

LEARNING DANCE TO IMPROVE MOTOR SKILLS OF LIGHTWEIGHT PALSY CEREBRAL PATIENTS AT YPAC SEMARANG

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ABSTRACT

The National Education System Law Number 20 of 2003 states, "Special education is a form of education that specifically serves children who have visual, hearing, intellectual, physical or emotional barriers". The purpose of this paper is to apply dance learning as a medium for motor physical therapy for mild cerebral palsy sufferers at YPAC Semarang. This research method study uses a descriptive qualitative approach where the researcher observes the implementation of dance learning and presents the data in the form of data description, analysis, and interpretation. The result of this research is that learning dance can improve motor skills of patients with Cerebral Palsy light at YPAC Semarang. This increase in motor skills includes reduced stiffness when moving. In addition to motor skills, learning to dance to sufferers. The results of this study can be concluded that Cerebral Palsy can improve children's ability to manage emotions, improve problematic behavior, increase concentration, and increase self-confidence.

Introduction

The National Education System Law Number 20 of 2003 states, "Special education is a form of education that specifically serves children who have visual, hearing, intellectual, physical or emotional barriers". Furthermore, according to (Churiyah et al., 2020). Indonesian education is required to always be able to meet and accommodate the needs of students, during today's increasingly digital direction.

In its implementation, special education for children with special needs requires a separate service pattern, both in learning and in behavioral guidance. Special services are held because of the different characteristics of each child with special needs. Children with Special Needs is another term to replace the word "Children Extraordinary, which indicates a special abnormality. The child with special needed have a different relationship with one another (Dermawan, 2013). Subjek GAG merupakan anacerebral palsyparaplegi dengan hambatan kecerdasan ringan (Mian & Sufi, 2016).

Children with special needs, especially those with mild Cerebral Palsy, are individuals who need to be given opportunities and services through learning dance

which can be used as a medium for mild Cerebral Palsy sufferers to train and develop motor skills and concentration (Handoyo et al., 2020). Dance Movement Therapy (DMT) through dance can help in (1) increasing the integration of cognition, affection, and physical experience; (2) expressions of competence; (3) increasing self-awareness; (4) as a form of coping to deal with problems of pressure/stress, mood, emotions; (5) helps in increasing self-efficacy (6) is a form of social support (Rahmawati et al., 2018). Cerebral Palsy is a defect caused by a disturbance in the brain, the defects are stiffness in the limbs, pedaling, coordination problems, rhythmic vibrations, and sensory disturbances. Cerebral palsy is characterized by disorders of movement, attitude or body shape, coordination problems, sometimes accompanied by psychological and sensory disorders caused by damage or disability during brain development. It can be concluded that the defect Cerebral Palsy is a flaw found in muscle and nerve function and cause lies in the brain, sometimes there is interference on the senses, memory, and psychological (Sari & Wahyuno, 2016). Class classification Cerebral Palsy according to the degree of disability can be classified into three parts namely: mild group, moderate group, and severe group. As the information below: 1) The light group is those who can walk without using tools, speak firmly, can help themselves in everyday life. They can live together with other normal children, even though they are disabled but it does not interfere with their life and education. 2) Medium group are those who need special treatment or training to talk, walk and take care of themselves. This group requires special tools to help with movement, such as a brace to help support the leg, crutches/canes as support in walking. With special help, the children of this group are expected to be able to take care of themselves. 3) Heavy groups are children with Cerebral Palsy who still need treatment in ambulation, talking, and helping themselves, they cannot live independently during society (Septiningsih & Cahyanti, 2014).

(Utomo, 2013) estimates that the number of children with Cerebral Palsy is 1.5 per 1000 live births or about 0.15% of the population of children. Meanwhile, the number of children with Cerebral Palsy ranges from 0.15 to 0.3 percent of the pediatric population. Thus every 1000 live births one to three children are estimated to suffer from Cerebral Palsy. Of these, it turns out that the percentage of boys with Cerebral Palsy is more than girls (Lindner, 2013)

YPAC Semarang is a social foundation that specializes in dealing with children with special needs with classes C (mentally retarded) and D (mentally disabled). One form of service provided by YPAC Semarang is the care of children who go out for outpatient treatment at a polyclinic that serves patients and their families who need examination/consultation and treatment, both temporary and regular ones, namely: physiotherapy, occupational therapy, speech therapy, music therapy, self-development, and psychology.

The rehabilitation services offered by YPAC Semarang include: (1) Medical Rehabilitation consisting of a polyclinic, physiotherapy, speech therapy, occupational therapy, and music therapy; (2) Educational Rehabilitation which consists of SLB. C / C1, SLB. D / D1 and skills education for special school students. C / C1 and SLB. D /

D1; (3) Social Rehabilitation consisting of dormitories and Bina Mandiri; and (4) Prevocational Rehabilitation, which consists of a Work Unit that handles the skills of children who have completed SMULB. Learning dance science can be used as a medium to stimulate interest in learning for Cerebral Palsy students. By providing material to students with Cerebral Palsy through learning the art of dance, it can help improve their mobility and creativity so that their interest in learning increases. In addition to the ability to move, listening to music that accompanies a dance can also stimulate the hearing ability which affects the sensitivity of moving the body. This activity can function as a medium to increase creativity directly or indirectly by using a special method for each of the difficulties in it.

Dancing activities will train motor and concentration in children with mild Cerebral Palsy, although in practice their movements children forget easily and need a lot of repetition. So in teaching it, you have to provide a lot of motor exercises by moving a lot through dance games or exercises. In addition to motor problems, mentally retarded children also have obstacles regarding concentration.

Concentration problems in children with mild Cerebral Palsy are characterized by behaviors such as not listening well, unable to follow instructions, easily distracted, and easily forgetting about daily activities. They showed the limitations of the scope of attention, easily distracted attention, hyperactivity, and passive silence for hours (Hornby, 2015). Children with mild Cerebral Palsy can not bear to notice anything. They are very easily distracted. This concentration problem causes the child to quickly forget the attention given. From the motor obstacles and concentration of children with mild Cerebral Palsy, training is needed that can help minimize the child's resistance.

One of the exercises that can train children's motor and concentration is through dance learning. With dance accompanied by music, it will increase the feeling of pleasure, and indirectly the child will follow what he hears as well as move the body to the rhythm. The dance learning activity at YPAC Semarang aims more specifically so that children can experience learning to dance according to their ability level, so that creatively where the body as a means of expression can re-express all their imaginations.

Based on the above phenomenon, the problem arises how the implementation of dance learning to improve motor skills of mild Cerebral Palsy sufferers at YPAC Semarang.

Research Methods

This study uses a qualitative approach, which is a study used to investigate the condition of natural objects (Dowdy et al., 2011). This research is qualitative, meaning want to describe various phenomena associated with (Jazuli, 2010).

learning model According to Bogdan and Taylor in the book (Semiawan, 2010) qualitative research is a research procedure that produces descriptive data in the form of speech or writing and the behavior of the people being observed. Through qualitative research, researchers can identify subjects and feel what they experience in everyday

life. This research was conducted by 5 YPAC students who suffered from moderate Cerebral Palsy.

In essence, every study has certain research methods that are applied based on the research objectives themselves. The method used in this research is the descriptive research method, which means that the research tries to describe the current problem solving based on the data. Where this method also presents data, analyzes, and interprets. This (Maimunah, 2013) research was conducted at YPAC Semarang. This research was conducted on students with mild Cerebral Palsy.

The research instruments and data collection techniques used in this study were forms of observation, interviews, and documentation. The observation sheet is used as a tool to obtain observational data, both about children's activities during the study as well as facilities and learning resources that support the implementation of dance learning for mild Cerebral Palsy sufferers.

The interview guides are in the form of questions asked verbally which are considered to explain the implementation of dance learning. In this study, the interviewees were the parties involved in the implementation of dance learning. This interview guide is used to reveal broader and more in-depth data.

Documentation in this research is obtained in the form of a written statement prepared by the institution, both in the form of notes of past events in writing or pictures (photos/videos). Researchers go directly to the field to collect the necessary information by already having guidelines that will be used as tools for collecting data. The guidelines are developed from the categories in which field data will be searched using appropriate techniques.

Data analysis techniques used by (Miles et al., 2014) suggested that an analysis of the data covers three activities, namely; 1). Data reduction, in the form of a process of selecting, concentrating attention, abstracting, and transforming rough data from the field. It is the process of compiling data obtained, summarized, selected main things, and focused on important things. The results data summarize and sort out based on concept units, themes, and certain categories will provide a sharper picture of the results of the observations, as well as make it easier for researchers to retrieve data in addition to the previous data obtained if needed; 2). Presentation of Data, which is in the form of an organized set of information that provides the possibility to conclude. The data presentation process is simpler in a narrative form; and, 3). Drawing Conclusions, which is in the form of a process of extracting the essence of organized data in the form of short and concise statements of sentences and/or formulas but with broad meaning.

Results and discussion

Learning dance is done as treatment given to the subject of research to help lower motor disorders experienced. This treatment or treatment is in the form of dance movement therapy. Dance motions divide that exists, by classifying it into three concepts dance movement therapy, the movement of locomotor (basic), movement manipulative, and movement nonmanipulative. The goal to be achieved from this

treatment or treatment is not to memorize the dance, but to make the movements contained in the dance as a medium for treating motor disorders (movement disorders) experienced by the research subjects. The research carried out by researchers in the following stages:

In the first meeting, 10 materials were given to warm up body muscles, each material was repeated twice and each research subject tried to do the exemplified movement. At the end of the meeting, the researcher gave praise and motivation to the research subjects about the movements that had been done. The researcher also reflected on the feelings of each research subject, planned the next meeting, and closed it with a prayer.

In this second meeting, the researcher invited the subject to warm up the muscles of the body to avoid injury, then the researcher gave an example of locomotor movements with musical accompaniment. In this guidance activity, there are 10 locomotor motion materials that the subject must do. After finishing this dance movement therapy activity, the researcher gave praise and motivation to the research subject about the movements that had been done. The researcher also reflected on the feelings of each research subject, planned the next meeting, and closed it with a prayer.

At the meeting, the three subjects were asked to re-practice the locomotor motion material at the second meeting. In this guidance activity, there are 10 locomotor motion materials that the subject must do. After finishing this dance movement therapy activity, the researcher gave praise and motivation to the research subject about the movements that had been done. The researcher also reflected on the feelings of each research subject, planned the next meeting, and closed it with a prayer.

The fourth meeting researcher exemplifies the movement manipulative to the accompaniment of music. In this guidance activity, there are 4 material manipulative movements that the subject must do. This manipulative motion material uses a tool in the form of a small stick and the moving material is varied by throwing the stick. After finishing this dance movement therapy activity, the researcher gave praise and motivation to the research subject about the movements that had been done. The researcher also reflected on the feelings of each research subject, planned the next meeting, and closed it with a prayer. Gangguan tumbuh-kembang (kelainan neurologis) dijumpai pada 25% kasus, 39,1% di antaranyamenderita palsu serebral. Gangguan tumbuh kembang Suwarde,

ter sebut, sebagian besar pada pasien epilepsi simtomatik dan kriptogenik. Penelitian serupa di Turk

The fifth meeting was held by re-practicing the manipulative movement material at the fourth meeting. In this guidance activity, there are 4 material manipulative movements that the subject must do. Each subject can coordinate body movements by playing a small stick to the rhythm of the music. The researcher also reflected on the feelings of each research subject, planned the next meeting, and closed it with a prayer.

The sixth meeting was given 5 materials on non - manipulative motion that the subject had to do. This non - manipulative motion material moves the body but does not

change positions or places and does not use dancing tools. After finishing this dance movement therapy activity, the researcher gave praise and motivation to the research subject about the movements that had been done. The researcher also reflected on the feelings of each research subject, planned the next meeting, and closed it with a prayer.

The seventh meeting of the researchers asked the subjects to re-practice non-manipulative motion material. At this meeting, there are 5 material non-manipulative movements that the subject must do. At this seventh meeting, with the same material as the sixth meeting, each subject had shown an increase in their motor skills, especially for swaying, swinging arms, and legs. After finishing this dance movement therapy activity, the researcher gave praise and motivation to the research subject about the movements that had been done. The researcher also reflected on the feelings of each research subject, planned the next meeting, and closed it with a prayer.

The eighth meeting researcher repeats the dance movement therapy concept, namely motion locomotor, followed by motion manipulative, and the last movement of non-manipulative . Activities Researchers made observations on each subject in this dance movement therapy activity. At this eighth meeting, the subject had seen an increase in motor skills and this was the last meeting. After finishing this dance movement therapy activity, the researcher gave praise and motivation to the research subject about the movements that had been done. Researchers also reflect on the feelings of each research subject, impressions, and messages during the dance movement therapy activities and close it with a prayer.

Based on the research results, dance learning can improve the motor skills of mild Cerebral Palsy sufferers at YPAC Semarang. Improved motor skills which are reduced stiffness in motion. In addition to motor skills, learning dance for people with mild Cerebral Palsy is also able to improve the management of subject emotions, behavioral problems, concentration, and self-confidence. These results support the theory of Delphie (2005) which states that dance movement therapy could provide a sense of excitement, achievement of the control body movements and can improve emotional, social, and cognitive disabilities. However, the researchers observed that if the dance motion therapy service was not carried out routinely, the subject would return to the initial condition with the motor problems they experienced (hyperactivity, hypoactivity, and lack of coordination).

The dance lessons used by the researchers are dances that promote slow and energetic movements. This is under the needs of research subjects who require exploration of body movements so that they are not stiff and train concentration. Researchers also classified existing dance forms into three dance motion therapy concepts according to Delpie (2006), namely locomotor motion, manipulative motion, and non-manipulative motion. This dance motion therapy also uses dance media in the form of small sticks to study manipulative motion material.

Conclusion

Based on the results of the research study concluded that learning dance can improve the motor skills of patients with Cerebral Palsy light in YPAC Semarang. This increase in motor skills includes reduced stiffness in motion. In addition to motor skills, learning dance for people with mild Cerebral Palsy is also able to improve the management of subject emotions, behavioral problems, concentration, and self-confidence. For patients with Cerebral Palsy light that has been given dance movement therapy is expected to continue vibrant and active in the healing process of motor disorders.

Meanwhile, teachers are expected to try to apply this dance learning service to mild Cerebral Palsy sufferers, so that it can support teaching and learning activities in the classroom to be more effective and help children get out of the motor problems they are experiencing. Party YPAC Semarang can also make this study as a reference to support and facilitate the program guidance counseling through dance movement therapy. In the future, this program will not only reduce or cure motor disorders of mentally retarded children, but also other disorders that may be experienced by children with mild Cerebral Palsy. Advanced researchers can conduct similar studies on different subjects and variables. Because by examining different subjects and variables, it can be proven that this dance motion therapy service can be provided to subjects other than children with mild Cerebral Palsy with different problems.

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