

# The Effect of Educational Parenting on Improvement Parenting Efficacy of Parents and Their Effects on the Language Development of Children With Down Syndrome

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## ABSTRACT

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Parenting self-efficacy is an important cognitive idea because it is related to the functioning of children and families. This study aims to determine the effect of parenting education on increasing parenting efficacy of parents and their impact on the language development of children with Down syndrome. This research is included in the type of experimental quantitative research with a pretest-posttest group design. The sample in this study was 30 people who were selected by the Convenience Sampling technique, namely anyone who coincidentally met the researcher could be used as a sample, if it was deemed that the person who happened to be met was suitable as a data source. The data in the study were collected by filling out a questionnaire. The collected data is then analyzed by statistical analysis. The statistical analysis in this study was carried out in 3 stages, namely: Instrument testing consisting of validity and reliability tests, Classical Assumption Test consisting of normality and homogeneity tests followed by hypothesis testing. Based on the test results, it is known that the instrument is valid and reliable and the data is normally distributed and homogeneous. The results of hypothesis testing indicate that there is an effect of parenting education on increasing parenting efficacy of parents and its impact on the language development of children with Down syndrome. After carrying out treatment as many as 16 meetings held within 4 months, it was found that there was an effect of parenting education on increasing parenting efficacy of parents and its impact on the language development of children with Down syndrome. Researchers who want to study more deeply with the same topic as this study can use a wider sample with more variables.

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## INTRODUCTION

Language has an important role in human life. Language as a function of communication allows two or more individuals to express ideas, feelings, and experiences. Good language development in which to improve language development in children also requires an important factor that must be applied first, namely increasing parenting efficacy of parents. Where in this case the role of parents is very necessary in providing good efficacy to children. Efficacy is one aspect of parental knowledge in caring for their children, especially caring for children with special needs. Bandura is a character who introduced the term self-efficacy. Bandura (2017) defines that self-efficacy is a person's belief in his ability or competition to perform a task, achieve a goal, or overcome certain obstacles.

Bandura further explained that self-efficacy is a person's belief that the person can master a situation and produce a positive outcome. Self-efficacy can not only be understood as a person's belief in his abilities, but can also be seen as an assessment of his own abilities. The individual's thoughts on self-efficacy then determine how much effort is expended and how long the individual will survive in the face of the obstacles being experienced.

Jones & Prinz (2015) argue that parenting self-efficacy is an important cognitive notion because it is related to the functioning of children and families. Parenting self-efficacy originally emerged from the general self-efficacy theory put forward by Albert Bandura.

According to Coleman & Karraker (2017) one of the beliefs that has a strong influence on parenting for parents is self-efficacy beliefs. Self-efficacy refers to a person's belief in his ability to successfully carry out a certain behavior (Bandura, 2017). According to Bandura, self-efficacy is important for human functioning because it influences human emotions, thoughts, motivations and behavior, so that in the realm of parenting, this belief in self-efficacy is then called parenting self-efficacy. Where with parenting efficacy parents will have a very positive impact on their children. This is where with good efficacy will be able to generate self-confidence and no fear of children to their parents in expressing their opinions to their parents.

In increasing parenting efficacy parents need educational parenting first, this is the basis for increasing parenting efficacy and also developing children's language. Parenting is the work and skills of parents in raising children. According to Jerome Kagan (in Berns, 2017), parenting is a series of decisions regarding the socialization of children, which includes what parents must do so that children are able to be responsible and contribute as members of society.

So parenting here is how parents have to explain to children how children can have high responsibility for everything that is done. Families must always support activities that children do while it is a good thing to do. Mother's role in child rearing is so big. This requires preparation for mothers to be able to increase confidence in child care, so that mothers avoid anxiety and stress in parenting (Watanabe and Hoshi, 2014). The demands of parenting can lead to anxiety, stress, anger, mood swings, and depression. Expectations of these conditions will not arise in the process of raising children which has an infinite span of time. The condition of this long span of time requires mothers to have a more positive attitude in managing emotions well, increasing self-confidence well, fostering good communication relations between parents and children.

This parenting program is needed by children with special needs, one of whom is a child with *Down syndrome*. *Down syndrome* ( *mongoloid* ) is a condition in which additional genetic material causes developmental delays in a child, and sometimes leads to mental retardation. Children with *Down syndrome* have an abnormality on chromosome number 21 which does not consist of 2 chromosomes as it should, but three chromosomes (trisomy 21) so that genetic information is disrupted and children also experience physical deviations. In the past, people with Down syndrome were referred to as people with Mongolian or Mongolian. This term appears because these sufferers are similar to Asian people (oriental). The term this syndrome seems to be outdated, so now we use the term *down syndrome* (Fadhli, 2016).

*Down syndrome* is caused by an abnormality of chromosome 21 and is the most frequently identified genetic form of intellectual development disorder (Masgutova & Sadowska, 2015). This research was also conducted by Nadia Uswatun Hasanah, Hery Wibowo & Sahadi Humaedi (2014), the results of this study indicate that parenting styles play a major role in establishing the independence of children with *Down Syndrome*. What kind of parenting pattern is what will shape the child's character and affect the independence of the *Down Syndrome child*, due to the habituation patterns applied at home. *Down syndrome* children do need more attention because of their limitations. However, this does not mean that they are children who continue to depend and are unable to be independent. On the one hand, they need special attention, but on the other hand they also need to be given space to be able to develop their abilities. Therefore, the pattern of parenting is very important in this case.

Researcher Anna Mardhotillah (2018) results from this study that the majority of *parenting self-efficacy* is low, in line with the negative perception of social competence of deaf children. *Parenting Self-Efficacy* makes an effective contribution of 33% to the Perception of Social Competence of Deaf Children and 67% is determined by other factors not disclosed in this study.

Research by Sowanya Ardi Prahara and Kondang Budiyan (2018) these results show that there is a significant difference in the level of self-efficacy for the entrepreneurial abilities of children with *Down syndrome* in parents who are significant between before and after being given self-efficacy training. Research by Triana Setijaningsih and Wiwin Martiningsih (2014) which shows that there is an effect of the Parenting Program on parental knowledge in meeting the basic needs of early childhood based on the Wilcoxon sign rank test with a p value = 0.000 and There is an influence of the Parenting

Program on parents' attitudes in fulfilling basic needs early childhood based on the McNemar Test with a value of  $P = 0.016$ .

Research by Nidaul Hasanah (2018) results of testing the hypothesis using the t-test with a significance level ( $p$  *t*table which is  $3.69 > 1.67$ . This shows that there is a significant relationship between parenting *self-efficacy* and *subjective well-being*. Parenting *self-efficacy* makes an effective contribution to *subjective well-being* in mothers who have children with special needs of 18.22%, while the remaining 81.78% is determined by other factors.

Based on the background in the previous description, there are still research results regarding the effect of parenting education on increasing parenting efficacy of parents and its impact on the language development of children with Down syndrome, it turns out that results are not yet consistent, so further research on this issue still needs to be done, for that reason the authors are interested in conducting this research further regarding the effect of parenting education on increasing parenting efficacy of parents and its impact on the language development of children with Down syndrome at RSUD Dr. Saiful Anwar Malang. This study aims to determine the effect of parenting education on increasing parenting efficacy of parents and its impact on the language development of children with Down syndrome.

## METHODS

This research is included in the type of experimental quantitative research, which is a research method used to find the effect of a treatment or manipulation of other variables under conditions controlled by the researcher (Sugiyono, 2010). This research is included in the type of experiment with a one group pretest-posttest design (Latipun in Jannah, 2016). The following is a single group pre-test posttest test model ( *The one group pre-test posttest design* ) according to Syamsuddin and Damayanti (2011: 157). The one group *pre-test - posttest* design;

O <sub>1</sub>	X	O <sub>2</sub>
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Information:

O<sub>1</sub> = *Pre - test value* (before being given treatment)

X = Treatment (Treatment)

O<sub>2</sub> = *Post-test value* (after being given treatment)

This research was conducted at RSUD Dr. Saiful Anwar, whose address is at Jl. Attorney General Suprpto No 2, Klojen Malang City, East Java. The population in question is all employees and also patients who have children with *Down syndrome* at RSUD Dr. Saiful Anwar. Sampling in this study was obtained by looking for people who had been in RSUD Dr. Saiful Anwar and parents who have children with Down syndrome and using *nonprobability sampling techniques*.

30 people were used as researchers as samples in this study. The sampling technique used in this study is *convenience sampling*. *Covenience Sampling* is a sampling technique based on coincidence, that is, anyone who happens to meet a researcher can be used as a sample, if it is deemed that the person met by chance is suitable as a data source (Sugiyono, 2012). The administration of speech therapy in this study was carried out in four meetings in one month with the intensity of one therapy in one week, so the total time of meeting with the therapist was sixteen meetings. The data collection method in this study used a questionnaire. The distribution of questionnaires in this study was carried out by researchers starting in November 2020. The distribution of questionnaires was carried out by researchers by carrying questionnaires and pens that would be used by respondents. Language development in this study was measured using the average sentence length ( *Mean Length of Utterance* – MLU). The use of MLU in this study is due to the fact that the MLU approach is the most likely approach to measure the language skills of children with *Down's Syndrome* (Price, et al , 2016).

**Table 1.** MLU Stage

STEP	AGE	MLU
I.	1:0 – 2:2	1:0-2.0
II.	2:3–2:6	2.0-2.5
III.	2:7 – 2:10	2.5-3.0
IV.	2:11 – 3:4	3.0-3.75
V.	3:5–3:10	3.75-4.5
VI.	3:11+	4.5+

Source: Brown (1973); Owens (2012)

The collected data is then analyzed by statistical analysis with the following steps

#### Instrument Test

- Validity test : According to Widayat (2004 : 110 ), validity is a measure that shows the level of validity or validity of an instrument . If  $r$  counts  $\geq r$  table (at the  $\alpha 5\%$  level), it can be said that the questionnaire items are valid. Conversely, if  $< r$  counts  $r$  table (at the  $\alpha 5\%$  level), it can be said that the questionnaire items are invalid
- Reliability Test : According to Widayat (2004) states that an approach that is quite popular to overcome this problem is to use the *alpha coefficient* . The *alpha value* ranges from 0 to 1. The measurement measure will be said to be reliable if at least the *alpha value* is 0.6. Reliability Test Formula according to Widayat (2004: 112) :

#### Classic assumption test

- Normality test : The normality test aims to test whether the variables are normally distributed in the research model. The data is said to be normally distributed if the residuals are normally distributed, i.e. have a significance level above 5% (Ghozali, 2005).
- Homogeneity Test : The next step after the normality test is carried out, the researcher conducts a homogeneity test, which has the goal of knowing whether or not the data is homogeneous in a study. Data is declared homogeneous if it has a sig score.  $> 0.05$ .

#### Hypothesis testing

After going through the prerequisite test with the normality and homogeneity tests, the hypothesis test can be used. The hypothesis test used in this study is a parametric statistical test, namely the Paired Sample T-test because it comes from two interrelated variables. This test is used to determine whether or not there is an average difference between two paired (related) sample groups. The formulation of the hypothesis in this study is as follows:

- Working hypothesis ( $H_a$ ): There is a significant difference in the increase in the language development of children with *Down syndrome* who use parenting education and the increase in parenting efficacy of parents.
- Null hypothesis ( $H_o$ ): There is no significant difference in the improvement of language development in children with *Down syndrome* who use parenting education and the increase in parenting efficacy of parents.

## RESULTS

**Data Description of Parenting Efficacy Pre-Test-Post-test Results** Based on the table above, it can be seen that the average value of parents' perceptions of their parenting efficacy is 2.86 which is in the sufficient category. The following table presents the Pre-Test Parenting Efficacy test.

**Table 2.** Data Description of Efficacy Parenting Pre-Test Results

Pre Test Efficacy											
Question	STS		TS		N		S		SS		Average
	F	%	F	%	F	%	F	%	F	%	
Item_1	0	0%	10	33%	17	57%	3	10%	0	0%	2.77
Item_2	0	0%	8	27%	17	57%	5	17%	0	0%	2.90
Item_3	2	7%	10	33%	14	47%	4	13%	0	0%	2.67
Item_4	0	0%	14	47%	11	37%	5	17%	0	0%	2.70
Item_5	0	0%	9	30%	17	57%	2	7%	2	7%	2.90
Item_6	0	0%	7	23%	16	53%	7	23%	0	0%	3.00
Item_7	1	3%	6	20%	20	67%	3	10%	0	0%	2.83
Item_8	0	0%	6	20%	20	67%	4	13%	0	0%	2.93
Item_9	1	3%	9	30%	14	47%	6	20%	0	0%	2.83
Item_10	0	0%	8	27%	16	53%	6	20%	0	0%	2.93
Item_11	0	0%	7	23%	16	53%	7	23%	0	0%	3.00
Item_12	0	0%	8	27%	17	57%	5	17%	0	0%	2.90
Average											2.86

Source: Data processed by researchers (2021)

Based on the test results it is known that the average group when the Pretest is .2.86 with the highest score obtained by item number 6 and item number 1 (3.00) with the lowest score obtained by question item number 3 of (0.67). After the treatment was carried out, the parenting efficacy variable was then measured again after the researchers conducted the research which can be seen from the table below:

**Table 3.** Data Description of Efficacy Parenting Post-Test Results

Question	Post Test Efficacy										Average
	STS		TS		N		S		SS		
	F	%	F	%	F	%	F	%	F	%	
Item_1	0	0%	2	7%	13	43%	13	43%	2	7%	3.50
Item_2	0	0%	0	0%	16	53%	11	37%	3	10%	3.57
Item_3	0	0%	0	0%	7	23%	23	77%	0	0%	3.77
Item_4	0	0%	0	0%	8	27%	21	70%	1	3%	3.77
Item_5	0	0%	2	7%	13	43%	13	43%	2	7%	3.50
Item_6	0	0%	6	20%	9	30%	10	33%	5	17%	3.47
Item_7	1	3%	4	13%	4	13%	19	63%	2	7%	3.57
Item_8	0	0%	0	0%	11	37%	15	50%	4	13%	3.77
Item_9	0	0%	1	3%	9	30%	20	67%	0	0%	3.63
Item_10	0	0%	1	3%	5	17%	20	67%	4	13%	3.90
Item_11	0	0%	2	7%	7	23%	15	50%	6	20%	3.83
Item_12	0	0%	1	3%	8	27%	15	50%	6	20%	3.87
Average											3.68

Source: Data processed by researchers (2021)

Based on the results of the post-test questionnaire above, it can be seen that the parenting efficacy value of parents has increased. Initially, the parenting efficacy value was only 2.86, then it increased to 3.68 in the post-test. This shows an increase thanks to the treatment carried out. The highest score is owned by question item number 10 with an average (3.90) and the lowest score is the average question item number 6 of (3.60).

#### Instrument Test

**Validity test :** Valid also means that the instrument can be used to measure what it should measure. This calculation will be carried out using *SPSS software* to find valid and invalid item numbers. The following are the results of the validity test that has been carried out:

**Table 4 .** Validity Test Results

No	Variable	Correlation(r-count)	r-table	Information
1	VAR00001	0.606	0.3061	Valid
2	VAR00002	0.495	0.3061	Valid
3	VAR00003	0.511	0.3061	Valid
4	VAR00004	0.497	0.3061	Valid
5	VAR00005	0.583	0.3061	Valid
6	VAR00006	0.340	0.3061	Valid
7	VAR00007	0.371	0.3061	Valid
8	VAR00008	0.580	0.3061	Valid
9	VAR00009	0.355	0.3061	Valid
10	VAR00010	0.572	0.3061	Valid
11	VAR00011	0.425	0.3061	Valid
12	VAR00012	0.514	0.3061	Valid

Source: Data processed by researchers (2021)

In table 4, it can be seen that the value of r count ( *correlations* ) for all questions on the parenting efficacy variable has a greater value than the r table for a sample of 30 people, which is equal



to 0.3061, so it can be concluded that all statements in the parenting efficacy variable questionnaire are declared valid and suitable for use as a research instrument.

**Reliability Test :** Measurement measures will be said to be reliable if at least the *alpha value* is 0.6. Reliability test , it shows that the parenting efficacy variable is reliable because the value of  $r$  alpha > 0.60. This means that  $r$  alpha is greater than the predetermined limit of 0.60 , so it can be said that *the instrument is reliable* , which means that *the instrument* has good consistency which can be used many times and by anyone will produce consistent data. From the analysis with the SPSS program, the reliability test was obtained as shown in the following table:

**Table 5.** Instrument Reliability Test Results

Variable	Cronbach's Alpha	Alpha	Information
Parenting Efficacy	0.816	0.60	Reliable

Source: Data processed by researchers (2021)

### Classic assumption test

#### Normality test

The data is said to be normally distributed if the residuals are normally distributed, i.e. have a significance level above 5% (Ghozali, 2005). The normality test for each variable is as follows:

**Table 6.** Efficacy Parenting Data Normality Test Results

Kolmogorov-Smirnov <sup>a</sup>				Shapiro-Wilk		
	Statistics	df	Sig.	Statistics	df	Sig.
Pre_Test	0.090	30	0.200 *	0.985	30	0.941
Post_Test	0.102	30	0.200*	0.985	30	0.938

**Table 7.** Normality Test Results for Language Ability of Children with Down Syndrome

Tests of Normality						
Kolmogorov-Smirnov <sup>a</sup>				Shapiro-Wilk		
	Statistics	df	Sig.	Statistics	df	Sig.
Pre_MLU	0.097	30	0.200 *	0.957	30	0.263
Post_MLU	0.104	30	0.200*	0.977	30	0.727

Based on the results of the data analysis, it can be concluded that the initial and posttest data on parenting efficacy and language development were at the normal distribution level. Thus one of the requirements of statistical testing has been fulfilled.

#### Homogeneity Test

The absolute requirement for a parametric statistical test is that the data to be tested must be normal and homogeneous. While the data is not normal or not homogeneous, the type of statistics used is non-parametric. The following is a summary of the results of the homogeneity test processing using the lavender test (lavene statistic).

**Table 8.** Data Normality Test Results for Efficacy Parenting Variables and Language Ability Variables for Children with Down Syndrome

Test of Homogeneity of Variances				
efficacy				
	Levene Statistics	df1	df2	Sig.
	0.019	1	58	0.891
MLU				
	Levene Statistics	df1	df2	Sig.
	1830	1	58	0.181

From the results above, it can be seen that the significance of the parenting efficacy variable is 0.891, while the language skills variable is 0.181 . Because the significance is more than 0.05, it can be concluded that the variances of the two or more data groups are the same. Then the data in this research have the same variance (the data in the study do not have different data variances), so that one of the ANOVA assumptions is fulfilled or feasible to use, then the data above can be used for further tests.

#### Hypothesis testing

The hypothesis test used in this study is a parametric statistical test, namely the Paired Sample T-test because it comes from two interrelated variables. This test is used to determine whether or not there is an average difference between two paired (related) sample groups. For the results of the paired samples t-test the effect of parenting on parenting efficacy can be seen in the following table:

**Table 9.** Results of Paired t-test of Variable Parenting Efficacy

		Paired Differences					t	df	Sig. (2-tailed)
		Means	std. Deviation	std. Error Means	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Post Test - Pretest	10.13333	2.82517	0.51580	9.07840	11.18827	19,646	29	0.000

It is known that the t-count value for parenting efficacy is 19,646 with a probability (Sig.) 0.000. It is known that the t-count value for parenting efficacy is 19,646 with a probability (Sig.) 0.000. Because the probability (Sig.) 0.000 < 0.05 then H<sub>0</sub> is rejected. This means that there is a significant effect of parenting on parenting efficacy. Based on the processing results, it can be concluded that parenting has a large influence on parenting efficacy. For the results of the paired samples t-test the effect of parenting on the development of language skills of children with Down syndrome can be seen in the following table:

**Table 9.** Results of Paired t-test Variable Language Ability with Down Syndrome

		Paired Differences					t	df	Sig. (2-tailed)
		Mea ns	std. Deviation	std. Error Means	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Post MLU – Pre MLU	.6374 3	.17469	.03189	0.57220	0.70266	19,986	29	0.000

It is known that the t-value for the development of language skills is 19,986 with a probability (Sig.) 0.000. It is known that the t-count value for the development of children's language skills is 19,986 with a probability (Sig.) 0.000. Because the probability (Sig.) 0.000 < 0.05 then H<sub>0</sub> is rejected. This means that there is a significant influence of parenting on the development of language skills of children with Down syndrome.

## DISCUSSION

### The Effect of Parenting on Parental Efficacy and Its Impact on Language Development Prior to Parenting Education for Children with Down Syndrome

In general, children with Down syndrome have problems communicating due to slow language development. In children with Down syndrome, language does not develop like other children. In children with Down syndrome, brain dysfunction is diffuse (widespread), not minimal so that the ability is reduced in almost all functions that underlie learning. These children learn at a slower pace so that less information is captured. So it's not just language development that is late, but other developments such as motor, cognitive and social development are also late (Hazmi, 2013).

It is known that, before the treatment was carried out, the language skills of people with Down syndrome were still poor. This is based on the test results, that the highest average score obtained was only 3.00 out of 5.00 with 30 parents of children with Down syndrome as respondents. Based on the pretest calculation, the question "For every problem I have a strong will to finish it to completion" has the highest score, with 7 people stating that they disagree (TS), 16 respondents stating that they are neutral, and 7 people agreeing. In contrast to this, the respondents admitted that they had not been able to get used to providing stimulation effectively and regularly to their children. This is known based on the average obtained which shows the number 2.67 with 2 people stating strongly disagree, 10 people stating disagree, 14 people stating neutral and 4 people agreeing. From an intellectual standpoint, people with Down Syndrome experience moderate to severe mental retardation, which is followed by certain characteristics. With this condition, it does not mean that people with Down syndrome cannot be assisted in their development. Optimizing child development requires proper handling from parents. Parents have the responsibility for family members in educating, nurturing and guiding children to reach certain stages so that children are ready to take on social life.

Surprised, sad, disappointed, rejected, ignored, feeling guilty and angry are the emotional reactions shown by parents. As a result of this emotional reaction, the parents' emotional condition becomes less stable which can trigger quarrels in the family which has a negative impact on the child's development. This then creates reluctance for parents to care for and maximize the growth of children with Down syndrome.

When this happens, it can be stated that parents have weak self-efficacy. Parenting self-efficacy is a parent's assessment of their competence in the role of parent or parent's perception of their ability to positively influence the behavior and development of their children, Coleman & Karraker (2014). Parenting self-efficacy can also be explained as a person's perceived ability to have a positive influence on a child's development. So parenting self-efficacy refers to parents' expectations about the degree to which a person is able to play a competent and effective role as a parent (Coleman & Karraker, 2014). Another expert, Jones and Prinz (2015) stated that parenting self-efficacy is the expectation held by caregivers about their ability to parent successfully. To be able to have sufficient self-efficacy regarding parenting, adequate parenting knowledge is needed, which in this case is shown by the role of parenting education. Chamidah (2017) and Hasanah (2018) found that parents' self-efficacy can have a positive impact on the development of children with special needs.

### **The Effect of Parenting on Parental Efficacy and Its Impact on Language Development After Being Given Parenting Education for Children with Down Syndrome**

According to Judarwanto (2012) down syndrome is a cause of delays in the development of speech abilities. Children who experience severe mental development even though they are still able to acquire a number of speaking skills can be said that the development of language skills will remain at a low level which will generally run parallel to the development of their intelligence.

Thirty parents of children with Down syndrome who were respondents at RSSA admitted that they had readiness regarding how to handle unexpected events. TS), 5 respondents said they were neutral, 20 people agreed and 4 people said they strongly agreed. In contrast to this, the respondents admit that they do not yet have a strong will to solve every problem. This is known based on the average obtained which shows the number 3.47 with 6 people stating that they disagree, 9 people stating that they are neutral, 10 people agreeing and 5 people saying that they strongly agree. This result is certainly more improved than the previous results.

The increase in the score on the posttest the researchers obtained after carrying out the research for 4 months with four meetings in one month with the intensity of one therapy in one week, so the total time of meeting with the therapist was sixteen meetings. After 16 meetings, it was found that there was an increase in language development after being given parenting education to children.

Self-efficacy will increase because of the support from parents. Setijaningsih and Martiningsih (2014) suggest that parental support can prevent individuals from mental health threats and with high support will make individuals more optimistic in facing life now and in the future. Myers (2012) states that self-efficacy is one's own perception of how well oneself can function in certain situations, self-efficacy is related to the belief that oneself has the ability to perform the expected actions. Parental support is the role of parents in providing convenience in supporting the growth and development of children both morally and materially (Coleman & Karraker, 2014).

The educational parenting provided is proven to be able to increase parenting efficacy which then creates an impact on children's language development. Good efficacy will be able to create self-confidence and no fear for parents in applying various treatments and habits to educate children. Mothers who get good parenting education will have a positive attitude in managing emotions well, increasing self-confidence well, developing harmonious relationships between parents and children. Parents who receive parenting education will receive various information regarding the growth and development of children, so that parents will understand how to apply various stimuli in developing children's language skills. The findings of Hasanah, Wibowo and Humaedi (2014) and Mardhotillah (2018) found that parenting efficacy of parents can have an effect on the development of children with Down syndrome.

### **The Effect of Parenting Education on Increasing Parenting Efficacy of Parents and Its Impact on the Language Development of Children with Down Syndrome**

The importance of the role of parents in childcare requires parents to have more mature provisions in childcare. This provision is additional information and education regarding positive parenting for children. When the pretest was carried out the highest average score obtained was 3.00



with the lowest average score of 2.67 after the treatment was carried out and then the posttest was held, the highest average score increased by 0.90 so that the highest average score during the posttest was 3.90 with an average score lowest average 3.47. The group average results also increased from initially 2.68 when the pretest increased to 3.86 during the post test. The pretest-posttest score discrepancy is also supported by the results of the t-test showing the t-count value for parenting efficacy is 19,646 with a probability (Sig.) 0.000. Because the probability (Sig.)  $0.000 < 0.05$  then  $H_0$  is rejected. Which means there is an effect of parenting education on increasing parenting efficacy of parents and its impact on the language development of children with Down syndrome at RSUD Dr. Saiful Anwar. These results are in accordance with Bandura's statement (2017) that self-efficacy is able to convince someone of their ability or competition to do a task, achieve a goal, or overcome certain obstacles.

One of the characteristics of children with Down syndrome is poor language development and general inability to hold verbal communication. Among intelligence abilities, interaction skills and language skills, language skills occupy the lowest category. Weaknesses in language development are expressed in the form of lack of vocabulary, articulation weaknesses, the habit of speaking using separate words (Sidiarto, 1991). The parenting program is a program to provide information about children's growth and development and parenting, so that parents understand that in providing care to children it must be in accordance with the child's growth and development period. Parenting programs can be held in formal and non-formal educational institutions such as PKBM, PAUD, courses and others. With this parenting program, parents are expected to be able to participate so that parents gain a maximum understanding of how to educate children and raise children in the family environment. In addition, there is also continuity and cooperation between parents. With the parenting education program, parents can participate in obtaining a maximum understanding of how to educate children and raise children in the family environment. In addition, there is also continuity and cooperation between parents.

The social persuasion that is obtained when participating in parenting educational programs can increase parents' confidence that the abilities they have can help them achieve what they want. Information conveyed verbally by someone with influence can be used to convince someone that he is quite capable of doing a task. Appropriate and good parenting efficacy has an influence on children's language development. Where with parenting efficacy parents will have a very positive impact on their children. Good efficacy can create a sense of trust and no fear of children towards their parents in expressing their opinions to their parents. Research conducted by Prahara and Budiyan (2018); Setijaningsih & Martiningsih (2014); Dwinindita (2018) shows that parents' self-efficacy has a significant impact on the development of children with Down syndrome

## CONCLUSION

Based on the test results, it is known that children's language development is still weak before the treatment is carried out. This is known based on the average obtained which only gets a score of 3.00 as the highest average score. After the educational parenting treatment is carried out, the ability to care for parents increases which then has an impact on children's language development. This is evidenced by the achievement of the highest average score of question items of 3.90. Based on the difference in the average pretest-posttest, it is known that there is an effect of parenting education on increasing parenting efficacy of parents and its impact on the language development of children with Down syndrome. (Sig.) 0.000. Researchers who want to examine more deeply with the same topic as this research can use a wider sample with more variables.

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