

Does coping strategies have a significant relationship with quality of life among caregivers of chronic illness patients?

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Abstract

The present study aimed to investigate the coping strategies and quality of life among caregivers of chronic illness patients. The study was conducted among the caregivers from five (5) villages in Sibu District of Sarawak by using a survey research design. A total of sixty seven (67) participants were participated in this study. Two different instruments were used to measure different types of variables. Research data collected was tested and analyzed by using a descriptive statistic and Pearson Correlation. The result revealed that there was a significant relationship between the coping strategies and the quality of life among caregivers of chronic illness patients. The relationship between both coping strategies and domains of quality of life was in a moderate level. As an implication, counselors should be more aware of the types of coping strategies used by the caregivers because it can affect the individual's quality of life indirectly.

Keywords: Coping strategies, quality of life, caregivers, chronic illness, counselors

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Introduction

Chronic illnesses can be defined as illnesses that are prolonged, do not resolve spontaneously, are rarely cured completely, and may involve in some types of long-term disability that are irreversible (Sperry, Lewis, Carlson & Englar-Carlson, 2005). There are more than 100 chronic illnesses but only five are quite common among adults in United States, which are Arthritis, Cardiovascular Disease, Cancer, Chronic Obstructive Lung Disease and Diabetes (National Center for Chronic Disease Prevention and Health Promotion, 2000). Patients with chronic illnesses often struggle with a decrease in their quality of life, a concomitant decrease in their overall functionality, and an increase in attempts to cope with a life which has often been prolonged. Coping with chronic illness can be a major challenge to the patient and his or her family. This situation can be even more challenging if the patient tries to cope with the illness over a long period (Compas, B. E., Jaser, S. S., Dunn, M. J., & Rodriguez, E. M. 2012; Sadigh, M. R. 2012). According to Sperry, Lewis, Carlson & Englar-Carlson (2005), patient with chronic illness may need assistance in making emotional, behavioral and social adaptations. It is proven that the interventions involving social support, improved self-efficacy, problem solving or coping skills have a positive impact or outcomes for chronic illness (Rotondi, A. J., Anderson, C. M., Haas, G. L., Eack, S. M., Spring, M. B., Ganguli, R., ... & Rosenstock, J. 2010).

Family members are typically referred to as 'informal caregivers' (Given, Given and Sherwood, 2012). The task of caregiving is probably not a simple task. Caregiver would have an additional responsibility in their lives; between managing other's life and their lives as well. Caregiving will occupy the caregiver's time, energy and attention which probably can reduce their quality of life; domains often included are physical, social and psychological domains. End-of-life care for many patients with advanced disease is provided at home by a family member who assumes and or coordinates the majority of care.

In the country, the increase in the rate of cancer has rose sharply with the large increase in the incidence as well as a mortality rate (mortality). A total of 21,773 cases of cancer among residents of Peninsular Malaysia in 2006 were registered with the Cancer Council of Malaysia, consists of 9974 cases in men and 11 799 cases among women (Low, W. Y., Ng, C. J., Ng, C. W., Choo, W. Y., & Tong, W. T. 2012). The types of cancer that top the list of highest number of cases are breast, colon, lung, and cervix. In general, caregivers' family represents a significant portion of the population.

National Surveys (2007) estimated that there were adults between 24 to 27.6 million providing care to a family member or friend with a chronic, disabling, or terminal illness. Statistics survey (2006) reported that approximately 2.7 million adults, or 1 in eight adults, were providing such care; between women aged of 45 and 64, this number increased to 1. Unfortunately, the stress of providing care often results in the caregivers' family as, they are experiencing elevated levels of emotional distress. The current study examined lifestyle interference as a possible factor contributing to emotional distress in caregivers (Mazanec, S. R., Daly, B. J., Douglas, S. L., & Lipson, A. R. 2011; Adelman, R. D., Tmanova, L. L., Delgado, D., Dion, S., & Lachs, M. S. 2014). Providing care can interfere with the caregiver's ability to participate in valued activities such as work, recreation and social outings, and this disruption to lifestyle, as shown in patient studies, can result in emotional distress. Cancer patients' caregivers may be affected by various stressors such as psychological, social, or physical health functioning (Bevans, M., & Sternberg, E. M. 2012; Ownsworth, T., Henderson, L., & Chambers, S. K. 2010). Behaviors such as diminished rest or exercise and neglecting their own due to care for a patient who has breast cancer, can influence their health and quality of life. On the other hand, caregiver's mentality and quality of life are significantly affected by a patient's stage of illness.

Caring for an ailing family member can be a great burden and is usually portrayed as such in public and private discourse. The care work in itself may be physically, mentally, and financially challenging. By caregiving a patient may also restrict the caregivers' participation in personal, family, and labor market activities. In addition, the caregiver may worry about the care recipient, their own ability to meet future care needs, and prospects of receiving public support. Not surprisingly therefore, much of the literature indicates that caregiving is associated with psychological distress (Hansen, T., Slagvold, B., & Ingebretsen, R. 2013; Bachner, Y. G., O'Rourke, N., & Carmel, S. 2011).

Caregiving is an occupation that can be short-lived, or, with an increasingly chronically ill population, can last after many years. While making an important contribution to society by supporting the disabled persons at home, caregivers are making significant sacrifices, in order to care for relatives and friends (Sheets, C., & Mahoney-Gleason, H. 2010; Pusey-Murray, A., & Miller, P. 2013). In addition, so much of their energy and attention is directed toward their caregiving occupation, that it changes or diminishes their quality of life (Collins, Swartz, College, & Jefferson, 2011). Reinhard, Given, Petlick and Bemis (2000) state that caregiver's burden and depressive symptoms are the most common negative outcomes of providing care for the elderly and chronically illness patients. Caregiver's burden is defined as the negative reaction as an impact in the caregiver's social, occupational, and personal roles and appears to be a precursor to depressive symptoms when providing a care period (King, B. A. 2015; Roach, L. V. (2013; Dawson, S. 2013). It is found that in further research is needed to identify further strategies to offset caregiver stress, depression, and poor health outcomes. (Collins, Swartz, College, & Jefferson, 2011).

According to Ekwall, Sivberg and Hallberg (2007), higher quality of life were predicted by using self-sustaining coping strategies and high sense of coherence. In reducing the caregiver's burden and offset their stress, coping strategies are suggested ways because it can make life less overwhelming and easier to bear. In a conclusion, this research will be conducted to see how the caregivers' cope with their responsibilities which lead to their effectiveness quality of life. This study hopes to bridge that gap by

studying the coping strategies of caregivers in caregiving the patients with chronic illness and by identifying which coping strategies are effective and which is not and perhaps the relationship between the coping strategies and perceived quality of life among the caregivers of chronic illness patients. Thus, the purpose of this research is to identify the relationship between coping strategies of quality of life among caregivers of chronic illness patients.

Concept of Coping Strategies

The word's skill is often paired with coping, which shows an active process that can be learned. The word coping with itself is defined as thoughts and behavior used to manage the internal and external demands of situations that are appraised as stressful. There are three classic models introduced to explain aspects of coping skills which are appraisal-focused coping, problem-focused coping and emotion-focused coping (Hofseth, E. 2016; Xue, X. 2012; Russell, L. M. 2011). This model has been used in many research and modified. However, in this research, problem-focused coping and emotion-focused coping will be addressed.

Problem focused coping

Drench, Noonan, Sharby and Ventura (2012) states that problem-focused coping is the practical aspects of a situation and is directed in problem solving by hand and altering situation that client's view as controllable and can be amended. First, the problem must be identified, then followed by recognizing the alternative option for further action. Next, the action that would be selected and implemented will be identified (Mitchell, B. 2013; Krupka, E. L., & Weber, R. A. 2013).

Emotional-focused coping

Emotional-focused coping involves in managing the emotions associated with a critical situation. These coping skill is used to reduce emotional distress and can make life less overwhelming and easier to bear (Drench, Noonan, Sharby and Ventura, 2012). In their research states that emotion-focused can be effective when an individual perceives that there is nothing that can be done to alter the stressor (Tenenbaum, L. S., Varjas, K., Meyers, J., & Parris, L. 2011; Skinner, E. A., & Zimmer-Gembeck, M. J. 2011).

Caregivers

Everyone can be a caregiver. Alexih, Zeruld & Olearczyk (n.d) states that based on the caregiver self-identified process, the SIPP estimates that there are 9.4 million caregivers providing regular assistance for individuals of all ages. The research found that among the 9.4 million caregivers, 15 percent or nearly two-thirds of caregivers are women and women are 1.8 times more likely to be caregivers' relative to men. Majority of the caregivers are women, approximately age 46, with some college education. Wolff and Kasper (2006) states that spouses also provide caregiving although the majority of family caregivers are adult children. Drench, Noonan, Sharby and Ventura (2012) in their research state that caregivers time commitments range from a few hours per week to 40 or more hours per week, essentially providing constant care.

Hebertz and Schulz (2006) in their research found that there are currently 44 million people, or 21% of the adult population aged 18 years or older, providing unpaid care to an ill or disabled family member. Seventy-nine percent of care recipients are 50 years of age or older (mean age, 75). This situation tends to become worst when at least 12 million people care for loved ones with serious limitations in activity that prevent them from attending school, work, or caring for themselves (Hebertz and Schulz, 2006) The typical caregiver with some college experience, provides more than 20 hours of care per week. According to Hebertz and Schulz (2006) Although the majority (61%) are women, the numbers of male caregivers will likely increase as more women delay childbearing and enter the labor force. One report documents states a 50% increased in men becoming the primary caregivers between 1984 and 1994. However, according to Hussain, Abdullah & Esa (2014) states that out of 10 to 15% of 25.7 millions of Malaysians are caregivers by which it is common that family members provide most of the assistance in activities of daily living (ADL). Caring for their sick family members has been a part of their roles and responsibilities.

Caregivers responsibilities

Caregivers have many responsibilities. According to Stajduhar (2013) besides providing caregiving, caregiver family have many functions including, but not limited to, domestic chores and household tasks, providing personal care and assisting the dying person with activities of daily living. In caregiving the patients, caregiver family will manage symptoms such as pain and constipation, providing emotional and social support to the dying person, being a spokesperson, advocate and proxy decision maker and coordinating all aspects of the dying person's care (Stajduhar, 2013).

Reihard, Given, Petlick et al (2000) in their study states that caregivers spend a substantial amount of time interacting with their care recipients, while providing care in a wide range of activities. Caregiving can last for a short period of post acute care, especially after a hospitalization, to more than 40 years of ongoing care for a person with chronic care needs. On average, informal caregivers devote 4.3 years to this work. Four out of 10 caregivers spend 5 or more years providing support, and 2 out of 10 have spent a decade or more of their lives caring for their family member. This is a day-in, and day-out responsibility. More than half of caregivers' family provide eight hours of care or more every week, and one in five spends more than 40 hours per week (Olivares-Tirado, P., & Tamiya, N. 2013; Lipton, A. M., & Marshall, C. D. 2012; Bruhn, J. G., & Rebach, H. M. 2014).

Reihard, Given, Petlick et al (2000; Petty, M. G. 2011; Mcghan, G. E. 2014) states that most researchers in the caregiving field conceptualize that family members assist in activities of daily living (ADLs) and instrumental activities of daily living (IADLs), but those concepts do not adequately capture the complexity and stressfulness of caregiving. For examples, assistance with bathing does not capture bathing a person who is resisting a bath. Helping with medications does not adequately capture the hassles of medication administration, especially when the care recipient is receiving multiple medications several times a day, including injections, inhalers, eye drops, and crushed tablets. The need to make decisions on behalf of family members who are unable to do so is stressful, as this is contrary to the caregivers' normal role, and they are concerned that the decisions are correct. Being responsible for medical and nursing procedures like managing urinary catheters, skin care around a central line, gastrostomy tube feedings, and ventilators is anxiety provoking for the novice nursing student, but it becomes a routine for the family of patients with chronic illnesses who are living at home (Strassburger, Z. 2016; Lewenson, S. B., & Truglio-Londrigan, M. 2014; Stanley, V. J. 2011).

Caregiver families are often to feel unprepared to provide care, have inadequate knowledge to deliver proper care, and receive little guidance from the formal health care providers (Feinberg, L., Reinhard, S. C., Houser, A., & Choula, R. 2011; Kaakinen, J. R., Coehlo, D. P., Steele, R., Tabacco, A., & Hanson, S. M. H. 2014; Brown, C. E., Jecker, N. S., & Curtis, J. R. 2016). Nurses and caregivers' family are rarely agree about specific needs or problems during hospital admission or discharge, in part because nurses are often row be unaware of the strengths and weaknesses of both patient and caregiver. Due to inadequate knowledge and skill, family caregivers may be unfamiliar with the type of care that they must provide or the amount of care needed by the patient under their care (Linderholm, M., & Friedrichsen, M. 2010; Stenberg, U., Ruland, C. M., & Miaskowski, C. 2010; Dalvandi, A., Ekman, S. L., Khankeh, H. R., Maddah, S. S. B., Lutzen, K., & Heikkilä, K. 2011). Family caregivers may not know when they need community resources, and then they may not know how to access and best utilize the available resources. As a result, caregivers often neglect their own health care needs in order to assist their family member, causing deterioration in the caregiver's health and well-being (Bauer, J. M., & Sousa-Poza, A. 2015; Yang, X., Wang, L., He, J., Ge, C., Chang, Y., Fu, J., ... & Zhou, Y. 2012).

While family caregiving has considerable rewards, including allowing caregivers to facilitate closure after death and helping them find meaning in their experiences, it is physically exhausting, difficult to recover from, and fraught with emotional and financial burdens (Stajduhar, K. I. 2013). Therefore, it is not surprising that the health and well-being of caregivers' family often suffer as well when they provide end of life care at home.

Method

This research used two instruments which are Coping Strategies Inventory and Quality of Life Index. Self-administered questionnaires were distributed among the caregivers of chronic illness patients at 5 villages in Sibu District of Sarawak; namely caregivers in Kampung Bandong, Kampung Barieng, Kampung Nangka, Kampung Dato' and Kampung Hilir. The population from which the sample will be drawn is that the person (ages 20 to 50 years old) who provides caregiving which would be a family member or, less often, a friend. Other inclusion criteria that were considered in this research were caregivers who had provided the caregiving to the patient before and the caregiver that is still providing the caregiving to the patient. There are 125 houses involve in providing caregiving to chronic illness patients. Only one person from each house was required to participate in this research. Therefore, the minimum sample assumed for this research was 95 persons which 19 persons were involved in each village.

Results and Discussions

Descriptive Statistic

Based on Table 1, majority of the respondents were 42 females (62.7%) and the rest of the respondents were 25 males (37.3%). The total respondents involved in this study were 67 respondents. 31 of the respondents who participated in this study were in the range of 30 years old and above (46.3%). There were only 11 respondents (16.4%) were adolescents who aged 20 years old and below. The respondents who participated in this study were multiracial. 34 respondents (50.7%) were Malay, and 24 respondents (35.8%) were Bumiputera Sarawak, mostly Melanau and Iban. There were only 9 respondents (13.4%) who were Chinese. Finally, there was no Indian and Bumiputera Sabah participated in this study.

There were 44 respondents (65.7%) who were unmarried and only 23 respondents (34.3%) were married. For periods of caregiving, 37 of the respondents (55.2%) had provided the caregiving less than 6 months to the patients. It was followed by 14 (20.9%) respondents who provided caregiving in the range of 6 months to 1 year. 5 respondents (7.5%) involved in caregiving for 1 to 2 years and 2 to 5 years respectively. Finally, there were only 6 respondents (9.0%) had provided caregiving for 5 years and above.

Table 1. Distribution of respondents based on demographic characteristic

Demographic	Frequency	Percent (%)
Sex		
<i>Male</i>	25	37.3
<i>Female</i>	42	62.7
Age		
<i>20 years old and below</i>	11	16.4
<i>21 to 29 years old</i>	25	37.3
<i>30 years old and above</i>	31	46.3
Race		
<i>Malay</i>	34	50.7
<i>Chinese</i>	9	13.4
<i>Indian</i>	0	0.0
<i>Bumiputera Sarawak</i>	24	35.8
<i>Bumiputera Sabah</i>	0	0.0
Marriage Status		
<i>Single</i>	44	65.7
<i>Married</i>	23	34.3
Periods of caregiving		
<i>Less than 6 months</i>	37	55.2
<i>6 months to 1 year</i>	14	20.9
<i>1 year to 2 years</i>	5	7.5
<i>2 years to 5 years</i>	5	7.5
<i>5 years and above</i>	6	9.0

Relationship with Problem-focused coping and health functioning domain

Based on Table 2, the result indicated that there is a moderate relationship between problem-focused coping and health functioning domain ($r= 0.454$, $p\text{-value}= 0.000$). Hence, it can be concluded that there was a positive significant relationship between problem-focused coping and health functioning domain.

Table 2. Results of the correlation between problem-focused coping and health functioning domain

		Problem-focused coping	Health functioning domain
Problem-focused Coping	Pearson Correlation	1	0.454**
	Sig. (2-tailed)		0.000
	N	67	67
Health functioning domain	Pearson Correlation	0.454**	1
	Sig. (2-tailed)	0.000	
	N	67	67

** . Correlation is significant at the 0.01 level (2-tailed).

Research had proven that the caregiving role have negative implications on the physical health of caregivers. In providing the caregiving, there will be interference in the caregivers' preventive health behaviors which in turn may impede a caregiver's ability to cope in caregiving role (Dupuis, Epp & Smale, 2004). It was also proven in Lai (2012) which states that according to the caregivers, an overwhelming 99.1% of care receivers reported at least one type of major health problem or illness. Examples of major health problems within the sample of care receivers included problems with joints, the back, and arthritis (74.4%); physical mobility problem (63.2%); high blood pressure (46.6%); eye problems (37.6%); problems with hearing (36.8%); heart disease (33.2%); and problems with depression (32.9%). Based on the result, using problem-focused coping will improve the caregivers' health related quality of life. The result was consistent to some literatures in which according to Ekwall, Sivberg & Hallberg (2006), almost 70% of caregivers provided help every day. Higher health-related quality of life was predicted by using self-sustaining coping strategies and by high sense of coherence.

Relationship between problem-focused coping and psychological or spiritual domain

Based on Table 3, the result indicated that there is a moderate relationship between problem-focused coping and psychological or spiritual domain ($r = 0.462$, $p\text{-value} = 0.000$). The significance value was smaller than the alpha value (α), ($p < 0.01$). Hence, it can be concluded that there was a significant positive relationship between problem-focused coping and psychological or spiritual domain

Table 3. Correlation between problem-focused coping and psychological or spiritual domain

		Problem-focused coping	Psychological/spiritual domain
Problem-focused Coping	Pearson Correlation	1	0.462**
	Sig. (2-tailed)		0.000
	N	67	67
Psychological/spiritual domain	Pearson Correlation	0.462**	1
	Sig. (2-tailed)	0.000	
	N	67	67

** . Correlation is significant at the 0.01 level (2-tailed).

The result of the findings showed that when the caregivers practiced the problem-focused coping in providing caregiving, it improved the spiritual well-being in which the spiritual well-being is best defined as a state of being, reflecting positive feelings, behaviors that in turn provide the individual with positive attitudes, harmony and direction of life (Amjad & Bokhary, 2014). However, the result is parallel with the findings by which suggested that spirituality is associated with the acquisition of adaptive coping strategies

Relationship between problem-focused coping and social and economic domain

Result on Table 4 indicated that there is a weak relationship between problem-focused coping and social and economic domain ($r = 0.339$, $p\text{-value} = 0.000$). The significance value was smaller than the alpha value (α), ($p < 0.01$). The National Survey (2007) stated that caregiving had effected in their overall financial situation with nearly half (43%) reports had increased financial worries and 53% reports had been no change in their financial concerns when caregiving patients with chronic illnesses.

Table 4. Correlation between problem-focused coping and social and economic domain

		Problem-focused coping	Social and economic domain
Problem-focused coping	Pearson Correlation	1	0.339**
	Sig. (2-tailed)		0.005
	N	67	67
Social and economic domain	Pearson Correlation	0.339**	1
	Sig. (2-tailed)	0.005	
	N	67	67

** . Correlation is significant at the 0.01 level (2-tailed).

Lai (2012) in his research also states that while providing the caregiving, it impacted the economic quality of life of the caregivers. The results of the individual’s items indicated 40% of the family caregivers indicated that they and their families could not afford those little extras because of the expenses to care for the care receiver. Another similar proportion (36.8%) of the caregivers indicated that caring for the care receiver was too expensive. Hence, it can be concluded that while providing the caregiving, economic is a big matter for the caregivers.

Relationship between problem-focused coping and family relationship domain

Based on Table 5, the result indicated that there is a very weak relationship between problem-focused coping and social and economic domain ($r = 0.227$, $p\text{-value} = 0.065$). The significance value was greater than the alpha value (α), ($p < 0.05$). Sanders (2003) states that family caregivers, is the first line of support to an elder in need from the beginning phase of caregiving to the transition phase of caregiving. The stress of caregiving, the need for decision-making, and the conflicts that might arise can affect the relationships of the caregiver with both the elder receiving care and with the other family members. Conflicts involving family members’ attitudes and action towards the caregivers are associated with increased risk of depression among caregivers. By strengthening the quality of family interaction both reduces the stress and increases the rewards of caregiving. Hence, unfriendly and poor relationship can lead to greater stress, poorer care, and an increased likelihood of abuse and neglect.

Table 5. Correlation between problem-focused coping and family relationship domain

		Problem-focused coping	Family/Relationship domain
Problem-focused coping	Pearson Correlation	1	0.227
	Sig. (2-tailed)		0.065
	N	67	67
Family/Relationship domain	Pearson Correlation	0.227	1
	Sig. (2-tailed)	0.065	
	N	67	67

Based on Table 5, result showed using the problem-focused coping strategies seemed to not improve the family related quality of life. It was consistent with a literature in which according to Ratanen, Mauno, Kinnunen & Rantanen (2011) in their research states that they did not find any direct association between problem-focused coping and family satisfaction because well-being in the family domain depends more on the family. Besides that, another contributor that led to this result was most of the respondents of this research were unmarried. Based on the observation, the unmarried respondents tend to ignore the questions regarding the family related quality of life. Hence, the result was lower compared to other domain.

Relationship between emotion-focused coping and health functioning domain

Table 6. Correlation between emotion-focused coping and health functioning domain

		Emotion-focused coping	Health functioning domain
Emotion-focused coping	Pearson Correlation	1	0.310*
	Sig. (2-tailed)		0.011
	N	67	67
Health functioning domain	Pearson Correlation	0.310*	1
	Sig. (2-tailed)	0.011	
	N	67	67

*. Correlation is significant at the 0.05 level (2-tailed).

Relationship between emotion-focused coping and psychological o spiritual domain

Pearson Correlation was used to determine the relationship between types of coping strategies and domains of quality of life among caregivers of chronic illness patients. Based on the Table 7, the result indicated that there is a weak relationship between emotion-focused coping and psychological/spiritual domain ($r= 0.304$, $p\text{-value}= 0.012$).

Table 7. Correlation between emotion-focused coping and psychological/spiritual domain

		Emotion-focused Coping	Psychological or spiritual domain
Emotion-focused coping	Pearson Correlation	1	0.304*
	Sig. (2-tailed)		0.012
	N	67	67
Psychological/ spiritual domain	Pearson Correlation	0.304*	1
	Sig. (2-tailed)	0.012	
	N	67	67

*. Correlation is significant at the 0.05 level (2-tailed).

Relationship between emotion-focused economic domain

Pearson Correlation was used to determine the relationship between types of coping strategies and domains of quality of life among caregivers of chronic illness patients

Table 8. Correlation between emotion-focused coping and social and economic domain

		Emotion-focused coping	Social and economic domain
Emotion-focused Coping	Pearson Correlation	1	0.482**
	Sig. (2-tailed)		0.000
	N	67	67
Social and economic domain	Pearson Correlation	0.482**	1
	Sig. (2-tailed)	0.000	
	N	67	67

**.. Correlation is significant at the 0.01 level (2-tailed).

Relationship between emotion-focused coping and family relationship domain

Pearson Correlation was used to determine the relationship between types of coping strategies and domains of quality of life among caregivers of chronic illness patients. Based on Table 9, the result indicates that there is a very weak relationship between emotion-focused coping and family/relationship domain ($r= 0.220$, $p\text{-value}= 0.073$). The significance value was greater than the alpha value (α), ($p<0.01$).

Table 9. Correlation between emotion-focused coping and family relationship domain

		Emotion-focused coping	Family/Relationship domain
Emotion-focused Coping	Pearson Correlation	1	0.220
	Sig. (2-tailed)		0.073
	N	67	67
Family/Relationship domain	Pearson Correlation	0.220	1
	Sig. (2-tailed)	0.073	
	N	67	67

Hence, it can be concluded that there is no significant relationship between emotion-focused coping and family/relationship domain. According to Ratanen, Mauno, Kinnunen & Rantanen (2011) in their research states that they did not find any direct association between emotion-focused coping and family satisfaction because well-being in the family domain depends more on family. Moreover, emotion-focused coping was also seen as the harmful coping strategy in a high family conflict in terms of family satisfaction.

Relationship between problem-focused coping and total quality of life among caregivers of chronic illness patients

Pearson Correlation was used to determine the relationship between types of coping strategies and total quality of life among caregivers of chronic illness patients. Based on table 10, the result indicated that there is a moderate strong relationship between problem-focused coping and total quality of life ($r= 0.425$, $p\text{-value}= 0.000$). The significance value was smaller than the alpha value (α), ($p<0.01$).

Table 10. Correlation between problem-focused coping and total quality of life

		Problem-focused coping	Total Quality of Life
Problem-focused coping	Pearson Correlation	1	0.425**
	Sig. (2-tailed)		0.000
	N	67	66
Total Quality of Life	Pearson Correlation	0.425**	1
	Sig. (2-tailed)	0.000	
	N	66	66

** . Correlation is significant at the 0.01 level (2-tailed).

Hence, it can be concluded that there is a significant relationship between problem-focused coping and total quality of life. Problem-focused coping is defined as task-focused coping seeks to actively perform a task that will remove the problem or make the problem better; typically, if the frequency of task-focused coping increases, the distress decreases. Coping styles of caregivers are important determinants for their own psychosocial functioning, but not for the patients. To enhance caregivers' psychosocial functioning, rehabilitation should focus on changing their coping styles into ones that are less passive (Gregório, Stapert, Brands & Heugten, 2011). Furthermore, distinct or additional interventions may be needed to change the patient's coping style. When task-oriented strategies is used and a positive attitude is maintained, it can lead to higher ratings of quality of life than those who use coping approach through

being emotionally pre-occupied or using a passive, self-comforting approach. (The Parkinson Alliance’s Coping Report, n.d).

Relationship between emotion-focused coping and total quality of life among caregivers of chronic illness patients

Based on Table 11, the result indicated that there is a weak relationship between emotion-focused coping and total quality of life ($r= 0.362$, $p\text{-value}= 0.000$). The significance value was smaller than the alpha value (α), ($p<0.01$). Thus, the null hypothesis could be rejected. Hence, it can be concluded that there isa significant relationship between emotion-focused coping and total quality of life. Emotion-focused coping is used to regulate the emotion.

Table 11. Correlation between emotion-focused coping and total quality of life

		Emotion-focused coping	Total Quality of Life
Emotion-focused coping	Pearson Correlation	1	0.362**
	Sig. (2-tailed)		0.003
	N	67	66
Total Quality of Life	Pearson Correlation	0.362**	1
	Sig. (2-tailed)	0.003	
	N	66	66

** . Correlation is significant at the 0.01 level (2-tailed).

This result is inconsistent with the The Parkinson Alliance’s Coping Report (n.d) states that individuals who were emotionally preoccupied or who used passive, comfort-seeking coping techniques were negatively related to quality of life. In otherwords, people who were emotionally preoccupied or those who used a more passive approach to coping tended to report lower levels of quality of life. However, the present study shows that when the caregivers used the emotion-focused coping, the quality of life increases but in a moderate way. Besides that, the result was also inconsistent with research by Panthess, Kritpracha and Chinnawong (2011) which stated that emotion-focused coping strategy had a non-significant relationship with both overall quality of life and each dimension of quality of life. However, the research was conducted among the patients of Myocardial Infarction.

For our knowledge, this is the first study to report about the relationship between coping strategies and quality of life in Malaysia, especially in Sarawak. Hence, the results of this study can be considered as preliminary information, but they are sufficiently indicative of the importance of assessment of coping strategies by health care professionals.

Conclusions

This study showed that there was a positive significant relationship between both types of coping strategies (problem-focused coping and emotion-focused coping) and health functioning domain, psychological or spiritual domain and social and economic domain of quality of life. This study also showed a positive significant relationship between both types of coping strategies and total quality of life among caregivers of chronic illness patients. Caregivers himself or herself must recognize the importance of better quality of life. They need to understand that sometime problems that they face can affect their quality of life indirectly if they do not have proper coping strategies. The caregivers also must be provided with support in terms of guidance for the usage of proper coping strategies. Psycho education can be provided as well so that they will have the knowledge of how to cope to certain situation. Guidance from the counseling practitioners can be the key in helping the caregivers to achieve better quality of life. This is because when the caregivers encountered problems or issues in their life, counselors can be the person who they can rely for guidance. If needed, counseling practitioners may provide intervention to the caregivers on ways to cope with situations as the coping strategies is associated to better the quality of life.

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Developing social competence held in primary teacher inclusive education

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Abstract

This study aims to develop social competence in elementary school teacher who organizes the inclusion's educational system. As for the problems that often arise for teachers in schools is the lack of knowledge of teachers of children with special needs who become learners. Due to a variety of disorders experienced by learners. Thus it is necessary the development of social competence of teachers in order handling children with special needs who would require special-educatieducational inclusion. This type of research is the development of research carried out systematically, field tests, evaluated and improved to meet the prescribed criteria in terms of quality, effectiveness. The results of this study proved that through training can develop social competence elementary school teacher inclusion education in Padang.

Keywords: teacher's social competence, inclusion education, children with special needs

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Introduction

The teacher is an important factor in school education. Especially classroom teachers in primary schools that provide education inclusion. Because the teacher is a figure that has always been a role model for students (Widoyoko, E. P., 2009). For that a teacher should have competence in order to develop learners as a whole in accordance with the purpose of education. Competence is the ability to act, think and act consistently as an embodiment of knowledge, attitudes and skills possessed by learners (MONE, 2006: 57). Thus, competence is a set of knowledge and skills that must be owned by someone of teachers in performing their duties. Knowledge and skills can be acquired in pre-service education and / or training.

Government Regulation No. 19 of 2005 states that teachers are required to have some competence. Which includes; (1) pedagogical, (2) professional competence, (3) social competence and, (4) personal competence. Competence by Rothwell, (1996): intended as a character because the underlying success of a person having knowledge, skills, traits, abilities, behaviors and beliefs. Meanwhile, according Tarmansyah, (2009: 254) the competence of teachers in the school inclusion based on three main capabilities: (1) the ability of the public (general ability), (2) the ability of the base (basic abilities), and (3) special abilities (The specific abilities).

In this study will be discussed is the development of social competence. Where is social competence is the ability of teachers as part of the public to communicate and interact effectively and efficiently with

students, fellow teachers, fellow staff, fellow parents/guardians of students, and surrounding communities. In order to achieve the success of the learning process in schools is largely determined by social competence (Ashsiddiqi, H., 2012). Because teachers practice the learning process in schools, as a facilitator as well as a center of learning initiatives. Therefore teachers should always develop competency standards themselves and have a profession by mastering the material and learning strategies. In addition, teachers are also able to motivate students to study in earnest.

In the Directorate General of PMPTK Depdinas (2006: 7) social competence is a teacher's ability to communicate and get along with students, fellow teachers, staff, parents / guardians and the community. This activity should be done with productive communication with each other to do well, and inclusive education training for teachers can be run in accordance with the provisions, the social competence of teachers directly concerned will develop.

Social competence of teachers is the ability of a teacher to understand that he is an integral part of the community, teachers also need to be able to develop duties as members of society and citizens (Ashsiddiqi, H., 2012). The social skills consist of the ability to adapt to the demands of work and the environment. Teachers must be able to communicate well, whether orally or in writing speaking and even using cue through communication and information technology. Teachers must be able to interact effectively fellow learners and their parents and society.

Gullotta et al (1990) suggested some aspects of social competence, namely: (1) cognitive capacity, it is the underlying social skills in establishing and maintaining positive relationships interpersonal. cognitive capacities include positive self-esteem, ability to look at things from the point of view of social and interpersonal problem-solving skills. (2) The balance between the need to socialize and privacy needs. the socialization needs of individuals and groups to engage in a relationship with another person. while the privacy needs is the need to be a unique individual, different, and free to act without the influence of others. (3) social skills with peers, an individual's ability to establish relationships with peers that do not have difficulty in adjusting to the group and can engage in group activities.

In the Ministry of Education (2009) is said to have a teacher of social competence in inclusive education where the teacher already has the knowledge and capabilities of: (1) communicate and interact effectively with learners of participants in the implementation of inclusive education, (2) communicate and interact effectively with fellow educators and education personnel., (3) communicate and interact effectively with parents / guardians of students and the community, (4) able to do his learning process, (5) able to perform well in class, and (6) are able to assessment of children with special needs.

Problems that occur in Inclusive Elementary School Padang, that teachers in primary schools do not have competence in implementing inclusive education, because they are not outside the Regular Education background and teachers have not been trained on inclusive education. Therefore, it is necessary the development of effective training models and innovative ways to improve the competence of teachers in inclusive education, teacher competence in the implementation of inclusive education in primary school Padang is still low, especially in the sosial. Untuk competencies necessary for inclusive education training for teachers . So the researchers conducted teacher training social competence is developed based on analysis of the needs of the teachers on the implementation of inclusive education in the city of Padang.

he government's commitment is clear again after the issuance of National Education Minister Regulation No. 70 Year 2009 on Inclusive Education. Article 7 states the implementation of inclusive education curriculum in 2013 with an integrated thematic accommodate the needs and abilities of learners according to their talents, interests, and potential. Article 8 mentions learning in inclusive education into account the principles of learning that are tailored to the characteristics of learners. especially for children with special needs who follow the inclusive education in primary schools in the city of Padang.

We realize Optimism success of the inclusive education becoming stronger with the inclusion of the government's role in its implementation so that the responsibility is not merely charged to the school organizers. Article 4 mandates the district / city government appoint at least one elementary and junior high school at the district level and one high school in the district / kota. Tugas other is to ensure the implementation of inclusive education and inclusive education resource available at a designated

educational unit. The ministerial regulation also requires the district / city to provide at least one special guidance counselor at a designated educational unit. Also increase competence in the field of special education for teachers and other personnel in the educational unit of inclusive education providers. And the provincial government shall assist these tasks. Sapon-Shevin (2007). argues inclusive education as a system of education which requires that all children with disabilities served in schools nearby, in regular classes together friends of his age.

While Stainback and Stainback (1990: 73) argues that an inclusive school is a school that caters to all students in the same class. This school provides a good education program, challenging, but according to the abilities and needs of each student, as well as the help and support that can be provided by the teacher so that children succeed. Berit H. Johnsen and Meriam Skorten D. (2003: 288) states, that the principle of inclusive schools adapted to cause a huge demand for regular and special education teacher. It requires a shift from the traditional "teaching the same material to all students in the class", became teach each child according to their individual needs but in the kelas. While the setting, (O Neil, 1995) states that inclusive education as an educational service system which requires that all children with disabilities served at nearby schools, in regular classes together friends of his age. Therefore, emphasized the existence of a restructuring of the school, so that it becomes a community that supports the fulfillment of the specific needs of each child.

The curriculum used in the implementation of inclusive education in 2013, which basically uses the curriculum used in the regular school or apply in public schools. However, due to a variety of barriers experienced by learners with special needs vary widely, ranging from mild nature, moderate to severe, then the implementation on the ground, the regular curriculum needs to be modified (alignment) in such a way so as to suit the needs of learners. (Budyanto, dkk..2010).

Modification (alignment) curriculum conducted by a team of developers in the school curriculum. School curriculum development team consists of: the principal, classroom teachers, subject teachers, special counselor, counselors, psychologists, and other relevant experts. If the curriculum modifications can not be applied for certain learners can develop a special curriculum called PPI (Individualized Education Program). Teachers make modifications to the learning strategy, the type of assessment, as well as other additional programs with reference to the needs of the students (special needs children). In this model there can be a special needs student who has a learning program based on the 2013 in the regular school curriculum and individualized education program (PPI). In this curriculum model teachers prepare individualized education program (PPI), which was developed together with the development team involving classroom teachers, special counselor, principal, parents, and other relevant experts.

Children with special needs are children who are significantly (significant) abnormalities, problems, and physical or irregularities, sensomotoris, mental-intellectual, social, emotional, behavioral, or combined in the process of growth / development compared to other children his age so they need special education services. (J. David Smith, 2009). Furthermore Mone (2006), states for the purpose of inclusive education children with special needs are grouped as follows: 1) .The with Impaired Vision, 2) .The Hearing Loss, 3) Child Physical Disorders Motor, 4) Gifted Child, 5) .The Impaired Property , 6). Slow Learning Child (slow learner). 7). Child Specific learning disabilities, 8). Children with Impaired Wicara.9). Children with Emotional and Social Disorder, and 10). Autistic Children.

The objectives of this study were: (1) To conduct training on inclusive education to regular teachers and teacher educators in elementary school special education Inclusive Padang. (2) To test the practicality and effectiveness of training to develop social competence organizes teachers in inclusive education in primary school Padang. (3) to provide insight to teachers about children with special needs and learning process, while the benefits of this research can be used as an education provider input inclusive in the improvement of science, particularly the field of inclusive education. and can develop competence and social competence, especially as principals and social competence of teachers in inclusive education, so that schools can implement inclusive education well. This will bring the impact of services to education for all children, not least children who have special educational needs. In addition, the learning facility will be available to suit the needs of all learners.

Method

This type of research is the research and development (research and development). What is meant by research and development according to (WR Brog and Gall, MD., 1983) is "a process used to develop and validate educational products" or a process to develop and validate educational products ". Products in this context is not only relevant in a textbook or computer program, but rather in the form of methods or models of social competence development related to educational activities. Like, the training model should be developed regarding matters related to real life, which is more efficient, and realistic-objective. Gall and Borg (2002: 256) research suggests that the development of the model development is done in a systematic, field tested, evaluated, and refined to meet the criteria specified in terms of effectiveness, quality, or other standard specified.

The sample used in this study were elementary school teachers who have been teaching in inclusive education school at least two years, special educators and teachers who assist children with special needs in primary schools in organizing inclusive education. The total sample of 42 teachers, inclusive of 12 elementary schools in the city of Padang, which consists of 22 classroom teachers at the elementary school teachers and 20 special educators. Sampling technique was done by purposive sampling.

This form of training is formulated based on the study of the problems that occur in the field, especially with regard to social competence of teachers on the implementation of inclusive education in primary school Padang. So the researchers designed a training model with the aim to develop the competence of teachers in inclusive education in primary schools is limited to social competence. The model has been tested on a limited pilot group and a pilot group of users in order to determine the validity, practicability and effectiveness of the model.

William, B, Werther, (1989: 287), stating the steps used in the development of training programs are as follows: (1) needs assessment, (2) training and development objectives, (3) course content, (4) learning principles, (5) the actual program, (6) the skill knowledge ability of work, and (7) evaluation.

Training implies a more specific (specific), and related to work / tasks carried out by someone. While that meant practically was that respondents who already trained can be applied immediately and should be practical, (Fandi Tjijtono, et al, 1996). Hadari Nawawi (1997: 107), states that training is basically the process of providing relief for workers to master specific skills or help correct deficiencies in carrying out the work. The focus of its activities is to improve the ability to meet the demands of work in the most effective way to work at the present time. Ernesto A. Franco (1991), suggests an action training to improve the knowledge, skills an employee performing a specific job.

Results and Discussions

Operationally proven form of training can improve social competence of teachers in inclusive education, it is evidenced by the results of the test trainees before and after training given there is an increase on average, in which prior training was given an average score of 78.8571 with results $n = 42$, whereas after training the average score increased to 87.5476. Similarly, the results of the analysis of the responses of the questionnaire instrument trainees stated that the training methods applied to help teachers to understand the training material about children with special needs and learning strategies that suit their needs and to improve the social competence of teachers in implementing inclusive education. so that teachers have the ability to communicate effectively with students, especially with special needs children in her class. also learners with students, fellow teachers and fellow educators, parents / guardians and the community.

Based on the research results proved that the training is inclusive of social competence is as the ability of teachers to communicate effectively with a bunch of students, fellow educators and fellow educators and parents / guardians and the community social. Competence is very important for a teacher other than the four other competencies such as pedagogical, profession, personality and leadership. From processing questionnaires and interviews of trainees stated that the training is not boring, so all excited to follow her teacher training, teachers feel enlightened, because so far the teachers in primary schools have never received training about as well as the methods used when training is very varied and tailored to adult

learning, such as; using lectures, discussion, reflection, discussion, communication and interaction, watching movies, assignments.

Opinion was also supported by Lunandi (1982) and Soedomo (1989) said a conducive learning atmosphere for adults are as follows: (1) encouraging students to be active and develop talent, (2) an atmosphere of mutual respect and mutual respect, (3) an atmosphere of mutual trust and an open, (4) an atmosphere of self-discovery, (5) a non-threatening atmosphere, (6) the atmosphere acknowledges personal peculiarities, (7) the atmosphere allows differences, mistakes, and doubts, (8) allows participants students learn according to their interests, (9) allows learners to recognize and assess the strengths and weaknesses of personal, group, and community, (10) allows learners to grow in accordance with the values and norms that exist in society. The requirements mentioned above are applied to the training by using training methods that have been developed from the model, such as asking participants each presented a reflection of the learning materials, provide reinforcement to the active participants give their opinions and input and questions in learning. In addition to practical training, model has proven effective for improving the competence of teachers in implementing inclusive education. It is seen from the initial conditions for the conduct of teacher competence inclusive education can be seen from the results of the analysis of questionnaires that the pedagogical competence and social competence whereas less capable or low social competence and personal competence of teachers of teachers have high ability. Once tested all forms of training social competence in the category well or an increase. Thus, inclusive education training for teachers in primary school education has been implemented properly inclusion in developing social competence of teachers.

Conclusions

Developing social competency in teacher training can be done through a productive manner with good communication between teachers and learners, teacher communication with fellow teachers, and communication among parents / and society. Through inclusive education training was found to significantly develop the social competence of primary school teachers in implementing inclusive education. Because social competence is very important and has a strategy for organizing the educational process, therefore all teachers let own and control and be able to practice social competence, especially in children with special needs as well as other learners in primary schools inclusive education. Training activities are carried out in a practical and boring and not very fun for teachers as adult learning.

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Assisting the government in the implementation Non-formal education: a case study of the Indonesian Kasih Bundo Institute for the care and development among the disables children

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Abstract

Poverty is still a serious issue worldwide, including in Indonesia. One important way to address it is by providing education by the government. However, the government alone cannot address the problem satisfactorily and, therefore, it needs non-governmental organisations (NGOs) to assist. One of these types of NGOs is Yayasan Penyantun dan Pembina Anak Cacat (YPPAC) Kasih Bundo. This NGO assists the government by providing a non-formal education by establishing Pusat Kegiatan Belajar Masyarakat (PKBM) Kasih Bundo (The Kasih Bundo Study Centre for the Community). This article reports a study on this NGO, focusing on what it has done and what it has successfully achieved by looking at the social and economic background of their families. The result suggests that the NGO has successfully assisted the government in a significant manner.

Keywords: non-formal education, disable children

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Introduction

The Indonesian 'Kasih Bundo' Institute For The Care And Development of Disable Children (YPPAC) was established in 1988 with the main task to assist and support the implementation of the Indonesian government policy regarding disable children, including in providing accommodation (boarding), care and education for disabled children, abandoned children, children from poor families and children from remote areas, in particular, to provide compulsory education. A major issue faced by this NGO since 2001 is the fact that all the inmates are dropouts from formal (non-special) schools. Social conditions of inmate's low educational background did not even finish primary school influence in realizing the objectives of social services humanitarian foundation in terms of the welfare of Citizens Social Patronage. With low levels of education, the future access to jobs that could be pursued guided the citizens will be low, as a result of their income in later to be low as well. Thus increasing the degree of social and social welfare will be difficult social inmates sought.

Referring to these conditions, the implementation of the activities of the foundation needs to be developed to support the policy program of School Education Department of Education Bukittinggi in Village of Manggis Ganting be coordinating and providing the Program Package A, Package B and Package C are considered appropriate and conducive to Citizens Patronage Social Foundations. Making

education as one integrative solutions in the implementation of social welfare in order to break the chain of poverty. The Foundation must play an active role in managing and developing the Non-Formal Education through especially equal education access services that exist in an integrative way, planned and sustainable.

Social welfare problems that grow and thrive due to the absence of most citizens of Indonesia unmet basic rights / basic needs adequately due to unserved by the state. Neglected and non-fulfillment of the rights of citizens in the field of education is a field of social development should be done with the community, family, and government. Meeting the needs of education services for children who have problems (who dropped out of school) is an early prevention occurrence of many new social problems (Purwanto, E. A., 2007; Mumford, M. D., Zaccaro, S. J., Harding, F. D., Jacobs, T. O., & Fleishman, E. A., 2000; Wilkinson, R., & Pickett, K., 2010; Best, J., 2003) for children and the community.

In accordance with Act No. 20 of 2003 Article 26, paragraph 1 of the National Education System state that the Non-Formal Education organized for citizens who require educational services that act as substitutes, adders, and or complementary non-formal education in order to support lifelong education. Non-Formal Education (NFE) (Gee, K. A., 2015; Yasunaga, M., 2014; Kaufmann, K., 2015; Nieto, S., & Ramos, R., 2013; Olcott, D., 2013; Souto-Otero, M., Ulicna, D., Schaepkens, L., & Bognar, V., 2013; Preece, J., 2013; Stromquist, N. P., 2015) can be seen as an educational approach which may act in a complementary way with the formal educational system. We need a Community Learning Center (CLC) known PKBM as an educational unit that will hold non-formal education according to the needs of society assuming the initiative of, by, and for the public as the Government Regulation No. 17 of 2010 Article 1, paragraph 33. Therefore, since the academic year, 2004/2005 YPPAC Bukittinggi via Institution of Social Services "Kasih Bundo" develop alternative education as non-formal education units, to meet the needs of school dropouts and children who experience other problems in Bukittinggi.

Environmental conditions PKBM Kasih Bundo is one brick-producing areas in Bukittinggi. Work are for the people of lower economic. Though the condition is now developing housing sites, colleges, shops that will help change the economic community, but there are still plenty of people around who are having problems in the economic field, causing the child from the family dropped out of school.

Based on data from the last 3 years is known to occur an increase in the number of learners who access non-formal education in the education program equality Package A, Package B and Package C with various backgrounds causes of dropouts. The number of people learning each year has increased. One thing of concern is the age of the learners who access education mostly school-age children who naturally must obtain formal education.

Based on the above, researchers interested in conducting a case study on the role of community institutions in organizing non-formal education. The purpose of this study is to analyze how the role of non-formal education in an effort to break the chains of poverty by knowing the background of children who have dropped out of school and their family's economic background.

Method

According to the purpose of research which has been described previously, then this type of research is descriptive qualitative research. Qualitative descriptive study is meant here is to view, review, and a portrait of the object under study as it is without controlling towards a treatment and finally draws a conclusion about it. The data obtained from the field will be described through words by researchers. Can also be said that a qualitative descriptive study was intended to elevate the facts, circumstances, variables and phenomena that occur (when the research is ongoing) and presents what it is. Thus, in this study do not need to test hypotheses and make predictions result.

In collecting the data in this study used triangulation method Arikunto, S. (2002). The data collection instruments used in this study are:

1. Observation

Observations conducted to determine the various activities undertaken in the implementation of non-formal education for the last five years. Observations carried out continuously during the four months of data collection.

2. Technical Documentation

Technical documentation was conducted to determine information about the background of the learners and their families so that the economy dropped out of school. Additionally, it will examine all measures taken in achieving the objectives of PKBM Kasih Bundo.

3. Interview

The interview is data collection through the oral debriefing process that goes in one direction, meaning that the question came from parties who interviewed and the answers given by the interviewee. In this study interviewed was three resource persons who have set up and manage PKBM Kasih Bundo. From a standing start from the present. Interviews were also intended to determine further details on the results of observation and analysis of documentation done.

The results obtained will be reported well in order to be known by others. The results obtained should be analyzed by qualitative data analysis. According to the model of Miles and Huberman (in Sugiyono, 2005), qualitative data analysis is 'activity in qualitative data analysis performed interactively and runs continuously until complete, so that the data is already saturated ". Based on this, the inner workings of data analysis techniques starting from data reduction, data presentation, and then verified. This activity is performed at the time of the study. Furthermore, if there is a lack of data or there is an error that the data obtained are less in accordance with what is expected, then do the process again with the same stage. The steps in the data analysis are as follows:

Data reduction

1. Reduction of data in this research is done in the form of the electoral process, focusing of attention, selection, editing and simplification obtained from field notes.
2. Presentation of data in this research is done in the form of narrative text based on the observation, video taping, and interviews, which were reduced during the study.
3. Verification of data, verification or drawing conclusions in this paper are to review or validate the data that has been obtained previously. Drawing conclusions drawn based on theories regarding content standards, standardized processes, and assessment standards.

Results and Discussions

Integrating social foundations of education as a development pattern in addressing issues that focus poverty requires thinking and continuous innovation. Social Homes not in the beginning it is needed in the handling of social problems. However, according to the development of science to do various kinds of new methods in handling social problems. Social institutions that provide services to specialist educational options on a special line that is at a special school (SLB). This is the primary education is helpful, but not all types of specificity should always be at the school. Nationally also developed their inclusive education, to enable children in special need's education in addition to SLB. Further life after school time can be passed well, of course, with the skills and knowledge more.

Development of the role of social institutions not only providing accommodation for children with disabilities to be able to stay in a rehabilitation center, but also displaced. Therefore, the diverse backgrounds of children in social institutions need to be handled more especially for their education. In addition, the environmental conditions of the social institutions that have low economic cause's parlors open access shelter for children from local residents. With that in mind, of course, is also needed container for education that can be accessed to improve the quality of self. Therefore, an attempt to make gradual in the end is educational equality that originally cooperated with the village. However, due to the distance

from home is quite far away, causing poor results as well. Came the initiative to provide access to education itself under YPPAC called PKBM Kasih Bundo.

All efforts were made based on experience and observation of the needs within the community. For that we need a pattern developed to improve the welfare of society. It was stated in a pattern diagram empowerment as a potential source of social welfare development strategy PKBM independence in the management of Kasih Bundo YPPAC Bukittinggi runs until now. This diagram is also likely to be a pattern of breaking the cycle of poverty be pursued can be implemented optimally.



Diagram 1. Concept of CLC Kasih Bundo

To break the chain of poverty in the chart is known, one way is to improve public education. Implementation of the Education Equality is one alternative education that can be followed to obtain the right to education. Notch education and graduates equated with formal education equivalent. Based on data obtained known that from the beginning of the number of learners has increased. Residents learn not only from the city of Bukittinggi, but also from the area around Bukittinggi.

Based on the data collected, the number of people studying the past five years can be seen in Table 1 below:

Table 1. The Number of people studying the past five years

Program	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	Total
Package A	35	60	70	64	111	340
Package B	116	143	129	115	117	620
Package C	114	92	116	101	99	522
Total	265	295	315	280	327	1.482

Based on the above table it is known that the number of people learning a whole can be said to increase. This should be a concern for all of us, because of the large number of school dropouts who are at the age of compulsory and should have access to education equality. This is due to several factors, among others, the discipline in which people learn to fail to comply to the rules on formal schooling, a policy area in which to be able to access the education required proof of residency and population data, so that the learners who find it difficult in urban administration. In addition, education in the city of Bukittinggi not only accommodates students from Singapore, but also from outside London, so the capacity of the school to accommodate school-age citizens is also reduced. Bukittinggi town that has a good-quality education, indirectly attract the attention of people who live outside the city of Bukittinggi.

Formerly, educational equality education be a substitute, but now it can be said that equality of education could be an alternative education that is accessible if it cannot proceed to formal education. Although the guidelines are there still no reference to the age of the learners who can join the program equality. Besides getting out of the economic problems, there are still about 20% of those studied who dropped out of school because of this factor. Not just because their parents are less capable, but also the custom in the area that teaches children an early age to earn so forget the importance of education. At the time no longer sufficient income, educational needs began to be felt, and finally follow the equivalency education program.

Implementation of educational equality in PKBM Kasih Bundo consists of several programs. A program package consists of one level is the ground level where they are composed of grade 4, 5 and six primary school. In the reference, the voter's equal learning is a group. However, in PKBM Kasih Bundo, they split into two classes to optimize learning and prepare citizens to learn the final level to be more focused on national exams (UN). The program package is composed of two groups: one skilled similar class VII and VIII and IX equivalent grade Skilled 2. Whereas C according to the rule's package is of two similar groups: Advanced 1 and Advanced 2 has class X, XI and XII grade equivalents. Mahir 2 in PKBM KasihBundo is majoring in social studies. Implementation of learning in the package C is somewhat different from the package A and package B. The group that should have been in the application are merged into one class. Although residents remain differentiated for group learning. C-face somewhat less than other programs. Residents learn C packets that have passed school age prosecute them should seek their own money and in addition to families. It is difficult for a maximum attendance. Nevertheless, they remain saddled with the task independently in the reference Credit Competency Standards (SKK).

Facing a variety of backgrounds, residents learned that there needed tutors as teachers are strong mentally, because of school children in most cases have a habit that is freer than his age. The difficulties encountered are in terms of discipline, courtesy, and lifestyle habits that are less control of the family against their religion. For that all tutors are responsible to grow the character of students in various ways that feel right for each field of science.

As PKBM piloting to character education, perceived difficulties in the development and formation of the character itself. Modeling is becoming one of the powerful weapons were sometimes unable to successfully maximize. This is because the characteristics of the Education Equality learning itself that residents cannot be forced to always be present and follow formal learning such as schools. Residents learn that change from individual each year is also a cause of trouble. Residents learn new ones following study at CLC will require more attention to be formed character corresponding existing programs. In recent years, the focus of CLC in shaping the character of the learners focused on religious, honest, responsibility, tolerance, and 5S (smiles, greetings, greetings, polite and courteous).

Changes made to the participants in the knowledge, and character cannot be done only in the CLC only. However, support should also be provided by parents at home. The CLC provides books for liaison between teachers and parents to control the activities of citizens to learn every day. However, the liaison book does not get a response that is too good. Many parents who do not pay attention to the teacher's notes in the book, so that communication cannot be established properly. It also conducted regular meetings with parents or guardians of learners to provide information on the progress of their child for at PKBM Kasih Bundo.

Non-formal Education (NFE) consists in a gathering of *educational* practices which are not included in the formal system of *education* (Romi, S., & Schmida, M., 2009; Kuenzi, M., 2005; Thompson, E. J., 2001; Kedrayate, A., 2012; Mfum-Mensah, O., 2003; Morton, M. H., & Montgomery, P., 2012). Given knowledge cannot only through the material without practice. However, not all subjects could practice the activities designed by the tutors because of the limitations of existing facilities. However, the practice is focused in the field of worship. Because based on the results of data collection conducted by tutors in PKBM in their respective classes in general the study. This is because there is the family of the learners who did not introduce and exemplify it. So that other activities such as the practice of prayer, prayer congregation, reading the verses of the Qur'an and deposited verse also charged to the learners.

According to the rules required the implementation of Education Equality debriefing in the field of skills. For that, residents learn according to their interests given the freedom to choose the desired skills program. The skills that are taught in the form of patchwork fabric processing into items that can be sold as a brooch veil, a former magazine paper is used as bracelets and necklaces, as well as culinary skills. It is given so that learners can improve creativity, able to conduct entrepreneurial activities. Handicraft goods marketed either in a specific exhibition and the visitors who come to PKBM Kasih Bundo. Whereas the cookery activities are already people learning to make food and sale at the canteen in PKBM Kasih Bundo. In addition, learners also given the opportunity to show your creations outside of the skills taught in the CLC and asked to share with colleagues to foster self-confidence and the spirit of a more optimal work again in the future.

Achieving the goal of the integration is done PKBM seen output of alumni who was there several years. Based on the information that is not all the learners who participate in education equality leads to job seekers. However, most of them continue their education at a higher level. Indirectly development of logic by the tutor and also structural PKBM broadens citizens to learn to be a person with new thinking. With increased education or less will bring changes to the family economy. Because eligible for employment seen from the quality of education that has been resolved. Not only that, CLC has also helped government officials that need assistance for the improvement of education, because the requirement to become an employee is to have at least high school education. So that government employees continue their education through the program Package C with permission from the relevant authorities.

Based on the above, it can be seen that the required educational alternative educational path that is consistent in its implementation. Each city or county must have at least one education provider equality every district so that learners gain the ease of access to education when experiencing difficulties in the formal channels. However, keep in mind that a good management to the management in order to achieve the fullest. It can be said that the PKBM KasihBundo has been able to perform tasks as a container that equal education in the city of Bukittinggi, but it must be anticipated also that non-formal education to remain high as the first major educational paths. However, in the future it is possible that the role of education equality will be a major focus for the fulfillment of compulsory education launched by the government.

Conclusions

Education is the handle of four humans to be able to earn a better livelihood. Various educational paths are provided to the fulfillment of the right to education. To be able to carry out good education outside formal education, the need for sanctioning body is consistently and continuously. Because though education is increasing social welfare, standard weighs jobs requiring minimal education requirements. So far the role of institutions that move from social activities, one of which PKBM Kasih Bundo has brought good results.

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Qualitative Research on Islamic Psychotherapy: A Meta synthesis Study in Indonesian Culture

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Abstract

There were no conclusions from the concept of Islamic psychotherapy in Indonesia. These conclusions are important for the building of paradigm of Islamic Psychology that was fit with Indonesian culture. This study tried to synthesis the qualitative research of Islamic Psychotherapy to describe real experience of Islamic psychotherapy in Indonesia. Method of this research was qualitative meta synthesis. The approach used in this research was reciprocal translation, which adapted from meta ethnography. From the result, Islamic psychotherapy was defined as Techniques to solve the client's problems and treating illness both mental, spiritual, moral, or physical by increasing the awareness of Allah and getting back the client to Allah, in Islamic approach through guidance of Quran and hadits.its. Three varians of Islamic psychotherapy in Indonesia was sufism, worship psychotherapy, and religious guidance. Basic assumption about fitrah and tauhid found underlying all the concepts and practice of Islamic psychotherapy in Indonesia.

Keywords: islamic psychotherapy, meta synthesis, qualitative.

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Introduction

The development of Islamic Psychology in Indonesia has through many processes. Since its appearance since 1978, Islamic Psychology has developed, through the development of knowledge construction, until strive for application and research. Until today, Islamic Psychology has so many devotees, application, journal and proceedings, seminar, specialization in topic, etc. But until today, there are almost emerged confuses from many parties about the concept of Islamic Psychology in Indonesia, one of these issues is about Islamic intervention that was psychotherapy in Indonesia.

Indonesia is a country whose culture is very varied (Meliono, 2016). Many citizens, predominantly Muslim. With so many tribes and culture, Islam also adapts to suiting many cultures that exist in society. This Islamic culture will show difference compared to another country, as well as the characteristics of Islamic psychotherapy applied in Indonesia. Until today, there was recorded so many publications about Islamic psychotherapies in Indonesia: start from individual, group to community in many settings such as clinical, social, industrial, educational. There were also a lot of publications and scientific activities about Islamic counseling and psychotherapies concept and practice. There were books, researches, seminars, articles, etc. There was also many parties has declare that has done Islamic counselling and psychotherapies, some of them was recorded and/or published, on other was off the record.

Even the research has so a lot but there were no conclusions from the concept of Islamic psychotherapy in Indonesia. This conclusions is important because in the building of paradigm of Islamic Psychology, there was needed a consensus among the community that fundamentally will arrange about everything that developed inside this discipline of science (Baharuddin, 2004).

Some research, almost all of, about counseling and psychotherapies were in the field of clinical psychology. Clinical psychologists' researchs often use quantitative or qualitative methods. It was depended on the purpose of the research: was it diagnostic, treatment monitoring, or evaluative. Methods that offer information in narrative form, which could tell a hypotheses about possible cause-effect relationships and its' dynamic was qualitative (Vonk, Tripodi & Epstein, 2006). It used to gather information about clients' and social workers' subjective responses to intervention in all phases of clinical practice. In the assessment, it used to identify problem, important clinical themes to individual or groups, and better understand the needs of new populations.

In the intervention process, narrative case studies gave a comprehend understanding of those who experience specific problems. Ethnography also gather knowledge and understanding about clients' cultural context. In the evaluation phase qualitative methods could give information about how the intervention being implemented, what the expected and unexpected effects of the intervention, how do clients and others perceive the intervention, and another identifiable phases or patterns in intervention (Vonk, Tripodi, Epstein (2006). Post and Wade (2009) said that one way to enhance the ability to work effectively with religious/spiritual clients was to look to those who already do so. Recent study that describes real experience of Islamic psychotherapy (how the approach, assessment, and treatment) was qualitative research.

research Qualitative were a process to explore and understand individual or groups' problem which done by inductive process and perspective, focus on meaning, and translating the complexity of a situation (Creswell, 2009). Qualitative research techniques used direct or indirect observation to provide in-depth understanding of respondents'ssubjective experiences from the researcher or the respondents' viewpoint. It was a tool to create a theory, that was hypotheses about the relationship between variables proposed based on the qualitative data. Especially at a topic that have not been previously studied (Vonk, Tripodi, Epstein (2006).

Even there much valuable findings by qualitative researches, it was not enough to provide inputs for policy improvement, or build of a cumulative knowledge base or theoretical development (Siswanto, 2010; Britten, Campbell, Pope, Donovan, Morgan & Pill, 2002; Cooper, 2010). To build a cumulative knowledge based on empiric research, so the result can be used as evidenced-based decision making, a synthesis of a number of qualitative research is important.

Tseng and McDermott (Tseng, 1999), said if there were changes on the intervention, it would be important to know how cultural factors affect psychotherapy and the kinds of cultural adjustments needed to attain effective therapy, not only theoretically but also practically. Indonesian Muslims' culture also has changed the practice of psychotherapy. So there were needs to know about the varians of the psychotherapy dominantly held by Indonesian'a muslim, also the assumptions of how the Islamic psychotherapy in Indonesia induced changes. So, the researcher tries to find out about the answer: 1) What the varians of Islamic intervention in Idnonesia and how it assumed to induced changes on the client?; 2) Is there the same basic assumptions about human, illness, and intervention (psychotherapy) based on Islamic perspective in Indonesia?; 3) What factors that were important to induce change on the clients, like therapist factors, client factors, faith factors, etc.?

Methods

This research is a qualitative meta synthesis refers to ".. an interpretive integration of qualitative findings that are themselves interpretive syntheses of data" (Sandelowski & Barroso, 2007). The approach used in this research was reciprocal translation, which adapted from meta ethnography, which entails constant comparisons of intra study conceptual syntheses (Sandelowsky & Barroso, 2007; Noblit & Hare,

1988). In this research, we were doing the steps of meta ethnography according to the original method (Atkins, etc., 2008; Noblit & Hare, 1988).

We did the step by step of meta ethnography based on Atkins, et al. (2008): 1) Getting started: determining a research than informed by qualitative research; 2) Deciding what is relevant to the initial interest: start by make some inclusion criteria to enable the generalizations of the translations. By this stage, we decide to obtain qualitative research published and non published in Indonesia which parameters: (a) Topic: Islamic psychotherapy. Researcher assumed that qualitative research in Islamic psychotherapy in Indonesia has much findings that had not yet led to build development of theoretical building; (b) Population : Indonesian people; (c)Temporal : since 1990 until 2015. This frame decided from the time which such studies about the topic appeared, to current end points. Hope it will acquire a comprehensive perspectives and show the development of practice along the time; (d) Methodological: qualitative studies, refers to “ an umbrella term for an array of attitude toward and strategies for conducting inquiry that are aimed at discerning how human beings understand, experience, interpret, and produce the social world “ (Sandelowski & Barroso, 2007). Qualitative research comprises a depth and subjective interpretations of persons and the social, linguistic, material, and other practices and events that shape persons’ lives and are shaped by them.

The qualitative research about islamic psychotherapy in Indonesia is frequently published in books, or theses, and it may also in electronic databases outside the psychological domains. So, we supplemented our database search by some way: footnote chasing, citation searching with google search engine, journal runs and hand searching, author searching. We found our articles via search engine, Universitas Gadjah Mada’ s Library, and UIN Bandung’s Library.

To manage the studies based on inclusion criteria, we check the title, and then the abstract, and then the article itself (Sandelowski, Barroso, 2007; Atkins, etc., 2008).. For quality assessment we adopt quality criteria by Atkins, etc. (2008) because the items suitable for qualitative research. After we have done the quality criteria process, we decide to exclude some studies because based on the quality assessment (Atkins, etc., 2008) to get a valid result.

Table 1: Quality criteria and results for articles included

Question	Yes	No	Unclear
1. Is this study qualitative research?	5	0	0
2. Are the research questions clearly stated?	4	1	0
3. Is the qualitative approach clearly justified?	4	1	0
4. Is the approach appropriate for the research question?	4	1	0
5. Is the study context clearly described?	1	4	0
6. Is the role of the researcher clearly described?	1	3	1
7. Is the sampling method clearly described?	2	3	0
8. Is the sampling strategy appropriate for the research question?	0	4	1
9. Is the method of data collection clearly described?	3	2	0
10. Is the data collection method appropriate to the research question?	2	3	0
11. Is the method of analysis clearly described?	1	4	0

12. Is the analysis appropriate for the research question?	2	2	1
13. Are the claims made supported by sufficient evidence?	1	3	1

Based on the searches, we identified 48 article which is coded for eligibility. After we review the articles based on quality criteria, we included only five articles to next steps, because excluded articles were deemed inadequate. The characteristics of the studies included in analysis are presented in Table 1.

Table 2. Characteristics of included studies

(11) Basuki, 2013	
Aims	To reveal islamic psychotherapy by sufism methods to overcome psychological disorder
Context and data collection	Islamic boarding school at Sleman, DIY
Sampling and participants	Sufism counsellor and psychotherapist, and 1 client with stress and depression
Main findings	The concept, technique used, the process, and the changes of the client
(12) Fitriani, 2011	
Aims	To know the implementation of Islamic psychotherapy to overcome psychological problem among student
Context and data collection	Student of STAIN's university at Salatiga
Sampling and participants	The counsellors and the bureaus' management
Main findings	The concept and implementation of Islamic psychotherapiest based on counsellors and management, psychological problems among the students,
(14) Massuhartono, 2013	
Aims	To investigate about the combination of Islamic and medical psychotherapy, to know the implementation and the implication of the psychotherapy to the patients, to know the advantages and the disadvantages of the implementation of the psychotherapy to the patient
Context and data collection	Patient with schizophrenia at Rumah Sakit Jiwa Islam Klender
Sampling and participants	The management of RSJIK (the doctors, nurses, and the psychiatrist

Main findings The concept and the implementation of Islamic psychotherapist, effect also advantage and disadvantage of psychotherapy

(18) Wulansari, 2007

Aims To know the implementation, methods, and the factors influencing the Islamic guidance to develop spiritual quotient

Context and data collection Adolescents at Yayasan Irtiqo Kebajikan, South Jakarta

Sampling and participants guide, adolescents

Main findings Implementation, methods, and the factors influencing the process

(28) Primayasari, 2006

Aims To know the implementation of Al Asmaul husna’s methods

Context and data collection An Nawawi, a clinic of HIV/AIDS patient

Sampling and participants Therapist

Main findings The methods of physical and psychological therapy to overcome the problems of patient with HIV/AIDS

1. Reading the studies: repeated reading of the accounts and the noting of interpretive metaphors or emerging themes. We used standard form to note the main themes and information that answers the research’s question.
2. Determining how the studies are related: to “put together”, juxtaposed the list of the key metaphors, phrases, ideas, and concepts, then try to find the relationships between the studies. Near the end of this phase, an initial assumption about the relationship between studies can be made and illustrate.

In this process, each researchers independently analyzed the data from all documents. The conceptualization of ideas was further refined as the analysis proceeded by first author.

3. Translating studies into one another. First author read the result of analysis, maintains the central concepts in the relation with other key concepts.
4. Synthesizing translations. First author list the translated themes and subthemes in a table juxtaposed with secondary themes derived from author interpretations. Then the researcher independently develop an overarching model that link together the translations an interpretations and generate results. The result then reviewed by the second and the third author.

Results and Discussions

The results of last synthesis were showed at table 3.

Table 3. Results of last synthesis

Themes	Outcome (Sources)
Definition	Techniques to solve the client's problems and treating illness both mental, spiritual, moral, or physical by increasing the awareness of Allah (A12) and getting back the client to Allah (A12), in Islamic approach (A12) through guidance of Quran and hadits (A12)
The varians of Islamic pschotherapy in Indonesia	Worship psychotherapy (kind of psychotherapy that develop from the ritual of religious worship as a consequence in the perform the order of Allah) (A15), like prayer,sholat, reciting Qur'an, and dzikr (A14, A15), fasting (A12) Sufism psychotherapy (process of treatment and healing an illness both mental, spiritual, moral, and physical) by the guidance of Quran and hadits, or empirically by the guidance and teaching from Allah, the angel, the prophet, and the heirs of prophet) (A11), Religious guidance (A14), held the activity that give the guidance to create a harmony life within provisions of Allah
Basic assumpstion about human on islamic perspective in Indonesia	Human has potential to apply the Divine Names in daily attitudes, behaviors, and thoughts (A11),
Basic assumption about illness on islamic perspective in Indonesia	Everything including illness was come from Allah and return to Allah, Allah will give the cure (A28, A12), God won't give any temptation beyond human's capacity (A28), disturbance caused by the injury in the heart or negative energy (A11), anxiety is normal worries that too protracted (A28), illness and kufr caused by sins and illness of the heart (A11), problem caused by fail to adapt, wrong perception, drugs, possessed by other spirits or depracation (A11),
Basic assumption about intervention on islamic perspective in Indonesia	Alms refuse disaster (A12), reciting Quran provides energy of healing (A11) and cure of anxiety (A28), pray, dzikr, and other Islamic psychotherapy is a complement of medical treatment to accelerate healing (A15), therapy is an endeavor (<i>ikhtiar</i>) (A28), congregational praying by 40 people will be granted by God (A28),
Aims of Islamic psychotherapy	Enhance the awareness of Allah (A12), to get back the client close to Allah (A12), get back <i>fitrah</i> of human being that always cling in the way of Allah (A12), client can find their own solution (A12), find and develomp client's potentials (A12), client can get the serenity, power of faith (A15).
Stages of therapy	Takholli (self awareness, purified, healing) Takhalli (self development) Tajalli (self empowerment) (A11, A 12)
Techniques of assessment	Scientific techniques (observation, interview, psychological testing, seeing the palm(A11) Prophetic techniques (dream of therapist and client, intuition, kasyf, using the Qur'an verses and hadits to see the problem (A11)
Techniques of therapy	Prophetic/sufism techniques ((giving suggestion based on Quran and

<p>Indicator of effectiveness of therapy</p>	<p>hadits, distributing Gods' energy, supernatural surgery) (A11), quanta communication (sending prayer to client), Doing religious practices (wudlu, sholat, dzikr, praying, fasting, alms) (A11), (A14), Memorizing Quran and hadits (A14) Counselling (A11) Faith (A1) Hypnotherapy, Neurolinguistic programming, (A12), Relaxation (A14), spiritual thinking (visualisation to remembering Allah) (A12)), Masses prayer (A12), Applying Islamic ethics (A14) Traditional (herbal) medical (A28) Cognitive domain were emergence of understanding, better attitude, character (A12, A14), find the self identity (A11), the clearance of thought (A14), wisdom (A28), get back the awareness (A15), and spiritually intelligent (A14). Affective domain like emergence of serenity and peacefull (A14, A15), emotionally intelligence (A14), pure, open, and clearance of heart (A14, A15), get back the hope (A15), decrease of depression, free of fear, sadness and anxiety (A15), emergence of acceptance (A28). Psychomotoric domain were enhancement of the worship (A12), get more motivation and strong will (A12, A15), changes of act and utterance (A15), obedience to norm (A28), and get back to do the activity (A28, A15). Physical domain were lost of physical pain (A11), relaxation, improvement of immune system, prevent illness, and decrease tension (A15). Relationship domain were good relation with Allah (get closer to God), self, and others (A12), harmony with the cyclic of universe, transcendence between human and God (A15). Problem solving domain were Allah give the solution of the problem (A12), and get the ease in live(A14).</p>
<p>Problem Factors that important to induce change</p> <p>- clients' factor</p>	<p>Demographical factors (age, marital status), Level of religiosity (religious faith (A11), religious knowledge (A11), the capacity to reciting Quran (A15)), religious practice (like shalat, dzikr) (A11)) The serenity of client (A12), The severity of illness (A15), Motivation to recover (A15, A11, A14), Capacity of communication (A28), Extent and consistency in the proces of healing (A11)</p>
<p>- therapist factors</p>	<p>Modality of therapy (Technique (A11), variation of program, good facility and service (A14)) Therapiutic alliance (raport, sugestive power (A11), authority (A11)) Religiosity of therapist (the knowledge, quality of worship, level of faith and <i>tauhid</i> of therapist (A11), support, ethos, and the sincerity of therapist (A14),</p>
<p>Ethics</p>	<p>Still paying attention about order and prohibition in Islam (e.g.: relation</p>

Role of therapist	between man and woman) (A11), Explaining methods used and agreement about the contract of intervention (A28) Referring if needed (A11) As a <i>mursyid</i> that give the guidance to client (A12), problem solver and motivator (A12), as a guide (A12, A14), a fasilitator for client to find the solution (A12), a mediator between Allah and client (it is Allah that heal the illness) (A12).
Therapist' characteristics	Psychologist, undergraduate of Psychology, another departement but has the counselling skills (A12), psychiatry (A15), chaplain (A11, A28), , management /tutor (A14)
Clients' characteristics	Physical symptomp (stomach ache, headache (A11), HIV/AIDS (A28)) religious/spiritual problem (afraid of death (A11), psychological symptomp (stress, phobia, depression, trauma, stuttering (A12)), personal problem (study (A11), depression (A28), schizophrenia (A15), interpersonal problem (problem with family, friendship, career) (A12), ethical and moral problem (A12)).

Islamic psychotherapy in this research defined as techniques to solve the client’s problems and treating illness both mental, spiritual, moral, or physical by increasing the awareness of Allah and getting back the client to Allah, which held in Islamic approach through guidance of Quran and Hadits. This definition parallel to Sham (2015) description of Islamic psychotherapy that include the multi aspects of human in their definition and include the God (Allah) as the point of view. This definition fundamentally show that psychotherapy is not free of value, which shown by all of this researchs’ findings (table 3).

Aims of Islamic psychotherapy was not only to heal the illness and disturbance but more transcendent that enhance the awareness of Allah (A12), to get back the client close to Allah (A12), get back fitrah of human since always cling in the way of Allah (A12), client can find their own solution (A12), find and develop client’s potentials (A12), client can get the serenity, and the power of faith (A15). This paradigm called tauhid paradigm that specific differ from Islamic psychology between others.

In Islamic psychology, theres’s a pradigm about illness that everything back to Allah. This research also revealed that faith among process psychotherapy believe that illness came from Allah and Allah will give the cure. This basic assumption related to basic assumption about human which has potential to apply the Divine Names in daily attitude, behavior and thoughts. This basic assumption theoretically explain in the term of fitrah. Islamic concept of fitrah was very specific found in Islam. Fitrah defined as “a natural preferences of human that brought by since its’ born and composition, structure and special characteristics in the tauhid paradigm.” (Baharuddin, 2007). In the fitrah, it was believed that there were Allah connected to human in every aspect and life’s events. This faith underlie another assumption that God won’t give any temptation beyond human’s capacity (A28). Meer and Mir (2014) also found in their research that their responden belief that God gives health, the ability to recover and only God has the power to heal. This positive believe is important, which Islam seen as a potential resource.

Empirically, disturbances was seen as effect of failure in adaptation, wrong perception, or drugs. This assumption also revealed by western psychological theory. There were also specific finding in Islamic term that disturbance caused by injury and illness in the heart, negative energy, sins (A11), and/or possessed by other spirits or depracation (A11). Illness and kufr also seen as a part of illness. This is consistent with Shams (2015) which said that Islamic psychotherapy cleansing the human soul or psyche of every vice and bad elements which damage the soul and away people from God.

Empirically, there were assumptions that every practice have an effect to people’s live. There were alms to refuse disaster, reciting Quran to provides energy of healing (A11) and cure anxiety (A28), do pray,

dzikr (A15), and other religious practice like congregational praying by 40 people that believed will be granted by God (A28). This practice seen as an endeavor (ikhtiar) (A28), and transform the self in three level of transformation: takholli (self awareness, purified, healing), takhalli (self development), and tajalli (self empowerment) (A11, A12).

The basic assumption about human and illness has a consequence in the process of therapy. Worthington (1986) find that there were three views about kind of religious counselling techniques, first, any counselling technique, regardless of theory or theology of origin but promoting client's religious issue. Second, a religious counselling technique as any practice used in counseling that originated within the practice of formal religion. Third, technique as counseling technique that originate in a secular theories but has religious content and is used to strengthen clients' faith as well as alleviate clients' stress.

This research found that in the real experience (not in clinical trial) there were three variants of Islamic psychotherapy that held in Indonesia there were worship psychotherapy, sufism psychotherapy, and religious guidance. Based on Worthington (1986), the three approach and almost all techniques included in second categories, that originate within the practice and value of formal religion. But, in the application (techniques), there were some techniques included in the first, second and third approach. In the first approach there were hypnotherapy, counselling, neurolinguistic programming, and relaxation) (A12). In the second categories were prophetic/sufism techniques (giving suggestion based on Quran and hadits, distributing Gods' energy, supernatural surgery) (A11), quanta communication (sending prayer to client), doing religious practices (wudlu, sholat, dzikr, praying, fasting, alms) (A11), (A14), memorizing Quran and hadits (A14), applying Islamic ethics (A14), and traditional (herbal) medical (A28). In the third categories which originate in secular theories but has religious content and is used to strengthen clients' faith, it was spiritual thinking (visualisation to remembering Allah) (A12)).

Based on Worthington (1986), technique of assessment empirically found used the first/general psychological techniques like observation, interview, psychological testing and seeing the palms. As a complement, there were second approach that originated from religious value called prophetic techniques, like dream of therapist and client, intuition, kasyf, using the Qur'an verses and hadits to see the problem (A11). Based on this explanation, Islamic psychotherapy could implement purely from Islamic approach or could be a complement of medical treatment to accelerate healing (A15).

In this research, islamic psychotherapy was known could give the changes in several aspects. First, the cognitive domain were emergence of understanding, better attitude, character (A12, A14), find the self identity (A11), the clearance of thought (A14), wisdom (A28), get back the awareness (A15), and spiritually intelligent (A14). Secondary effect were in the affective domain like emergence of serenity and peacefull (A14, A15), emotionally intelligence (A14), pure, open, and clearance of heart (A14, A15), get back the hope (A15), decrease of depression, free of fear, sadness and anxiety (A15), emergence of acceptance (A28). Third, psychomotoric domain were enhancement of the worship (A12), get more motivation and strong will (A12, A15), changes of act and utterance (A15), obedience to norm (A28), and get back to do the activity (A28, A15). Forth, physical domain were lost of physical pain (A11), relaxation, improvement of immune system, prevent illness, and decrease tension (A15). Fifth, relationship domain were good relation with Allah (get closer to God), self, and others (A12), harmony with the cyclic of universe, transcendence between human and God (A15). Last, problem solving domain were Allah give the solution of the problem (A12), and get the ease in live (A14). This findings reveal much more domain while some research focus on effect of religious practice in affective domain (serenity anf peaceful) like wudlu (Lela & Lukmawati, 2015), dzikir (Adlina, 2012), sholawat (Aini, 2014), tafakkur (Mawarni, Indriyana, & Masykur, 2006), religiosity as a predictor of mental health (Affandi & Diah, 2011). The result also support finding that the integration of Islam into psychotherapy resulted in decreased depression and anxiety post treatment (Paukert,et. al., 2011).

Based on the results, the counsellor or therapist are often not a psychologist. Only two of research (A12, A15) which the therapist was psychologist or psychiatry. But in every research, there were case with psychological difficulties, and all of the process reporting progress of the client. This is parallel with Worthington (1986) review of religious psychotherapy in Indonesiat which most of the counsellors of religious psychotherapy was clergy, which the clients often fully with psychological difficulties.

There were debate about whether some treatments are more effective than others, but it was clear that if there are differences among treatments, the differences are quite small. This finding revealed later answer about what was factors make Islamic psychotherapy effective. At table 3 showed that the factors was divided into 2 chategories: clients' factors and therapist factors. Some of client factors were parallel with Lynch (2012) research (in the factors of number of sessions, motivation to recover, the severity of illness, and client's ability to feel serene is important in psychotherapy process. Some of therapist factors also parallel with Lynch (2012) in the factors of modality of therapy, therapiutic alliance (Feinstein & Yager, 2015). Therapist characteristics which sincerity and work ethos also found as therapist characteristics that affect psychotherapy outcomes (Feinstein, & Yager, 2015).

One is special in this research was the level of religiosity both for client and for therapist give the influence islamic psychoteraphy outcome. Vieten et. al. (2013) found knowledge about many forms of spirituality, religiosity, values, norms, and expectations, important to explore about religious beliefs, communities, and practices that are important to the clients, promote a therapiutic alliance, and to identity the resources and practices that may support psychological well being and recover from psychological disorder.

In Islam, this competencies is owned by religious leader or teacher. Religious leader or teacher in sufism tradition called as mursyid or sheikh. This research also reveal that one of the role of therapist was as a mursyid for the client (table 3). The role of therapist as a mursyid that give the guidance to client (A12), problem solver and motivator (A12), as a guide (A12, A14), a fasilitator for client to find the solution (A12), a mediator between Allah and client (it is Allah that heal the illness) (A12). It was special in Islamic approach and very different from secular psychotherapy.

That was mean that therapist was a spiritual physician that provide unconditional love and trust to the client. This was essential foundations for sufi practice (Frager & Fadiman, 2012). In this atmosphere, the client heal their hearts of the pain and the wounds experienced in the world. They gain confidence, belief, and worthiness in the self transformation, spiritual growth and find God (Frager & Fadiman, 2012). this role of therapist is important related to the role of the islamic psychotherapy in this research was seen as to get human back to God.

The therapist as a mursyid in the psychotherapist lay on the basic assumption that few of people have the spiritual ability to diagnose self correctly, or even still cure themselves. So the therapist as a mursyid will determines what practices as a prescribe for client to help the client develop spirituality (Frager & Fadiman, 2012).

This qualitative research is useful because describe a real world about practical Islamic psychotherapy. It showed that islamic psychotherapy effective to help client with variative problem. This research show the problem that treat by Islamic psychotherapy was physical symptomp (stomach ache, headache (A11), HIV/AIDS (A28)), religious/spiritual problem (afraid of death (A11), psychological symptomp (stress, phobia, depression, trauma, stutter (A12), depression (A28), schizophrenia (A15)), personal problem and interpersonal problem (study (A11), problem with family, friendship, career (A12), ethical and moral problem (A12)). This knowledge also important to identify legal and ethical issues related to spirituality. In the therapiutic alliance, therapist must consider and act in the specific rule of Islam. In this research, ethical issue also emerge, that was about the relation about man and woman and Islam.

Conclusions

Islamic psychotherapy defined as techniques to solve the client's problems and treating illness both mental, spiritual, moral, or physical by increasing the awareness of Allah and getting back the client to Allah, which held in Islamic approach through guidance of quran and hadith. This definition fundamentally show that psychotherapy is not free of value, which shown by all of this researchs' findings. This Findings may give much implication to Islamic clinical psychology.

For recommendation, qualitative research about Islamic Psychotherapy must consider quality of research for the process of the research. Systematic review about Islamic psychotherapy could done

integratively in clinical trial and real condition. There is also a need to further confirm about the regulation of Islamic psychotherapy practices in Indonesia.

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Assessing Outcomes and Effectiveness of Character Education Model Based on Classroom Guidance Services in Junior High Schools

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Abstract

The aim of this study is to measure the gain and effectiveness of the character education model based on classroom guidance service in several junior high schools in Indonesia. This research was designed by adopting the research and development model. The research stage began with preliminary research to construct conceptual maps for hypothetical model design that developed, supporting instrument design, and initial draft of Character Education Module for junior high school Volume 1, 2 and 3. Limited product implementation trials were conducted on nine junior high schools nationwide across Indonesia. Implementation testing (limited) models showed encouraging results. From the analysis for the implementation of this model, there is an increase in character education outcomes between pre-and posttest on those nine junior high schools, and both teachers and students in the nine schools assessed that this model is much more effective than the integrated character education model.

Keywords: character education, classroom guidance services, experiential learning

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Introduction

This research is a part of product implementation trials in order to produce a character education model for junior high school that more effective by optimizing the school counselors role through classroom guidance services with experiential learning approach. Collaboration of subject teachers with counselors or guidance and counseling teachers in optimizing the implementation and outcome of character education in junior high schools throughout the country are a necessity and increasingly urgent. Through the guidance and counseling service, it is expected that schools can integrate intellectual education and values /character education more balanced (Rayburn, 2004), so that the students' psychosocial needs to ensure the smoothness of their development tasks in a more comprehensive, harmonious and whole can be served better.

The problem is, particularly in the context of integrated character education in junior high schools that the operations are charged to subject teachers; do teachers have explicitly characterized the content of characters into their learning? The virtue of this research lies in optimizing the role of counselors to

collaborate with subject teachers in developing and implementing character education in junior high school explicitly.

The Indonesian Ministry of National Education has developed a grand design of character education for every step, level, and type of educational unit. The grand design becomes the conceptual and operational reference of development, implementation, and assessment on every level of education. Configuration of characters within the context of psychological and socio-cultural totality processes is grouped into: spiritual and emotional development, intellectual development, physical and kinesthetic development, and affective and creativity development. At the junior high school level, character education development is handled by the national education ministry directorate of junior high school development (2010). Implementation of character education in junior high school is expected that students are able to improve and use their knowledge, review and internalize, and personalize the values of character and noble character so it can be embodied in everyday behavior.

The problem is that character education in schools, especially in junior high schools throughout the country has only touched on the recognition level of norms or values, and not yet at the level of internalization and real action in everyday life (Suyanto, 2011). The seeds of the implementation failure of character education in junior high school can be shown, among others, increased mischief, acts of crime, as well as the deterioration of values and morals that occur among adolescents. Data from National Narcotics Agency states that 50-60% of drug users in Indonesia are teenagers, i.e. students. Total number of drug users based on that research is as much as 3.8-4.2 million. Not only the drug-abuse case, student brawl also seemed to be an inseparable part of the behavior of juvenile delinquency students this year. From the National Committee of Children Protection data, the total of student brawls has shown an increase in the first six months of 2012 until June. In the data, it is recorded 139 cases of the brawl in the Jakarta, and 12 cases of them have caused death. Data from a year earlier, i.e. in 2011, revealed that there have been 339 cases of the brawl which caused 82 children died (Adriansah, A., 2012).

The case of delinquency and moral /value decline in adolescents does not stop only in cases of drug abuse and student brawl alone. Zoy Amirin, an expert on sexual psychology at the University of Indonesia (UI), cited the sexual behavior survey of 2011, the survey data shows that 64% of young people in big cities in Indonesia "learn" sex through pirated porn movies or videos. From the same survey results, it showed data that 39% of teenager respondents aged 15-19 years claimed to have had sexual intercourse. In 2007 recorded 500 types of original local pornographic video production in Indonesia. In 2010 the number jumped to 800 cases. The most alarming fact of the above phenomenon is the fact that about 90% of the video, the cast is students. Base line survey conducted by BKKBN LDFE UI (2000) regarding the case of abortion, it is said that in Indonesia there are 2.4 million cases of abortion per year and about 20% (700-800 thousand) done by adolescents. A study also reveals the facts, that the increasing number of children and adolescents in Indonesia trapped in the prostitution world in the last four years. The study data shows about 150,000 children under the age of 18 become sex workers (Adriansah, A., 2012).

Based on the above phenomenon, it is an urgent need to do a comprehensive evaluation of the character education implementation, obstacles, and effectiveness that has been going on with an integrated system in junior high school since 2010. Character education issues within the junior high school need to be examined immediately, and need to search for alternative solutions, and need to develop an implementation model in a more operational and effective way to make it easy to implement in schools. Schools that have been successful in carrying out character education can be used as the best practices model for other schools.

The problem that was solved through the multi-year stages of this study was formulated specifically as follows: 1) hat facts are found in the implementation of character education, which integrated with the teaching-learning process in several junior high schools in Indonesia?; 2) Are there any improvements of the gain in the implementation of the character education model based on the classroom guidance in several junior high schools in Indonesia?; 3) How effective is the implementation of the character education model based on the classroom guidance developed through this research?

The Government Regulation No. 17 (2010) in article, 17 paragraphs (3) state that primary education, including junior high school has aims to build a foundation for the student's potential development to

become human beings who (1) believe in and fear The God Almighty; (2) have noble character, and noble personality; (3) are knowledgeable, competent, critical, creative, and innovative; (4) are healthy, independent, and confident; (5) are tolerant, socially sensitive, democratic, and responsible. Based on this, clearly the purpose of education on every level, including junior high school is closely related to the students' character formation.

When closely examined, there is a mutual link between character education goals and the guidance and counseling services goals in schools. Given that guidance is an integral part of education, then the purpose of guidance is also an integral part of the national education goals as well as the goals of primary education (elementary and junior high school). The purpose of guidance and counseling services focuses on developing the child's life values as a person, at least including the efforts to: (1) strengthen the foundation of faith and devotion to God Almighty, (2) familiarize oneself with good behavior, (3) providing basic knowledge and skills, (4) maintaining physical and spiritual health, (5) coaching the awareness of cultured learning and exercising skills for skilled learning, and (6) forming a solid and independent personality. Development as a community member includes efforts to: (1) strengthen awareness of religious life and religious tolerance in society, (2) develop sense of responsibility in the environment, and (3) provide the basic knowledge and skills necessary to participate in community. Development as a citizen includes efforts to: (1) develop the attention and knowledge of rights and obligations as citizens of Republic of Indonesia, (2) teach a sense of responsibility towards the nation and state development, (3) provide the basic knowledge and skills necessary to play a role in the life of nation and state. Development as a human being includes efforts to: (1) increase self-esteem as an independent and sovereign nation, (2) raise awareness about human rights, (3) give understanding of world order, (4) raise awareness of the importance of friendship among nations, 5) prepare students to master the curriculum contents (Ahman, 1998).

Guidance and counseling services are an integral part of the national education system, the guidance and counseling orientation. Purpose and implementation are also part of the orientation, purpose and implementation of character education. Guidance and counseling programs in schools are a core part of character education that is implemented with various service strategies in an effort to develop the students potential to achieve independence, with the required character that is needed in present and future.

Guidance and counseling work is value-based work, normative ethical services, and not value-free services. A counselor needs to understand the true nature of humanity and its development as a conscious being of value and its development toward normative-ethical direction. A counselor must understand the development of values, but a counselor should not impose his values on the counselee (students who are served), and should not make themselves to be imitated by the counselee, but facilitate the counselee to find the meaning of his or her life value (Sunaryo, in Wangid, 2010). Character education materials in the guidance and counseling service may, among others, include: (1) healthy sexual behavior; (2) knowledge about character; (3) understanding the social morals; (4) problem-solving skills (5) emotional competence; (6) relationship with others; (7) feelings of attachment to school; (8) academic achievement; (9) communication competence; and (10) attitudes toward teachers (Berkowitz, Battistich, and Bier in Wangid, 2010).

Character education strategies through guidance and counseling services can be done through: (1) guidance curriculum; (2) responsive services; (3) individual planning; and (4) system support. The basic service guidance strategy is an entry point for character education channeling through the classical guidance process and activity to meet the students' needs of character values establishing. Interactive routine/scheduled encounter in the classroom between counselor and students is needed in which the opportunity is very useful to provide preventive and self-development services. The presence of a counselor cannot be reduced merely just to implement counseling services for students with problems (Gysbers, 2004; Gysbers and Henderson, 2000; Sink and Stroh, 2003;

There are four approaches in guidance, namely (a) crisis, (b) remedial, (c) preventive, (d) development approach (Muro & Kottman, 1995). The developmental approach is a more up-to-date and more proactive than the other three approaches. Counselors who use this approach can move from the understanding of the students' needs in the form of competencies or skills, ability, and special experiences that students need to achieve success in school, carry out development tasks, and gain skills in managing life, life skill and soft skills (Myrick, 1989). Various techniques can be used in this approach, such as life asset value's

education, value clarification, experiential learning, information exchange, role play, training, tutorials, group dynamics, and group counseling (Barus & Sri Hastuti, 2011). In the developmental approach, the skills and learning experiences that the students need will be formulated into a guidance curriculum that the delivery is channeled through classroom guidance activities.

Classroom guidance services that are conducted inside or outside the classroom are generally carried out in a series of experiential learning activities with procedures: introduction/instruction → group dynamics/group process → experience reflection → experience sharing → formulation of intention (I statement) to change/self-improvement. This procedure goal is to develop socio-psychological dimensions, life skills, value clarification, and changes in individual behaviors in groups (Barus, 2008, Barus, 2010).

The process of classroom guidance or group counseling services has particular features in the approach, method, and delivery strategy. In the classroom guidance service, the experiential learning approach is emphasized, since guidance services are more prominent in affection (value, attitude), behavior, and character values terms. In classroom guidance services, students' activity is expected to be more processed, active, reflective, and dynamic-group process or group dynamic principles (Barus, 2011). In the classroom guidance service for junior high school students, the emphasis of the results is more on the attitude change, independent behavior, character values, and life skills aspects that support the successful study and successful socialization (self-adjusting).

In contrast with the subjects instructional activities that generally emphasize the didactic procedures that result in cognitive development, the implementation of character education through group/classroom guidance services emphasizes the use of experiential learning approaches, such as group dynamic techniques or other group activities. The cultivation of character values through classical guidance activities using group dynamics techniques can foster positive forces for the group's activities participants, such as: feelings of security, hope of gaining something useful, openness, mutual interest, understanding, mutual acceptance, honesty, empathy, and purposeful direction. The therapeutic power contained in the group's dynamic forces can produce changes in oneself, in attitude, and in behavior.

One strategy of classroom guidance services is experiential learning. Kolb (1984) said: "experiential learning: experience as the source of learning and development". Experiential learning model is a teaching and learning process model that enables students to gain knowledge and skills through their experience directly. In this case, experiential learning uses experience as a catalyst to help students develop their capacities and abilities in the learning process.

Experiential learning can be defined as an action to achieve something based on experiences that are constantly changing in order to improve the effectiveness of the learning outcomes themselves. The purpose of this model is to influence students in three ways, namely (a) changing the cognitive structure of students, (b) changing student attitudes, and (c) expanding existing student skills. The three elements are interconnected and effect as a whole, not separated, because if one element does not exist, the other two elements will not be effective (Kolb in Baharudin and Esa, 2007).

Experiential learning emphasizes the strong desire within the student to succeed in learning. Motivation is also based on the goals to be achieved and the chosen learning model. The desire to succeed can increase student responsibility for their learning behavior and they will feel able to control the behavior. Experiential learning refers to meet the students' needs and desires. The quality of experiential learning includes: students' personal involvement, initiative, evaluation by students themselves and the effects that imprint on students.

Experiential learning is a process in which students construct or craft the knowledge of skills and values from direct experience. The basic principles of experiential learning are as follows: (a) real experience stage, (b) reflection observation stage, (c) conceptualization stage, and (d) implementation stage. According to Supratiknya (2011: 77), there are two core activities that are commonly practiced at various stages of learning process in the experiential learning cycle namely: (a) reflection. Reflection is an activity of reflecting or re-preserving in the minds of various experiences that have occurred to find deeper meaning and value. Correct reflection will help the individual achieve insight, which captures the deeper understanding of life meaning and values, and encourages the emergence of resolution to act to bring out a

deeper understanding and value of life in everyday life; (b) sharing. Sharing is an activity of sharing thoughts and or feelings that arise as a result of reflection, to others in common activities. In sharing or sharing reflection results, each student listens to each other, helps each other to grasp the deeper life experience's meaning and value, and reinforce each other.

Prayitno et al (1998: 90) asserted that the provision of quality group counseling or counseling services through the effective implementation of group dynamic activities is characterized by the presence of a healthy psychiatric atmosphere among service participants, increased spontaneity, the occurrence of positive feelings (e.g. happy, content, relax, pleasure, satisfaction, pride), increasing interest or passion to be more involved in the process of activities, enabling catharsis, as well as increased knowledge and social skills.

Method

The model development procedure adopted in this R & D study follows the R & D procedures (Borg and Gall 1983: 774-787) in the corridors of the 4-D Model (Thiagarajan, Semmel, and Semmel, 1974) as illustrated in the following visualization.

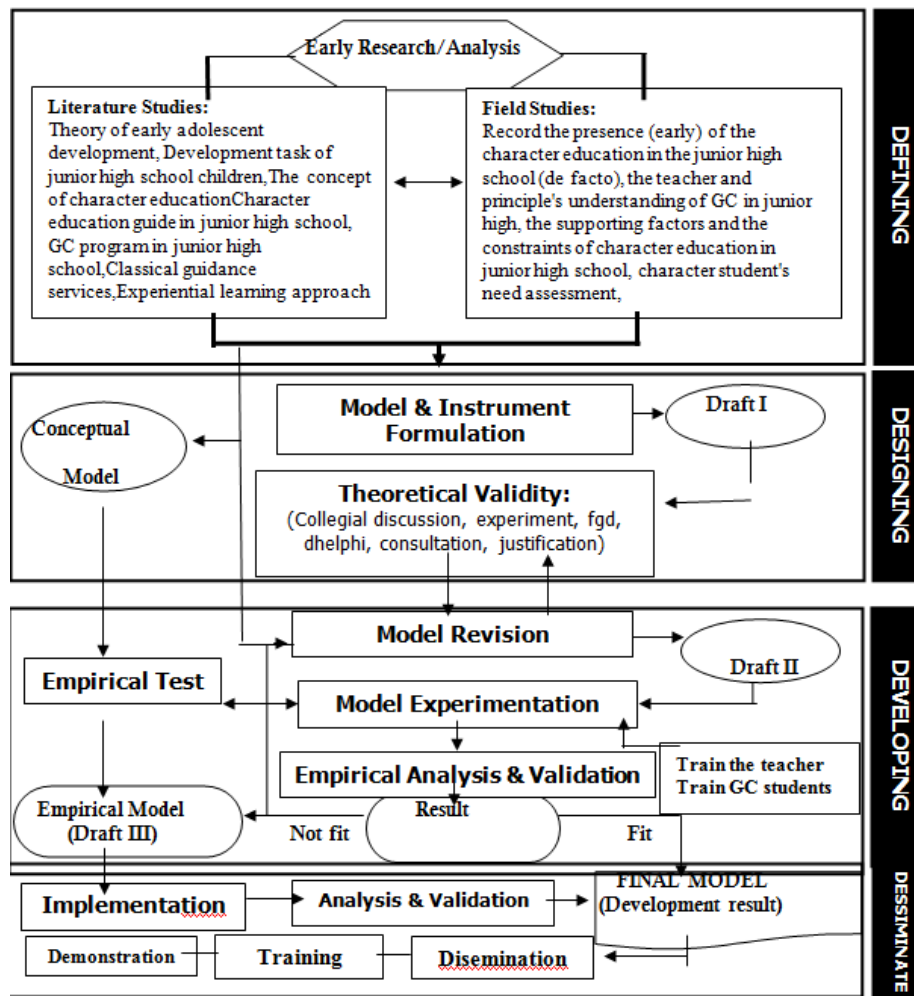


Figure 1. Character Education Model Development Procedure Scheme in Junior High School

Information:
 ◊ = early preparation □ = activity process → = next step
 ○ = activity result ○ = result (terminator) ▭ = final document

The research results preliminary study and effectiveness test implementation (limited) model are communicated in this paper.

In the preliminary investigation phase, a preliminary study was conducted, both literature studies and field studies to establish the conceptual framework underlying this research. Meanwhile, in the validation testing phase (limited) test, evaluation, and revision (test, evaluation, and revision) were performed. In this phase, there have been instruments and tool's trials of character education models or modules developed (at nine junior high schools nationwide) with a purpose to know how far the model instruments and tools can be applied in the implementation of character education in junior high schools in national samples. In this phase, expertise judgment and practitioners have been involved in the instrument quality and effectiveness of the model. Principals, counselor, and some subject teachers (29 teachers) were involved in the simulation, but previously, they have been trained.

Trial (limited) of the model implementation was designed with quantitative approach based on model instrument usage data and model implementation results through action research (Hayes, Paisley, Phelps, Pearson, & Salter, 1997; Rowell, 2005). In this case, the research team collaborated with partners (principals, counselor, and related subject teachers). Quantitative approaches were used to collect and analyze the process and result's data assessment of the model implementation. For this purpose, the study applied various data collection techniques, such as student, teachers, principals' opinion surveys; questionnaires, self-assessment scales, and tests.

The limited implementation stage of this developed model is placed in 9 junior high schools spread in various cities in Indonesia, namely 1) SMP Xaverius, Gisting, Lampung; 2) SMP Negeri 31 Purworejo; 3) SMP Negeri 4 Wates, Kulon Progo, DI Yogyakarta, 4) SMP Negeri 13 Yogyakarta, 5) SMP Stella Duce 2 Yogyakarta; 6) SMP Kanisius Kalasan, Sleman; 7) SMP Negeri 6 Surakarta, Central Java, 8) SMP Catholic Santa Maria II Malang, East Java; and 9) SMP Negeri 9 Singkawang, West Kalimantan. The participants of the model implementation also called as the subject of this research consist of: Principal, counselor, subject teachers with certain character values, and students of junior high school class VII and / or VIII (9 classes) N = 288 students. To measure the effectiveness of the process and the characters educationa outcomes and the effectiveness of the character education model developed, a quantitative analysis is applied. Improvement of character education outcomes in schools which use the pretest-postest one-group design (Valadez and Bamberger, 1994: 236).

Table 1. Categorizing Criteria of Character Education Outcomes Achievement

Score Criteria	Category
< 1,0	Bad
1,1-1,9	Not God
2,0-2,9	Quite God
≥ 3,0	God

Implementation of the model begins with preparation activities, including: (a) Preparation of classical guidance module with character value; (b) Preparation of implementation activities proposal; (c) Socialization of implementation model plan to 9 junior high school principal; (d) Training for students as implementation activities facilitators; (e) Preparation of character education tests instruments, self-assessment scale, inventory on model validation and effectiveness by teachers and students; (f) Preparation of guidance implementation materials.

Results and Discussions

Preliminary research results showed: a) There are a diversity of ways/strategies and different variations of channels in the character education implementation at different junior high school. In this limited study, the idea's variation and action strategy undertaken by private schools in the character education implementation is richer and diverse than state/public schools; b) Some of the obstacles identified in the implementation of character education in junior high schools in 5 (five) cities in Indonesia are (1) Character Education Guidelines from the Government (Directorate of Junior High School Development, 2010) was not operational; (2) The character values imbedding that is integrated through learning was still just a patch in lesson plan, beautiful in planning but poor in action, the teachers admitted that it was difficult to apply it, did not know the proper way/strategy in the delivery of character values included in the lesson plan except for giving advice and preached while giving moral messages (stop at the level of cognitive recognition); (3) There was no tool and means of evaluation to measure the character attainment; and (4) The commitment and consistency of teachers in keeping the character's goal was not always the same, tend to be fragile; and not yet created a good collaboration between teachers and counselors in the character education implementation; (c) Judging from the results, the implementation of integrated character education in junior high school, the effectiveness, had not been encouraging. The empirical evaluative findings showed that 36.4% of the 653 junior high-school students in the five cities studied are still in the less favorable category, and some of them are poor in achieving their character scores. Only 12.3% of the 653 students entered the category with a score of ≥ 7 on the stanine scale; (d) Identified 25 out of 50 items of character value statements (from measurement scale of educational outcome of character) that achievement scoreless good and five item of them even in bad category. The spirit of entrepreneurship, independence, curiosity, obedience to social rules, and appreciate the work/achievement of others are identified as five values of characters whose achievements are still poor, both in the seventh and eighth-grade students; (e) There was a tendency that the achievement score of character education outcomes better in 7th grade students than in 8th grade students, both on average score achievement and the character value number. Grade 7th students who achieve good character scores are almost twice than grade 8th students, whereas grade 8th students who score poorly on not good and bad categories are twice than grade 7th students; (f) Found 23 topics of character values required by students, teachers, and parents with a 1-23 priority scale rating. Topic of the character value needs with the highest ranking of five was (1) More diligent practice of religion adopted; (2) Respect for diversity; (3) Improving self-confidence (4) Understanding the strength and weakness of self; and (5) Being clean, healthy, fit, safe, and using spare time in the good way.

The limited implementation of the character education model developed through this study showed the following results.

1. Character education outcome through implementation of character education model based on classroom guidance service with experiential learning approach at nine junior high schools that is depicted as follows:

Table 2. Character Education Results (Pre-Post Test) at nine Junior High School

School Name	Average Score with 1-4 Scale			
	Pretest	Posttest	Score Improvement	%
Smpk St.Maria Malang	2,88	2,96	0,08	2,6
Smp N 31 Purworejo	3,46	3,51	0,05	1,5
Smpkanisius Kalasan	3,34	3,52	0,19	5,6
Smp N 13 Yogyakarta	3,31	3,4	0,09	2,6
Smp N 9 Singkawang	2,28	3,45	1,18	51,8
Smp N 4 Wates	3,27	3,43	0,16	4,9
Smp N 6 Surakarta	3,31	3,47	0,16	4,97
Smp Stella Duce 2 Yogya	3,22	3,25	0,08	1,1
Smp Xaverus Lampung	2,88	2,96	0,08	2,7

Table data shows that there is an increase in the average score of students' characters education outcomes in the nine schools that participate in the character education model implementation. Can be seen in SMP Negeri 9 Singkawang, even there is an extreme increase. The extreme value can be explained as a result spike because the starting value was very low compared to the average pretest value in the other eight schools. In contrast, the small value-added character education results in most schools can be explained as the top ceiling phenomenon effect of the starting point (pretest). Short time (duration) implementation can also be the cause of low value added. However, it should be admitted that the fact of the average score increase in all schools can be explained as an indication of the effectiveness of implementation the Character Education Model Based on Classroom Guidance Service with the Experiential Learning Approach developed in this study.

2. Validation of model effectiveness according to implementation partner model (principals, counselors, subject teachers)

Scale of model effectiveness assessment was presented to 29 teachers (principals, counselors, and subject teachers) that became partners in the implementation of this character education model. They were asked to assess the quality of the model components and were asked to consider whether the model was more effective than the integrated character education system that they had been implementing in their learning. On a prepared rating scale, there were 39 point statements of model effectiveness characteristics. Participants are asked to tick the - sign- - - to declare a little less, very least, or ugly or a +; + +; + + + as a sign for slightly better, better or better on each statement. The result is:

Table 3. Teacher's Assessment Score on Model Effectiveness (N = 29 teachers)

NO	Aspects of Classroom Guidance Services Based	Score Scale
	Character Education Models	1-3
1	More operational design/plan	2,3***
2	Comprehensiveness/completeness component	2,5***
3	Easiness in implementation/application	2,4***
4	Practicality in implementation	2,3***
5	Systematic/orderly steps	2,3***
6	Effectivity of goals achievement	2,3***
7	Meet the students' need	2,4***
8	Meet the students' characteristic	2,5***
9	Meet the students' development level	2,7***
10	Meet the character value that is given	2,6***
11	Attractiveness for students	2,6***
12	Easy for students to follow the activity	2,4***
13	Benefits for students' character improvement	2,5***
14	Easy for students to grasp the material given	2,6***
15	Strength in repairing the students' character	2,2***
16	Accuracy of character embedding strategy/method	1,9**
17	Alignment with local wisdom	1,6**
18	Easiness in evaluating the process	1,9**
19	Easiness in result achievement assessment	1,9**
20	Grow the students' enthusiasm/impression	2,5***
21	Motivate students to be actively engage	2,7***
22	Grow the students' creativity/initiative	2,6***
23	Bring out students' courage to appear	2,4***
24	Embodied the students' respect toward teachers/friends	2,3***
25	Student courage improvement on taking responsibility	2,5***

26	Students appreciation towards teachers/friends	2,3***
27	Teamwork improvement	2,4***
28	Strengthen the friendship/brotherhood	2,2***
29	Norm/rules/instruction obedience	2,2***
30	Motivate students' fighting spirit (strive / struggle)	2,3***
31	Build solidarity/awareness	2,4***
32	The students' excitement in following the activities	2,6***
33	Increase student curiosity	2,2***
34	Encourage students to argue/respond	2,4***
35	Increased students' awareness to improve themselves	2,0***
36	Encourage students to reflect	2,1***
37	Make the teacher – student relationship familiar/warm/close	2,4***
38	Overcome student's negative / trouble behavior	1,9**
39	Awaken the students sincerity to help	1,9**

Category Criteria:

* < 1,0 = slightly better ** 1,1 – 1,9 = better *** = much better

The data illustrates that the teachers, a participant of this model implementation, judged that almost all (33 of 39 points) of their model effectiveness statements admitted to being much better. It means, practitioners saw that this model is far more effective than integrated character education.

3. Validation of model effectiveness according to student/participant's appraisal (N = 288)

At the end of the model implementation activity, the students who participate were presented the scale of the model effectiveness assessment. They are asked to assess the process of character guidance services and asked to consider whether this model provides them with better, more useful experiences, feeling positive results or else. The result is:

Table 4. Student ratings on Model Effectiveness (N = 288)

No	In this character guidance activity, I experience/ gain/ feel:	YES (%)
1	Spirit to follow the activities	95,1
2	Courage to appear / do something	87,2
3	Excited/happy in carrying out activities	94,8
4	Dare to make opinion	84,4
5	More creative	82,6
6	Dare to try doing something	90,3
7	Afraid to make mistake in doing the games	28,8
8	Ashamed to do group games	21,5
9	Appreciate by peer	81,3
10	Interested to follow all activities	80,6
11	Easiness for students to follow activity	82,6
12	Benefits for behavioral improvement	96,5
13	Convenience for students in capturing material	87,5
14	The desire to help others	96,5
15	Satisfied with the guidance given	85,1
16	Challenged to try	81,9
17	Tired / worn-out / bored in following all activities	34,4
18	Impressed with the activities that followed	92,7
19	Encouraged to be actively involved	93,8
20	Dare to be responsible	96,2
21	Appreciate friends	99,0
22	Willingness to work together / teamwork	95,5
23	Strengthen the sense of brotherhood / friendship	96,2
24	Obedience to the norms / rules / instructions	93,8
25	Motivate students to strive / struggle/ have fighting spirit	95,1
26	Build awareness / solidarity	97,2

27	Increased student curiosity	90,3
28	Increased students' awareness to improve themselves	95,5
29	Encourage students to be more discipline	94,8
30	Make the teacher - student relationship familiar/warm/close	86,1

Description: Items 7, 8, and 17 are negative statements

By looking over the data in table 4 it seems very convincing that most of the students (90.83%) who participated in the character guidance activities using the model corridors developed in this study rated this model as being very effective. Through this model, more than 95% students claim to feel able to appreciate friends, more enthusiasts to follow activities, build awareness/solidarity, increase awareness to improve themselves, dare to be more responsible, cultivate a sense of brotherhood/friendship, nurture the willingness to cooperate/team work, cultivating the desire to help others, even they recognize the character guidance activities of this model is very beneficial for behavioral improvement.

Conclusions

The conclusions that can be drawn from the results of this study are as follows:

1. There has been an increase in the character education outcomes achievement in nine junior high schools in different cities that involved as participants in limited implementation of Character Education Model Based on Classroom Guidance Services in Junior High School with Experiential Learning Approach. Increased average score of moving result's achievement from 1.1% to 51%. The implementation of this model has been able to transform the average character score from the lowest of 2.28 to the highest of 3.52 on the 4th scale (Stanford).
2. The teachers (29 individual) that involved as the implementation participants and the effectiveness validate of this model, considered that almost all (33 of 39 points) of this model effectiveness statement recognized as being much better. That is, practitioners (teachers) view that the character education model developed through this research is much more effective than the integrated character education.
3. Almost all students (90.83%) who participated in character guidance activities using the corridor of this model were very convincingly judged that this model was very

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Family involvement and academic self efficacy as a factors in children's academic engagement

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Abstract

The main goal of the present study is to examine the effect of family involvement and academic self-efficacy toward children academic engagement. Sample of this research 97 children from 5rd to 6th grade of elementary school. Data-collection Tools used were questionnaire form of academic engagement scale (35 items), family involvement scale (28 items), and academic self-efficacy scale (40 items). Based on the analysis of research data, it was found that the obtained R square value of 0.35 with a significance level of p.

Keywords: academic engagement, family involvement, academic self efficacy.

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Introduction

Academic engagement has a long-term impact on academic achievement (Finn, 2014). Students who actively participate in learning activities in the classroom to have higher academic achievement (Connell, Spencer, & Lawrence, 1994; Finn & Rock, 1997; Skinner, Wellborn, and Connell, 1990; Ryan, 2000). Finn (2014) concluded that students who drop out of school not occur suddenly, but it is a long process and the culmination of the failure of students to participate and be actively involved in academic activities in the classroom. Previous researchers consider that academic achievement and potential dropouts are influenced by the level of students' academic engagement. Therefore, efforts to improve academic achievement and reduce the potential for dropouts can be done by knowing the factors that affect academic engagement.

Previous research has found major predictor of academic success is intelligence (Duckworth, Peterson, Matthews & Kelly, 2007). Intelligence has been shown to affect a student's academic achievement seen from the average value of the school, but not all children with high intelligence have high academic achievement. There are other factors that also have a great influence that perseverance and hard work (Duckworth, et al, 2007). Numerous studies have been conducted to determine the factors that affect academic engagement. A number of studies emphasize internal factors and attributes of the student as a predictor of academic engagement (Martin & Liem, 2010; Reschly, Huebner, Appleton & Antaramian, 2008; Elmore, 2010), while a number of other studies further emphasize the contextual factors that schools, teachers and peers (Dotterer & Lowe, 2012; Martin & Liem, 2011; Perdue, Manzeske & Estell, 2009; Reyes, Brackett, Rivers, White & Salovey, 2012; Klem and Connell, 2004).

Contextual factor of academic engagement with the most attention of researchers is the teacher (Frederick et al, 2004, Roorda, et al, 2011). In addition to teachers, previous studies also showed that academic engagement is also influenced by parental social support, the level of parental income, and parental educational level (Furrer & Skinner, 2003; Wang & Eccles, 2012; Finn & Rock, 1997). In addition to teachers and parents, friends also proved influential in academic engagement. Positive social relationships with friends would increase active participation in learning activities (French & Conrad, 2001).

Although many studies have identified family influences on academic engagement, but previous studies only concentrate on family demographic characteristics, such as socioeconomic status. Clearly, the research findings have not been consistent, and there is a need for empirical research in order to understand fully the influence of the family on academic engagement.

Self-efficacy is key concept in the achievement motivation literature. Bandura defined self-efficacy as an individual's perceptions of his or her ability to perform adequately in a given situation. In this study, I focused to academic self-efficacy refers to an individual's belief (conviction) that they can successfully achieve at a designated level on an academic task or attain a specific academic goal (Bandura, 1997; Eccles & Wigfield, 2002).

The first goal was to examine a set of hypotheses about the link between family involvement and academic self-efficacy and academic engagement. Second, family involvement was expected to predict engagement apart from the effects of academic self-efficacy. Perceptions of self-efficacy, ability, academic competence, and control are robust self-system predictors of children's engagement in school and their eventual learning, academic performance, and achievement. If family involvement showed a unique effect on children's engagement apart from academic self-efficacy, it would establish family involvement as a basis of motivation in its own right. Third, I expected family involvement and academic self-efficacy to predict changes in children's engagement varies by gender.

Method

The sample for this study was 97 participants (51 girls and 46 boys) included children from fifth to sixth grades. Students completed self-report questionnaires administered by trained interviewers in three 45-minute sessions. In their normal classrooms, students marked answers to questionnaire items as they were read aloud by one interviewer; a second interviewer monitored understanding and answered questions. Each scale contained positively and negatively worded items. Composite scores were determined by calculating the average of the positive and negative items, reverse coding the negative items' average, and averaging the positive items' average with the reverse-coded negative items' average. Resulting scores ranged from 1 to 4, with higher scores indicating more of the respective construct.

Academic engagement

Students completed 35 self-report items tapping academic engagement. Academic engagement scale adapted from Engagement Versus Disaffection With Learning: Student-Report of Skinner, Furrer, Marchand & Kindermann (2008). Examples of items include in class, I work as hard as I can, When I'm in class, I participate in class discussions, When we work on something in class, I feel interested, When we work on something in class, I get involved. The results of the analysis of reliability test showed a fairly high level of reliability with an alpha value of 0,877.

Academic Self Efficacy

Students completed 40 self-report items tapping academic self-efficacy. Examples of items include Some kids are better than me in science, I am good in math, my parent proud of my academic achievement. The results of the analysis of reliability test showed a fairly high level of reliability with an alpha value of 0,804.

Family Involvement

Students completed 28 self-report items tapping family involvement. Examples of items include my parents explain and help me doing home work, my parents asked every day about my experiences in school, my parents check my homework if it has been completed, my parents gave me the spirit to be diligent school. The results of the analysis of reliability test showed a fairly high level of reliability with an alpha value of 0,761.

Descriptive Information

Table 1
Properties of Measurement Instruments

Measure	Number of items	<i>α</i>	<i>M</i>	<i>SD</i>
Academic Engagement	35	0,877	108.2371	13.25218
Family Involvement	28	0,761	86.13402	9.163593
Academic Self Efficacy	40	0,804	18.52577	5.418127

All analyses were performed using Stata 13. Table 1 contains means and standard deviations for all variables. Average scores for all variables were above the midpoint for their respective scales. For example, the mean score for family involvement was 86.13, which is above the midpoint for a scale ranging from 1 to 4. The children in this sample felt family involvement moderately high that means the family is involved in academic activities of children and make children more tied to academic activity in school.

Table 2
Correlations Among Central Variables

Variable	Academic engagement	Involvement	A.Self Efficacy
Academic engagement	1.0000	0.5949	0.2837
Family Involvement	0.5949	1.0000	0.3547
Academic Self Efficacy	0.2837	0.3547	1.0000

Correlations among variables can be found in Table 2. As expected, all correlations were positive and significant (at least $p \leq .01$). Family involvement and children academic engagement were moderately related ($r = 0.59$). Academic self efficacy and children academic engagement were low related ($r = 0.26$). Compared with academic self-efficacy, children’s reports of their family involvement were more highly correlated with children academic engagement.

Results and Discussions

This section presents the estimation results of model analysis of the relation of student’s academic engagement as an independent variable with two main dependent variables namely student’s academic self-efficacy and parent's involvement.

Self-efficacy Impact

This analysis is done to see the impact of our interest variable, level of student’s self-efficacy on student’s school engagement. The result can be seen in Table 3 below. In addition, the influence of some control variables will be used as well for robustness testing.

As shown in Table 3 column 1, it can be seen that in general, when two main dependent variables we mentioned earlier presence in the model, student’s school engagement are indeed affected by the student’s academic self-efficacy in the same direction way (positive relationship). The more their academic self-efficacy score the more the student’s school engagement will be. But this relationship occurred not significantly.

According to the hypothesis, the relation of the direction of the student’s self-efficacy again student’s school engagement on all columns (1 through 4) is positive. Further more, we can see also that the magnitude of beta coefficient, how many the variation (increase or decrease) of 1 point of school efficacy score will change the school engagement score, varied smoothly. Interesting result in column 2 showed that, only when gender variable added into the model, the magnitude of beta coefficient varied little bit more than an others models (an other columns). Indeed, in this column (model), this magnitude showed as the biggest one.

Parents Involvement Impact

As shown in Table 3 columns 1, it can be seen that in general, when two main dependent variables we mentioned earlier presence in the model, student’s academic engagements were indeed affected by the parent’s involvement in the same direction way (positive relationship). The more their parents involve in their children’s school activities either at home or school the more the student’s school engagement will be. This direction term, strengthened by the strong significance fact of this relationship.

According to the hypothesis, the relation of the direction of their parent’s involvement again, student’s school engagement on all columns (1 through 4) is positive significantly. Further more, we can see also that the magnitude of a beta coefficient, how many the variation (increase or decrease) of 1 point of school efficacy score will change the school engagement score, varied smoothly. In addition, the significance level of this relationship was not turned into weakened at all even when several other variables included into the model also.

Table 3
Regression Results Examining Interactions Between variables

	Engagement (1)	Engagement (2)	Engagement (3)	Engagement (4)
Efikasi	0.295 (1.37)	0.336 (1.58)	0.221 (1.05)	0.264 (1.22)
Involvement	0.778 (6.09)***	0.788 (6.29)***	0.765 (6.23)***	0.789 (6.08)***
gender		4.822 (2.22)*	4.169 (1.93)*	4.068 (1.81)*
Mother’s Education			3.462 (1.76)*	6.247 (2.65)**
Father’s Education				-5.547 (2.43)**
_cons	35.736 (3.42)***	31.649 (3.04)***	31.355 (3.09)***	31.918 (3.01)***
R ²	0.35	0.38	0.42	0.44
N	97	97	91	84

*p<0.1; **p<0.05 ; *** p<0.01

Gender Impact

However, when the observation data is split into two by the gender variables, male and female student, it can be seen that there are difference in academic engagement score between them significantly. In column (model) 2, when gender variable included into the model, it can be said that the female students are relatively more engaged to school than the male one.

The relation's direction of the gender status; female students again student's school engagement on all columns (2 through 4) concluded that female student are more engaged than male student significantly. Furthermore, we can see also that the magnitude of a beta coefficient, varied smoothly. In addition, the significance level of this relationship was not turned into weakened at all even when several other variables included in the model also. Furthermore, the next section will look at the role of the both of parents, mothers and father's education level on their children school engagement.

Father's Education Impact

As shown in Table 3 columns 4, it can be seen that student's school engagements are indeed affected by the father's education level. Surprisingly, this relation occurred in the conflicting direction way (negative relationship). The higher father's education level more the student's school engagement will be. Furthermore, this relationship occurred significantly also. We can see also that the magnitude of beta coefficient, how many the variation (increase or decrease) of 1 point of father's education level will affect (lower or higher) their children school engagement score significant enough.

Mother's Education Impact

As shown in Table 3 column 3, it can be seen that in general, student's school engagement are indeed affected by their mothers involvement in the same direction way (positive relationship). The higher mothers level of education the more the student's school engagement will be. In addition, this relationship occurred enough significantly. The findings of this study, taken together with other works on relationship representations, lead to the conclusion that family involvement, especially mothers with high level education background play an important role in children school engagement.

Consistent with the contention that students' feelings of connectedness or social support with parents, children who reported a higher sense of relatedness also showed greater emotional and behavioral engagement in school. Moreover, children's sense of family involvement made a unique contribution to their engagement apart from the effects of a strong self-system predictor of motivation, namely, student's academic self-efficacy.

According to the hypothesis, the relation of the direction of the mother's education level again, student's school engagement on all columns (3 through 4) is positive. Interesting result in column 4 showed that, when fathers education level variable added into the model, the magnitude of beta coefficient have bigger variation models (column 3 without fathers education included). Indeed, in column 4 (model), this magnitude showed as the biggest one, approximately two times to column 3 .

This surprising result could be interpretate that if assumed that both parents involve in their children studying process, students feels engaged twice with their mothers involvement compared to fathers involvement. So, how to explain this fact ? Unfortunately, our data couldn't enough to explain, why this phenomenon happened.

Study Limitations

Future research would benefit from more elaborated measures of academic engagement scale (35 items), family involvement scale (28 items), and academic self-efficacy scale (40 items). Nevertheless, scales with expanded item breadth and correspondingly improved psychometric properties would be useful in more clearly identifying the construct domain. One of the main limitations of this study was the measurement with the self-report questionnaire to three or all variables. Second limitation of the study was sample size. Although representative for the data analysis, the sample was homogeny. As demonstrated by the mean levels of the variables, the children in this study were generally doing well, reporting high family involvement, and showing constructive engagement and good school achievement.

Conclusions

This research suggests that a priority for schools should be building the quality of family involvement to improve academic engagement, and the end improves academic achievement. Research from the areas of parenting, suggests that qualities such as warmth, caring, sensitivity, dedication of attention and time, and emotional availability may be important to the development of secure relationships with adults. Children's enthusiasm, interest, happiness, and comfort during new and ongoing academic tasks seem to be shaped by their sense of social support from family. This study underscores the idea that the family involvement matters to children's participation and academic success (Birch & Ladd, 1996, 1997, 1998; Pianta, 1994).

In general, we found the positive impact of student's academic self-efficacy and parents involvement on student's school engagement. But their impact differ in the respondent, their parents personal and their parents involvement characteristics also. As an example, gender statue, specifically being as female, made their school engagement better.

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