



The Relationship between Family Support and Independence in Personal Hygiene for Children with Disabilities Ages 6–12

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Keywords:
Family Support, Intellectual
Disabilities, Personal Hygiene
Independence

ABSTRACT

Objective: This study aims to analyze the relationship between family support and personal hygiene independence among children with intellectual disabilities aged 6-12 years at SLBN Cerme District, Gresik Regency.

Methods: This research adopted a correlational design with a cross-sectional approach. The study population consisted of 45 respondents, with a final sample of 41 participants, selected through simple random sampling. Data collection was conducted using a closed questionnaire, measuring family support and the level of personal hygiene independence among children with intellectual disabilities. Data analysis was performed using the Spearman correlation test in SPSS 23.

Results: The findings indicate that 22 respondents (84,6%) demonstrated strong family support, which correlated with independent personal hygiene practices among their children. Statistical analysis yielded a significance value of $p = 0.000$ ($p < 0.05$), with $R_s = 0.639$, indicating a strong relationship between family support and the level of personal hygiene independence among children with intellectual disabilities aged 6-12 years.

Conclusion: Higher levels of family support were associated with better personal hygiene independence, highlighting the importance of providing appropriate developmental stimulation to support the growth of self-care skills in children with intellectual disabilities.

INTRODUCTION

Children with disabilities have limited intellectual and adaptive limitations related to self-care skills in children with disabilities with the ability to adjust and experience difficulties in caring for themselves so that they lack independence (Damastuti et al., 2020). Independence is a skill that needs to be taught and trained consistently, because independence does not come suddenly and in children with disabilities, independence is very important for the survival of their lives, independence covers various aspects of life, one of which is the health aspect, namely independence in maintaining *personal hygiene* (Mandasaari et al., 2022).

According to UNICEF, in 2022 around 24% of children with disabilities in groups are excluded and face various challenges in carrying out activities independently. According to the Central Statistics Agency (BPS), 15% of the male population aged 5-14 years who could not take care of themselves at all experienced severe difficulties 9% and experienced moderate difficulties of 76% of the total 219,711 people, while the female population had a percentage of 14% who could not take care of themselves, experienced severe difficulties 7% and experienced moderate difficulties of 79% of 182,174 people. In one of the East Java districts, namely Jombang Regency, as many as 24 students were researched in the level of independence in self-care, as many as 16 (66.7%) were categorized as independent and 8 (33.3%) were said to be less independent (Rosita et al., 2020).

Based on a survey at SLB Negeri Cerme Gresik, the results of interviews with Grade 1 Guardians of Extraordinary Elementary Schools said that many children with disabilities were found to have limitations in daily independence and self-care independence. Around 12 children were found to have 6 (58%) of them with moderate dependence on self-care. Thus, it can be concluded that the lack of independence *personal hygiene* To children with disabilities.

According to (Maidartati, Sri Haryati, 2018) Independence is influenced by several factors, namely internal factors and external factors, internal factors consist of physiological and psychological, while external factors consist of environment, love and affection, parenting, family support, and life experiences. Independence in children with disabilities can be achieved thanks to the support of parents and families who support them which can be a stimulus for children's development (Makaminan et al., 2023). The impact is prolonged if children with disabilities do not have independence *personal hygiene*, such as: adaptive behavior disorders, declining health status, caring families will also experi-

ence depression (Ramawati et al., 2017). Training and guidance are very important so that children are able to carry out activities independently. The training, guidance and support do not only come from formal education, but also from informal education provided by families (Iwal et al., 2023).

This research is in line with research (Kartika et al., 2020), shows that support that is often given to children such as emotional support, informational support, award support, instrumental support where in this study it is explained that family support has an important role for children's survival in this study it was found that most parents provide good support to mentally retarded children as much as 20 oarang (51.3%). In research Anisa et al., (2022) It was also explained that one of the factors of independence for children with disabilities by getting full support and motivation from the family, almost all parental motivation factors have a good effect. This study aims to determine whether there is a relationship between Family Support and Independence *Personal Hygiene* for children with disabilities at SLBN Cerme Gresik.

METHOD

This study uses a *correlational* research design with a *Cross Sectional approach*. The data collection instrument using the family support questionnaire and the *personal hygiene independence questionnaire* has been tested for the validity and reliability of *Alpha Cronbach's* (0.891) > r table (0.511) on the family support variable and *Alpha Cronbach's* (0.847) > r table (0.488) on the *personal hygiene* independence variable. Family support questionnaire using the *Family Support Scale*. This study aims to determine family support with *personal hygiene* independence in SLBN Cerme, Gresik Regency.

Research Respondents

The population in this study is all mothers who have disabled children in SLBN Cerme which totals 45 parents. and obtained 41 samples with inclusion and exclusion criteria.

Sampling in this study used *probability sampling* in the form of *Simple Random Sampling*, with the number of respondents obtained as many as 41 samples. Respondents were selected according to the inclusion criteria: families who have children with disabilities and live in one house, willing to be respondents and sign informed consent, and families who are able to read and write. The criteria for exclusion of the study were families of children with disabilities who were not present at the meeting and who were not willing to be respondents

Data Collection and Data Analysis

The researcher provides education about the importance of *personal hygiene* independence, then the researcher provides a family support questionnaire and a *personal hygiene independence questionnaire*.

The data analysis process uses *editing, Coding, Scoring, Tabulating* and *Spearman's Test* with ordinal data scale using *the SPSS 23.0 for windows program*. Ethical approval for this research was given by the University of Muhammadiyah Lamongan, with reference number: 130/EC/KEPK-S1/04/2025 which was declared Ethical for Research.

RESULT

This research will be conducted in February 2025 in Cerme Gresik District. The data is used through primary data taken from respondents through questionnaires and documentation. The study respondents consisted of forty-one mothers of children with disabilities at SLBN Cerme, and had agreed to participate through *informed consent*.

Table 1. Data on Characteristics of Parents and Children with Disabilities in SLBN Cerme (n= 41)

Characteristics of Informants	n	%
Age of Parents		
17-25 years old	6	14,6%
36-35 years old	3	7,3%
36-45 years old	12	29,3%
>45 years old	20	48,8%
	41	100
Parent Education		
SD/MI	2	4,9%
Junior High School/MTS	8	19,5%
SMA/MA/SMK	20	48,8%
Diploma/Bachelor's	11	26,8%
	41	100
Parenting Work		
		Presentase (%)
Not Working	3	7,3%
IRT (Housewives)	26	63,4%
Now	1	2,4%
Laborer	1	2,4%
Private Employees	3	7,3%
Civil Servant	1	2,4%
Merchant	1	2,4%
Miscellaneous	5	12,2%
	41	100

Monthly Family Income		
< 4,874,133-/month	23	56,1
>4,874,133-/month	18	43,9
	41	100
Child's Gender		
Man	24	58,5
Woman	17	41,5
	41	100
Child's Age		
6-9 years	18	43,9%
>9 years old	23	56,1%
	41	100
Kids Massage		
1	19	46,3%
2	9	22,0%
3	7	17,1%
>3	6	14,6%
	41	100

From table 1, it is explained that most of the parents are >45 years old as many as 20 people (48.8%), and a small number are 17-25 years old as many as 3 people (14.6%). Most of them have 20 people (48.8%) from high school, and a small percentage have 2 people (4.9%). More than most of them have a work background as many as 26 housewives (63.4%), and a small percentage have a work background as laborers, farmers, civil servants and traders as many as 1 person (2.4%). More than most of them have an income background of <4,874,133-/month as many as 23 people (56.1%). More than the majority were male as many as 24 children (58.5%). More than most of the children were >9 years old as many as 23 children (56.1%). Almost a portion of the first child is 19 children (46.3%), and a small part of children over 3 are 6 children (14.6%).

Table 2. Results of Family Support Distribution at SLBN Cerme (n= 41)

Family Support	n	%
Good Family Support	26	63,4
Enough Family Support	15	36,6
Less Family Support	0	-
Sum	41	100

From table 2, it is explained that of the 41 families in SLBN Cerme, more than 26 (63.4%) families provide good family support, and none (0%) of the families provide poor family support.

Table 3. Results of Personal Hygiene Independence Distribution in SLBN Cerme (n= 41)

Kemandirian personal hygiene	n	%
Self-sufficient	23	56,1
Moderate Dependency	15	36,6
Heavy Dependence	3	7,3
Sum	41	100

From table 3, it is explained that of the 41 families in SLBN Cerme, more than 23 (56.1%) children are independent and some (7.3%) are severely dependent children.

Table 4. Cross-tabulation of the relationship between family support and personal hygiene independence in children with disabilities at SLBN Cerme

Family Support	Kemandirian Personal hygiene							Sum
	Self-sufficient		Keep		Heavy		Total	
	N	%	N	%	N	%		
Good	22	84,6	4	15,4	0	0,0	26	100
Enough	1	6,7	11	73,3	3	20,0	15	100
Less	0	0,0	0	0,0	0	0,0	0	0
Total	23	56,1	15	36,6	3	7,3	41	100
Spearman test results r_s 0.639					$P = 0.000$			

From table 4, it is explained that from 41 families in SLBN Cerme, Gresik Regency, the results were obtained that around (84.6%) as many as 22 families provided family support, both having children independently, and (73.3%) as many as 11 parents provided sufficient family support and having moderately dependent children.

DISCUSSION

Family Support provided by Families at SLBN, Cerme District, Gresik Regency

Based on table 2, it can be explained that the family support provided by families in SLBN, Cerme District, Gresik Regency is mostly good as many as 26 parents (69%).

From the above facts, it shows that many parents provide good family support to their children, good family support for families who always meet biological and physical needs, take care of and take care of children patiently and affectionately. In line with Erikson's theory, the function of parents is to maintain and care for children in the period of child growth and development (Nurlina, 2023). As research Yuliyanti et al (2023), good family support will increase children's growth and development, a person with high support will be more successful in facing and overcoming his

problems in taking care of children.

Some of the factors that affect family support include age, education, employment Son, (2019), based on table 1 above, shows the age characteristics, namely almost some parents are >45 years old. The age of >45 is said to be late adulthood so the level of maturity in one's thinking and experience tends to be more trustworthy compared to those who are still immature. With maturity in thinking and experience of parents, it will make family support of quality, especially in terms of increasing children's independence. This is in line with Piaget's theory, the older a person gets, the more the level of care and experience of a person will increase (Indrajit, 2023). In research Makaminan et al (2023), which states that most parents are >45 years old, this age group is included in the transition period after early adulthood. This age group shows the expansion and maturation of all aspects, so it can provide good support.

Based on table 1 and showing the characteristics of the work of the family of children with disabilities, it shows that most mothers are IRT (Housewives). Housewives have a significant role in creating a family environment, housewives have more time to provide guidance and support so that it will improve the quality of support provided. According to the theory Darmadi, (2018), housewives have a very large domestic role not only in the kitchen or well but also caring for children, taking care of children, educating children. The results of this study are in agreement with the research Novianty et al (2020), that most of the work of housewives has enough free time to guide children.

Based on table 1 related to education, the results were obtained by almost some parents with a high school education. With the level of education that most of them have in high school, parents still easily receive information and in the end more and more knowledge they have. Knowledge is useful for parents in providing support and stimulation to children in accordance with their development, especially in children with disabilities, this is in agreement with Lisnawati & Apriliani (2023) Indonesia were the most victims of sexual violence in children who were attending kindergarten or elementary school (1,443 children, education means guidance that someone gives to others on

something so that they can understand. It is undeniable that the higher a person's education, the easier it is for them to receive information and in the end, the more knowledge they have.

Personal Hygiene Independence for Disabled Children at SLBN, Cerme District, Gresik Regency

Based on table 3 above, it can be explained that more than most children are independent. From the facts of independence research *personal hygiene* above that most children are independent. This independence is important as a condition for readiness to go to school, at least the child is able to do basic activities, but children with disabilities in teaching need special and consistent assistance in increasing independence. This research is in line with Farah et al (2022), that children with special needs must receive educational services that are in accordance with their level of independence, independence in basic activities is one of the indicators of the readiness of children with disabilities to enter school.

Factors that affect children's independence according to Asnur (2022), including gender, age of the child. Based on table 1, it shows characteristics of gender, namely that most children are male. Boys tend to have superior gross motor skills compared to girls, this ability plays an important role in terms of independence when doing activities such as bathing. Therefore, gender can be a factor that affects the level of independence of disabled children in carrying out their activities in carrying out their activities *personal hygiene*. This is in line with research Wahyudi et al (2024), gross motor skills in boys tend to be better than in women because they are partly influenced by muscle mass, muscle strength and have different levels of hormones such as testosterone.

Based on table 1, it shows characteristics at age, which is obtained by almost some children aged >9 years. School-age children with disabilities have the same abilities as preschool age, independence that can be done includes washing hands, brushing teeth, bathing with directions. Where at that age, children begin to learn to carry out activities independently, with continuous habituation, children will get used to carrying out activities *personal hygiene* themselves so that they grow into independent individuals. The ability of mildly disabled children aged 7-10 years has the same competency standards as normal children aged 4-6 years (Supena, 2020). In line with Erikson's theory in (Nurlina, 2023), at preschool age children will start the initiative in learning to find new experiences in

doing their activities and will do it as best as possible.

Based on table 1 related to education, the results were obtained by almost some parents with a high school education. And in table 4.7 related to the order of birth of children, most of the first order in birth is obtained. Parents with a high school education generally have enough basic knowledge to receive and process information, so that they can play an active role in educating their children, in line with research Ahmad (2025), the family has an important role as the first educator for children so that it plays a role in providing support to influence children's growth and development. As the first child, they usually tend to get more attention from parents who are enthusiastic in supporting their growth and development. According to Albert's theory, children will first get their full attention early in life from parents, with parents who are more educated, they are better able to develop parenting skills (Wahyuni & Fitriani, 2022).

In table 1 in terms of family income, it is explained that most parents have an income of less than the umr, so parents minimize expenses by teaching their own children rather than calling a therapist in training their children so that the child will become more independent and more skilled with parental attention. The higher the attention and role of parents, the higher the child's independence (Andriyani & Ramadhani, 2023). In line with Rakhmania, (2020), parents with the lower middle social class will give instruction in immaterial compared to the upper middle social class will give it in the form of meteril. According to Maghfuroh, (2020), that parents with adequate income will be able to support their children's growth and development quickly, because parents can provide all children's needs both primary, secondary, and tertiary.

The relationship between family support and personal hygiene independence in children with disabilities in SLBN, Cerme District, Gresik Regency

Based on the results of the research in cross table 4, the results of the analysis of good family support based on the results of the analysis of the relationship between the frequency of family support and personal hygiene independence, there are almost all parents who have *independent personal hygiene* independence with the frequency of good family support.

Of the two variables, the significance of these two variables was tested using the SPSS 23.0 Analysis using *Spearman test* The results were obtained that family support with independence *personal hygiene* showed the results of $p=0.000$ from the standard value of

$P < 0.05$ and $RS = 0.639$. This proves that IP is accepted, which means that there is a relationship between family support and independence *personal hygiene* in children with disabilities at SLBN Cerme with the strength of strong relationships. According to Sugiyono (2017), in determining the interpretation of the strength of the relationship between the two research variables if it is 0.6-0.8, the correlation between the two variables is said to be in a strong correlation. The strong relationship referred to in this study is that the better the family support, the more independent the independence *personal hygiene* to the disadvantaged child.

Children with disabilities have shortcomings in terms of intellect that affect their cognitive and adaptive decline so that they need good family support to be stimulation, guidance, and encouragement in building their independence. This is in line with Broonfronbranner's theory emphasizing that the family environment is an important factor in children's cognitive development and creativity. The stimulation provided by the family will determine the extent to which the child is able to develop his creativity. If children get enough stimulation, especially in the form of regular support and exercise from their families, then they will be better able to do activities independently (Irna, 2024).

Thus, the greater the attention and support of the family, the greater the opportunity for children with disabilities to achieve independence in *personal hygiene*. On the other hand, if family support is lacking, children will experience limitations in developing this independence. Therefore, good family support must continue to be improved to help children with disabilities achieve optimal independence according to their developmental stages.

CONCLUSION

Based on the results of the research and discussion, it can be concluded that: Family support at SLBN Cerme, Gresik Regency is almost mostly 26 people (63.4%) families provide good family support. *Personal hygiene independence* at SLBN Cerme, Gresik Regency, more than the majority, as many as 23 children with disabilities (56.1%) are independent. There is a relationship between Family Support and *Personal Hygiene Independence* in children with disabilities aged 6-12 years at SLBN Cerme, Gresik Regency.

SUGGESTION

For the next researcher, there is a need for further research using larger and representative respondents with a prospective approach so that the impact of fam-

ily support on the incidence of personal hygiene independence can be measured and observed.

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