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The Parents Experience in Caring Children with Learning Difficulties in Children and Adolescent Polyclinic in National Mental Health Hospital

Windy Freska [a], Zabidah Putit [b], Reni Dayati [c]

[a] Mental Health Nursing Department, Faculty of Nursing, Andalas University, Padang
[b] Medical Faculty, University of Serawak, Malaysia
[c] Nursing Academy, POLTEKES, Health Ministry, Padang

*correspondent email: windyfreska88@gmail.com

Abstract

Purpose: This exploratory, qualitative study was conducted to explore parents experience for parenting a child with learning difficulties . **Method:** We recruited a purposive sample of 6 mother who were caring for a child with learning difficulties at home from children and adolescent Polyclinic in national Mental Health Hospital, semi-structured interviews between April and June 2015. Each interview lasted for about an hour. We analyzed the interview data using qualitative content analysis. Data was analyzed by applying Collaizi technique. **Findings:** The research identified themes: Provide an emotional response and physical response in parenting, Participants face challenges in accepting and adapting to their child's learning difficulties in the form of emotional responses as well as physical responses. **Conclusions:** Our findings indicate a few important educational needs of parents in caring for a child with learning difficulties To facilitate effective parenting, holistic and individualized needs assessment, families especially mothers will face challenges in accepting and adapting to their children such as stress, changes in the lifestyle of the mother and her family, In addition to adapting to the condition of the child, the mother also struggles to be able to face the pressure in treatment and confusion in the future for her child.

Keywords: Caring children, Children with learning difficulties, Parents

INTRODUCTION

Learning difficulties refer to a group of mental disorders characterized by difficulty in learning basic academic skills that are inconsistent with the age, educational attainment or intellectual abilities of a child (American Psychiatric Association, 2013). Learning difficulties in children include one psychological disorder characterized by a gap between the ability of intelligence level with academic achievement that should. Children with learning difficulties often exhibit disruptive behaviors such as anxiety, anxiety, anger, and disorders that significantly interfere with the daily activities of the child. Beginning at the stage of childhood and is associated with a decrease in information processing that is part of the central nervous system (Karande, Mehta, &Kulkarni, 2011).

In the United States about 15% of the child population has learning difficulties, and most require special handling through exceptional education (Karande & Kulkarni, 2011). According to Smythe, Everatt, and Salter (2011), the prevalence of dyslexia reaches 6% to 10% of the children's population in Finland and Japan, as well as the UK and Hong Kong which increased by 10% prevalence of children with learning difficulties up to 1.5 times In a 3-year period of 10% in 2007 (Chan, Ho, Tsang, Lee, & Chung 2009). Riskesdas (2013) presents information on the prevalence of children with disabilities including children with learning difficulties. This data shows that the percentage increased almost 2-fold compared to the results of Riskesdas in 2013.

In Leaner's study (1998 in Abdurrahman 2012) say there are three kinds of parental reactions to their child who have learning difficulties, ie refusing

or not accepting reality, over-compensating, and accepting children as they are in the study (ho et al, 2011) found that most participants expressed a sense of dissatisfaction with the information they received in the hospital about the condition of their children with learning difficulties both in terms of the process of disease, needed care at home, and support from a professional team. Handle the problem with the child. Parents also say they need encouragement, support and discussion about alternatives to effective childcare in their families who are experiencing health problems in the long-term process.

Padang National Mental Health Hospital is the only mental hospital located in West Sumatra, especially the city of Padang. They have various forms of services one of them in child and adolescent Polyclinic. Based on data from medical records of children with learning difficulties is the most diagnosis every year in Children and Adolescent Polyclinic in national Mental health Hospital Padang.

METHOD

This research is a qualitative research with phenomenology approach. This research is related to subjective experience of the participant hence the determination of the participant refers to certain inclusion criteria that must be possessed. The inclusion criteria of participants who will be involved through in-depth interviews in this study are parents who have experience in parenting children aged 6-12 years who have difficulty learning in polyclinic of adolescent children RSJ. Prof. HB. Saanin Padang. The sampling method used in this research is purposive sampling. Proposal writing started from March to June 2015, data collection and data processing took place from August to September 2015, and the writing of research reporting in September 2015. The main research instrument in this study was the researcher himself (human instrument), while the question content was only Is a guideline during interviews and develops according to research topics to achieve research objectives. The tools used in data collection are voice recorder recorder and field notes. Researchers used data analysis methods based on the data analysis phase according to Colaizzi (1978, in Polit & Beck, 2012).

FINDINGS

Participants in this study amounted to six mothers who have experience in caring for children learning difficulties. Participants in this study amounted to six mothers who have experience in caring for children learning difficulties.. The research identified themes: The research identified themes: Provide an emotional response and physical response in parenting, Participants face challenges in accepting and adapting to their child's learning difficulties in the form of emotional responses as well as physical responses**.**

Provide an emotional response and physical response in parenting

Participants face challenges in accepting and adapting to their child's learning difficulties in the form of emotional responses as well as physical responses. Emotional responses felt by participants such as sadness, stress, anger, confusion, and then self-introspection on what happens to the child. It is like the following participant expressions:

> ".. his father likes to angry directly to the child if not heard his orders, he said the boy must be strong not weak like a woman" (P1)

> "... sometimes I get stressed too ,,, like to cry myself ... how else to face this child ,,, (eyes glassy glass ,,, envy also see other normal children, who learn smart, independent, not always

accompanied by their parents , especially when studying (P2)

In addition to the participants' emotional responses, some participants also displayed a child's response to the child, either verbally responding to children's scolding, threatening children, and acts of violence ranging from pinching, hitting and even kicking children to children as some of the following participants said:

".. His father was angry .. ga used to hand, now he's playing his hands (hitting) .." (P1)

".. also likes to lie to me and his father about the value at school, if caught his father must be scolded again, sometimes to hit, I do not have the heart too sometimes, but if not hard educate him does not change (P2)

"Yes, I can not be rude to children, but his father can not be patient, if his son makes an act of going straight to play, daddy rage, if the same I can not be time taught, his father immediately intervened, until his son cried when learning the same her father .. "(P3)

DISCUSSION

This study found some types of stress faced by parents in caring for children learning difficulties, emotional stress found in the sad when the words are not heard by parents, stress facing children with slow response, mourn the condition of children with crying, a very upset feelings in children, the stress experienced when taking care of the household while nurturing a child with learning difficulties, the quarrels experienced by parents during parenting with learning difficulties, and feelings of failure to become parents.

The long-term impacts of verbal abuse in children are causing a chain of family violence. The results are in accordance with the results of related research that has been done by Munawati, another result in the long term that children who get verbal violence can do the same later on to their children when they become parents. This happens because the essence of children is a master copy (Munawati, 2011).

In addition to emotional responses, the study also featured parents who demonstrated the physical response or behavior of child abuse in the care of children with learning difficulties, such as abandonment of children, hitting children, pinching children, scolding or yelling at children, kicking children when patience is exhausted, and threats done parents when what is ordered is not done by the child.

Rogers' (2010) emotional stress study was evident in the first year of diagnosis, and it was noted that emotionally supportive parents were better able to deal with day to day demands and pressures. Families especially mothers will face challenges in accepting and adapting to their children such as stress, changes in the lifestyle of the mother and her family, In addition to adapting to the condition of the child, the mother also struggles to be able to face the pressure in medication and confusion in the future for her child . From the results of this study in general feelings of sadness experienced by participants. This is due to a mismatch between expectations and reality experienced by mother and family because of problems experienced by children (Kozier et al, 2008). Parents with children with learning difficulties require adjustment in many ways because they are children with disabilities leading to difficult changes in family dynamics (Kallahan, 2008).

CONCLUSIONS

The findings of this study indicate a few important health concerns and education needs of parents in caring for a child with learning difficulties such as psychological support and information needs. Information is needed regarding the illness and the available family support services in order to assist parents in providing effective care for their child with Learning Difficulties. To facilitate effective parenting, holistic and individualized needs assessment and education should be.

In the study also revealed that the presence of children learning difficulties in a family can change the routine of the family, the impact resulted in parents experiencing higher levels of stress than the parents with normal children, the stress is caused by more demands on parents both in terms of time, energy, finances, emotions, and lack of confidence in their ability to handle their child's needs. The hardest truth parents receive is that the fact that their abak is having trouble learning difficulties, this includes the child's communication skills, and the behavior of the child in behaving. stress because children with learning difficulties occur because of a situation that exceeds the ability of coping parents, for example sajaanak require continuous supervision, this makes parents experience tension. (Burns, 2010).

REFERENCES

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders, 4th text revised version (DSM IV-TR). Washington, DC: Author. Antshel, K. M., & Joseph, G. R. (2006). Maternal stress in nonverbal learning disorder: a comparison with reading disorder. Journal of Learning Disabilities, 39(3), 194e207. http://dx.doi.org/10.1177/0022219406 0390030101

Bowen, G. A. (2008). Naturalistic inquiry and the saturation concept: a research note. Qualitative Research, 8(1), 137e152. http://dx.doi.org/10.1177/1468794107 085301 Bull, C., & Whelan, T. (2006). Parental schemata in the management of children with attention deficit-hyperactivity disorder. Qualitative Health Research, 16(5), 664e 678. http://dx.doi.org/10.1177/1049732305 285512

Burns, N., & Grove, S. K. (2010). Understanding nursing research: building an evidence-based practice (5th ed.). St. Louis, MO: Saunders Elsevier. Buschgens, C., van Aken, M., Swinkels, S., Altin, M., Fliers, E., Rommelese, N., et al. (2008). Differential family and peer environmental factors are related to severity and co-morbidity in children with ADHD. Journal of Neural Transmission, 115(2), 177e186. http://dx.doi.org/10.1007/s00702- 007-0838-x

Chan, C. W. (2008). Overview of specific learning disabilities/dyslexia developments over the last decade in Hong Kong. Hong Kong Journal of Paediatrics, 13(3), 196e202.

Chan, C. W., Ho, C. S. H., Tsang, S. M., Lee, S. H., & Chung, K. K. H. (2008). Estimating incidence of developmental dyslexia in Hong Kong: What differences do different criteria make? Australian Journal of Learning Difficulties, 13(1), 1e16.

http://dx.doi.org/10.1080/1940415080 2093695

Chang, M. Y., & Hsu, L. L. (2007). The perceptions of Taiwanese families who have children with learning disability. Journal of Clinical Nursing, 16(12), 2349e2356. http://dx.doi.org/10.1111/j.1365-2702.2007.02013.x

Elder, J. H. (2001). A follow-up study of beliefs held by parents of children with pervasive developmental delay. Journal of Child and Adolescent Psychiatric Nursing, 14(2), 55e60. http://dx.doi.org/10.1111/j.1744-6171.2001.tb00293.x

Gilstrap, L. L. (2004). A missing link in suggestibility research: What is known about the behavior of field interviewers in unstructured interviews with young children? Journal of Experimental Psychology: Applied, 10(1), 13e24. http://dx.doi. org/10.1037/1076-898X.10.1.13

Ho, S. W. C., Chien, W. T., & Wang, L. Q. (2011). Parents' experiences of caring for a child with attention deficit hyperactivity disorder: an exploratory study. Contemporary Nurse, 40(1), 41e56. http://dx.doi.org/10.5172/conu.2011.4 0.1.41

Karande, S., & Kulkarni, S. (2009). Quality of life of parents of children with newly diagnosed specific learning disability. Journal of Postgraduate Medicine, 55(2), 97e103. http://dx.doi.org/10.4103/0022-3859.52839

Keller, D., & Honig, A. S. (2004). Maternal and paternal stress in families with school-aged children with disabilities. American Journal of Orthopsychiatry, 74(3), 337e348. http://dx.doi.org/10.1037/0002-9432.74.3.337

Kenny, K., & McGilloway, S. (2007). Caring for children with learning disabilities: an exploratory study of parental strain and coping. British Journal of Learning Disabilities, 35(4), 221e228. http://dx.doi.org/10.1111/j.1468-3156. 2007.00445.x

Lam, C. (2005). Services for developmental dyslexia in Hong Kong. Hong Kong Journal of Paediatrics, 10(2), 149e152.

Lee, R. L., & Mok, E. S. (2011). Seeking harmony in the provision of care to the stroke-impaired: views of Chinese family caregivers. Journal of Clinical Nursing, 20(9-10), 1436e1444. http://dx.doi.org/10.1111/j.1365-2702.2010.03500.x

Munhall, P. L. (2000). Qualitative research proposals and reports: a guide (2nd ed.). Sudbury, MA: Jones and Bartlett.National Institute for Health and Clinical Excellence. (2008). Diagnosis and management of ADHD in children, young people and adults. NICE clinical guideline 72. London, UK: Author.

Riset Kesehatan Dasar (Riskesdas). (2013). Badan Penelitian dan Pengembangan. Kesehatan Kementerian RI tahun 2013. Accessed on June 2015.