-eating is the ability to perform basic daily activities for people in general, for example: (a) Recognizing and using eating utensils and drinking utensils; (b) Perform personal hygiene.

This is not easy, they need caregivers who are intensive in mentoring. The way that must be done in raising the motivation of intellectual disabled children is through a gentle, patient, willing to sacrifice, friendly, sociable attitude so that self-confidence in these children grows. According to (Garnida, 2015) the special principles for intellectual disabled children are: 1) the principle of compassion. These children who have intellectual disabilities often have difficulty in carrying out tasks, 2). Principles of Habilitation and Rehabilitation. These children have limited abilities but in certain fields they have abilities or potentials that can still be developed. Habilitation is an effort made by someone so that children realize that they still have abilities or potentials that can be developed even though these abilities or potentials are limited. Rehabilitation is an effort carried out in various forms and ways, little by little to restore lost or not functioning optimally.

CONCLUSION

Based on research conducted by researchers related to the ability to develop self-feeding in moderately intellectual disabled children, it can be concluded that self-eating learning needs to be given to these children as an effort to provide provisions for their future with the aim of being able to carry out their own daily activities independently in this case. eating and drinking. Self-eating learning activities are continuous and repeated efforts accompanied by various methods used according to their abilities and characteristics. Indicators of the ability

that need to be achieved, namely: 1) the ability to take rice, side dishes and vegetables, 2) the ability to eat using a spoon and fork, 3) the ability to apply a polite way of eating.

Learning self-eating with several learning methods, including an individual approach; this method is used according to the limited circumstances of the children who are different from normal children. 1) these Children with disabilities are served individually so that they get full attention. Any mistakes are immediately recognized and corrected. 2) Practical approach considering the limited ability of these intellectual disabled children: so the exercises given must be simple and practical. In addition, they can be trained by demonstrating how to sit politely, taking rice, vegetables and side dishes.

Based on the results of the research above, the results are in the moderate category because they still need further assistance and training until the child is independent or has eating skills without the help of others. Based on the conclusions above, it is recommended for caregivers to remain patient, diligent and creative in looking for more interesting ways to train the two intellectual disabled subjects.

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