

DAILY LIVING SKILLS INDEPENDENCY ON VISUALLY IMPAIRED TEEN

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Abstract.

The prevalence of blind people in Indonesia reaches 1%. Data reported by the Central Statistics Agency (BPS) states that around 40% of the 3.75 million blind people in Indonesia were school-age children. Blind teenagers must be able to live in a community environment properly and must be able to adapt to the surrounding environment. They were required to be able to live independently. Independence has a great influence on the future of the child, if it is not responded to appropriately it can have a detrimental impact on the psychological development of the child. Basic knowledge and skills for the blind are those that lead to daily activities (activity of daily living). This study was purposed to see Daily Living Skills independency on Visually Impaired Teen in DKI Jakarta. total sampling was used and 64 respondents were obtained with a quantitative approach. Data collected with Assessment sheet and then analyzed. The results showed that of 64 visually impaired adolescents, 31 total blind (TB) and 33 low vision (LV). Based on the independence of the Daily Living skills, most of them were lived independently on activity daily living.

Keywords: daily living, skills independency, visually impaired teen

1. INTRODUCTION

Persons with visual impairments in the world reached 285.4 million people out of a total population of 6,737 million people [1]. Countries in Southeast Asia have 28 million blind people from a total population of 579 million people. Based on these data, Southeast Asia is the fourth most visually impaired region in the world. In Southeast Asia alone, the highest rate of blindness is held by Bangladesh with a prevalence of 1.6% and followed by India (1%), while Indonesia is in the third position in Southeast Asia with a prevalence of 0.9%. This number is quite higher than other countries such as Thailand (0.59%), Myanmar (0.58%), Nepal (0.35%) and Bhutan (0.33%) [2]. Data from the Ministry of Health shows that the number of blindness in Indonesia is 1.5% of the total population or around 3.6 million people. Jakarta has around 90,000 people with visual impairments from a total population of 9 million [3]. Blind people must be able to live in a community environment properly and must be able to adapt to the surrounding environment, because not every person is able to provide assistance morally and materially to people who experience abnormalities such as the blind. In terms of socializing and making a decent life for the visually impaired, then every blind person is required to be independent, for that he or she must get proper education like a normal person socially and economically [4]. Independence has a great influence in the future of the child, if it is not responded to appropriately it can cause adverse effects on the psychological development of the child. At that time the child is looking for themselves. For that parents must provide guidance and direction to children to prepare children to navigate life in the future [5]. The expected independence of the blind is independent to live and move like "normal people" but adapted to their potential and needs as blind

people. Having and mastering skills in daily life activities requires gradual, continuous, and serious training. This exercise is very important, so that they later have adequate skills, so that they are able to be independent without asking for help from others. Activities carried out include hand washing, eating, drinking, body hygiene, dressing, using the toilet, dressing up and using shoes. Exercise can use the senses that are still functioning (the rest of vision, hearing, touch, smell and kinesthetic). Blind people who master the ADL will be able to enter social relations well, not awkward, and even arise self-confidence. Blind people who are able to dress clean, neat, and harmonious will be well received in their social environment [6].

2.MATERIALS AND METHODS

This research was designed to be a quantitative study with survey descriptive. It was conducted at the Special Education School type A (SLB-A) in DKI Jakarta from November 2018 to January 2019. Preliminary study was conducted on September 2018 to get information about how many school and adolescent students was there in DKI Jakarta. Sample was determined by criteria, teenagers on school age (from elementary to high school). There was 64 respondent that meet the criteria teenagers with visually impaired in two school, on SLB Pembina Tingkat Nasional Jakarta (43 respondent) and PSBN Cahaya Bathin (21 Responden). The questionnaire in this study consisted of two parts, namely a questionnaire regarding demographic data and data on the independence of adolescents with visual impairments. For demographic data consists of gender, age, education. As for data on ADL independence, it consists of: hand washing, eating, drinking, personal hygiene, dressing, using the toilet, dressing up and using shoes. The rating scale uses a rating scale, that is, this scale is a list containing behavioral characteristics, which are recorded in stages. This rating scale can be a data collection tool for grouping, classifying and assessing a person or a symptom. Rating scale in descriptive form is by means of the observer giving a check mark on the value (number) according to his opinion regarding these questions. The instrumen used was demographic data and standard ADL instrumen from Ministry of Culture and Education [7]. Respondents choose or do the answers using the Rating Scale, where if the child has not been able to carry out activities either with help or independently score 0, if the child is able to carry out activities with assistance, both non-verbal and verbal scores 1, if the child is able to do activities independently score 2. Interpretation of scores used in ADL independence is divided into 3 categories, namely: Children are not able to carry out ADL activities either with help or independently (score 0 - 33.33%); Children are able to carry out ADL activities with help, both non-verbally and verbally (score 33.34% - 66.66%); Children are able to carry out ADL activities independently (score 66.67% - 100%) [7].

2. RESULTS AND DISCUSSIONS

Table 1. Responden distribution and proportions (n=64)

No	Jenis Kelamin	Variant		Sum	
		Total Blind	Low Vision	Frequency	Present (%)
1.	Male	21(32,81%)	20 (31,25%)	41	64,06%
2.	Female	10 (15,63%)	13 (20,31%)	25	35,94%
Jumlah		31	33	64	100%
No	Adolescence	Variant		Sum	
		Total Blind	Low vision	Frequency	Present (%)
1.	Early	9 (14,1%)	12 (18,8%)	21	32,8%
2.	Mid	10 (15,6%)	11 (17,2%)	21	32,8%
3.	Last	12 (18,8%)	10 (15,6%)	22	34,3%
Jumlah		31	33	64	100%

No	Grade	Variant		Jumlah	
		Total Blind	Low vision	Frequency	Prosent (%)
1.	Elementary	10 (15,6%)	8 (12,5%)	18	28,1%
2.	Middle School	12 (18,8%)	17 (26,6%)	29	45,3%
3.	High School	9 (14,1%)	8 (12,5%)	17	26,6%
Jumlah		31	33	64	100%

There were two variant of visually impaired teen, 33 respondent was low visions and 31 respondent was total blind. All of them were in the range of adolescence in every school grade, most were in the middle school. The results of the research conducted by the researchers showed that blind teenagers in DKI Jakarta were able to carry out activities with assistance (1 respondent/1.6%) Total Blind and were able to carry out activities independently as many as 62 respondents (96.9%) consisting of Total Blind was 31 respondents (46.9%) and Low Vision 33 respondents (51.6%)

Table 2. Daily Living Skills independency Distribution (n=64)

No	Daily living skills	Varians			
		Total Blind	Low vision	Frequency	Prosent (%)
1.	Not able	0	0	0	0%
2.	Able wuth help	1 (1,6%)	0	1	1,6%
3.	Independence	30 (46,9% %)	33 (51,6%)	63	98,4%
Jumlah		31	33	64	100%

According to Steinberg as quoted by Desmita [8], explaining the characteristics of independence, one of which is independent acting is the ability to make decisions freely, follow up, and be responsible. Being independent in acting means being free to act alone without being too dependent on the guidance of others. Independence to act, especially the ability to be physically independent has actually started since the age of the child and increased sharply throughout the age of adolescence. That increase is even more dramatic than increasing emotional independence. This is in accordance with the research conducted by Hersiwi Kustandiyah [9], entitled, "The Descriptive Study of Activity of Daily Living with Blind People", this research is a descriptive study with a quantitative approach, this study reveals the picture of cooking that can be done by blind people with results in the day-to-day research subjects cook themselves for their food needs, and the food they cook is simple and easy to cook. Subjects with knowledge about cooking include recipes for various simple foods to be cooked daily. Particularly in this study the subjects knew about the ingredients, tools and processes of cooking rice, cooking vegetables, tamarind and frying tempeh. The independence of the visually impaired teenager is owned by the results of formal and non-formal education undertaken by these teenagers. So that they are able to carry out their daily activities independently in accordance with the theory put forward by Affifah Azahro [10], where independence is not something that is "acquired", so to achieve this must be through the effort to "gain experience". In fact, to enter the education level of children with visual impairments undergo a series of activities, ranging from examinations to determine the type of intimacy to the assessment of braille ability. For those who have not been able to understand Braille, a special class is called an observation class. This is to make it easier for students to receive the lessons that will be given. This research was generally seen in adolescents with visual impairments as being able to do activities in an assisted and independent manner. But the study was found also cases of blind people in adulthood but have not been able to carry out activities independently as in group C in PSBN Cahaya Bathin. This group C is a visually impaired adult with visual impairment of the visually impaired plus having a mental disorder. Mostly all respondent can

do the activity and has the the daily living skill that meet their needs. Most of them could do the hand washing, eating, drinking, personal hygiene, dresing, using the toilet, dressing up and using shoes but still need some supervised. Only one respondent that are need help for doing the activity because of the total blindness. This reasearch showed that activity daily living skill could be obtained from good exercise with adequate supervised.

4. CONCLUSION

This reasearch only has the respondent from teenagers that has visually impaired and the sample need to be enlarge. The instrumen has many daily living skills aspect so the result showed here were to many variation and not focused on one daily living skills aspect so the conclusion were not focused on one aspect only. We suggest the future reasearch can focused on one aspect with large samples number. Our results showed that most of Visually Impaired Teen has daily living skill that meet their need, proven by only 1 respondent who carried out daily activities with assistance. They could have done the dailly activity with their own and we hope they lived productive in the future as well.

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REFERENCES

- [1] Kementerian Kesehatan RI. 2014. INFODATIN Pusat Data dan Informasi Kementerian Kesehatan RI Situasi Gangguan Paenglihatan dan Kebutaan. (WHO, 2010 in the Ministry of Health 2014)
- [2] IAPB South East Asia Region Eye Health Study Group, 2017
- [3] Riskesdas 2013 in the Ministry of Health 2014, Kementerian Kesehatan RI. 2014. INFODATIN Pusat Data dan Informasi Kementerian Kesehatan RI Penyandang Disabilitas Pada Anak.
- [4] Sukroni, Deni. 2016. "Implementasi Penggunaan Komputer Bicara Sebagai Penunjang Pembelajaran PPKn di Kelas 7 SLB-A 'Aisyiyah Ponorogo". Fakultas Keguruan Dan Ilmu Pendidikan. Universitas Muhammadiyah Ponorogo. Ponorogo
- [5] Susilowati, Emy. 2014. "Peran Panti Asuhan Yatim Cabang Muhammadiyah Juwiring Klaten Dalam Membentuk Kemandirian Anak Asuh Tahun 2014". Fakultas Agama Islam. Universitas Muhammadiyah Surakarta. Surakarta.
- [6] Nawawi, Ahmad. 2010. "Keterampilan Kehidupan Sehari-hari Bagi Tunanetra. Fakultas Ilmu Pendidikan. Universitas Pendidikan Indonesia. Bandung.
- [7] Kementerian Pendidikan dan Kebudayaan. 2016. Modul Guru Pembelajar SLB Tunanetra. Kompetensi H. *Activity of Daily Living* di Rumah.
- [8] Desmita. (2006). Psikologi Perkembangan. Bandung. Remaja Rosdakarya.
- [9] Kustandiyah, Hersiwi. 2017. "Studi Dekskriptif Activity Of Daily Living Memasak Penyandang Tunanetra". Fakultas Ilmu Pendidikan. Universitas Negeri Surabaya. Surabaya.
- [10] Azzahro, AffifaH. 2014. "Penggunaan Tongkat pada Siswa Tunanetra SMALB dalam Melakukan Mobilitas". Fakultas Ilmu Pendidikan. Universitas Pendidikan Indonesia. Bandung.