E-ISSN: 2987-209X
International Journal of Midwifery and Health Sciences
Vol. 2, Issue 2 (2024), July

OCCUPATIONAL THERAPY WITH CLOTHES BUTTONS TO IMPROVE FINE MOTOR SKILLS IN CHILDREN WITH MODERATE DISABILITIES AT SLB N SLAWI

Anisa Oktiawati [1], Erliana Dwi Nugraheni [2*]
[1,2]Faculty of Health Sciences, Universitas Bhamada Slawi, Tegal

** Correspondence Author: Erliana Dwi Nugraheni, Universitas Bhamada Slawi;*

erlianadwi28@gmail.com

Date of submission: 29-07-2024; Date received: 29-07-2024

Abstract
Mental retardation or blindness is a condition of incomplete mental development or general intellectual disorder below average and characterized by impaired developmental skills or more. Fine motor skills are factors that affect growth and development. In children, occupational therapy can improve fine motor skills. The prevalence data at SLB N Slawi shows that the proportion of children with disabilities amounts to 307 students, with the highest score, namely people with disabilities, as many as 259 students who are divided into two types, namely type C and type C1. The purpose of carrying out occupational therapy is to install clothing buttons to improve fine motor skills in children with moderate disabilities. This study was a descriptive research with a case study research design. The study subjects were patients with moderate impairment who experienced fine motor impairment. Data was obtained through interviews, observations, physical examinations, literature studies, and research instruments. This research was carried out in June 2024 at SLB N Slawi, and an ethical feasibility test has been carried out. The results of this study showed that fine motor skills in children with moderate disabilities in wearing buttons per day, which were measured and recorded on the observation sheet, improved. The improvement of fine motor skills is evidenced by the difference in scores in Child F at the beginning of the meeting got a score of 8 and was originally unable to do it, but did it with help, which increased to 15, namely being able to do it independently, and in patient Child N at the beginning of the meeting got 14 points and was originally able to do with the help increased to 16, namely being able to do independently. Patients with fine motor development disorders can be given occupational therapy by buttoning clothes once a day for 15-30 minutes.
Keywords: Fine Motor, Occupational Therapy, Moderate Impairment

Introduction

Children with mental retardation or the disabled have delays and limitations in all aspects of development so that they have difficulty having the ability to take care of themselves and tend to have a dependence on the environment, especially on their parents and siblings, so that they need special attention[1]. It is estimated that more than 450 million children in the world experience mental retardation or blindness. Mental retardation, or blindness, is a separate disease

burden in the world at 12% and is expected to increase by 15% by 2020[2].

The prevalence of Indonesia's population with moderate and severe disabilities based on the results of Riskesdas (2018) shows that the proportion of disabilities at the age of 5-17 years is 3.3%. The proportion of disability in children aged 5-17 years in Central Java Province is 2.9%, while the proportion of disability in children aged 5-17 years with the highest score in Central Sulawesi Province is 7.0%, and the lowest value in Jambi and Lampung Provinces is 1.4%[3]. The results of a preliminary study conducted by the researcher obtained data from interviews with homeroom teachers who said that children with disabilities who were in the first grade in the first semester were taught about the introduction and use of cutlery such as plates, glasses, spoons, and forks, the recognition of the names of organs in the human body, as well as the correct way to brush teeth. Based on the results of interviews with homeroom teachers, independence activities such as buttoning clothes and dressing will be carried out in the second semester in May – June to coincide with this research. From the results of the preliminary study, it was also obtained that the proportion of children with disabilities amounted to 307 students, with the highest score, namely people with disabilities, as many as 259 students who were divided into two types, namely type C and type C1. The type C group consists of children with mild disabilities, and type C1 consists of children with moderate disabilities.

Mental retardation, or what is often known as deafness, is classified into three categories: mild deafness, moderate deafness, and severe deafness. Mild impairment is defined as having an IQ between 55 and 70, while children with moderate impairment have an IQ between 40 and 55, and children with severe impairment have an IQ between 25 and 40. Children with mild to severe disabilities have different potentials according to the type of calcification[4]. It is said that the deaf are mild because most of them can still write and read. Children with mild disabilities are rarely found to have physical abnormalities, they look like normal children in general, but they cannot adjust independently. Children with moderate disabilities are very difficult and even unable to learn academically. Although they can still write their own names and even their home addresses, those with medium disabilities are classified as being able to train because they can be trained to take care of themselves, such as bathing, dressing, eating, and drinking, independently but still need constant supervision. Then, the last is the severely disabled, where they find it very difficult and even cannot escape the help of others to meet their daily needs in terms of taking care of themselves, eating, and so on[5].

Children with mental retardation or the visually impaired mostly experience developmental disorders in their intellectual and motor skills that distinguish them from children their age. Each child has different growth and development from one another. However, children with mental retardation or the impaired experience a late development of fine motor skills when compared to children of their age, who should be able to develop new skills, but children with mental retardation or the impaired cannot show progress[6].

Children with mental retardation or the visually impaired must often be trained in therapy to improve their fine motor skills. Fine motor is the ability to control movement through activities to train eye coordination or relax stiff muscles, as well as the regulation of the nervous system, fibrils, and muscles such as fingers and hands. Fine motor skills are considered an important factor in the process of developing cognitive abilities in children[7,8]. Mental retardation in children who have impaired fine motor skills can result in several nursing problems. One of the nursing problems that arise in mentally retarded or visually impaired children is growth and development. Growth and development disorders are conditions in which individuals experience impaired ability to grow and develop according to their age group. In general, growth and development disorders can occur due to several causes, including the effects of physical incapacity, environmental limitations, inconsistent responses, neglect, separation from parents and/or close people, and stimulus deficiency[9].

In children with mental retardation or the disabled, problems with growth and development disorders affect their fine motor skills. Fine motor skills are very important because they affect their lives. Exercises to improve fine motor skills in children with disabilities can reduce the negative impact. The impact of not being trained or experiencing fine motor delays in children can cause them to become insecure, shy, jealous of other children, and dependent on others. This can make it difficult for children to enter school because fine motor skills in socializing with their peers are very necessary, such as when playing and also writing[10]. Delays in fine motor development can also have an impact on subsequent development. There is a long-term negative impact on children who are delayed or not trained in fine motor skills; namely, they will be hampered in getting along with their peers, and even feelings will arise, namely, children feeling excluded[11].

Nurses have an important role as caregivers or providers of nursing care to children and their parents. Nurses can play a role in various aspects of providing health services and working

with other team members and families, especially in helping to solve problems related to child care. The role of nurses is also that of a party that provides education and motivates parents to teach the correct fine motor exercise stimulation therapy to children according to their growth and development tasks[12].

Disabled children who experience growth and development problems such as delayed fine motor development can face obstacles in carrying out daily activities. Therefore, efforts that can be made to reduce obstacles or problems in children with disabilities include providing several therapies, namely speech therapy, play therapy, behavioral therapy, physical therapy, and occupational therapy. Some of these therapies have different goals. One of the therapies that can be used to increase independence in children with disabilities is occupational therapy[13].

Occupational therapy is a therapy that is carried out to help someone who has limitations. The limitations in question are physical, mental, and cognitive limitations so that sufferers do not depend on others, such as their parents or siblings, in living their daily lives. Occupational therapy can also increase confidence and independence in carrying out activities such as meeting their needs, starting with eating, drinking, dressing, and so on[14].

Occupational therapy is very helpful for them, especially children with moderate disabilities, to practice moving their limbs. There are many ways that can be done in occupational therapy with moderately impaired children to improve coordination of movements. Examples are fine motor skills such as squeezing, attaching, knitting, writing, coloring pictures, attaching shoelaces, and attaching buttons, which are basically to move the fingers. Occupational therapy has a significant effect on the level of independence in caring for themselves in mentally retarded or visually impaired children, with the aim that it can be applied in daily life[15].

Occupational therapy that can be applied to children with mental retardation or the impaired to improve fine motor skills is occupational therapy by buttoning clothes. This occupational therapy is carried out to train fine motor skills so that, in their daily applications, it is hoped that children can use clothes independently without the help of others. Based on previous research, it has conducted an assessment of the benefits of clothing button therapy for children with disabilities. Research conducted by[16] shows that providing occupational therapy with clothes buttons to children with disabilities can improve their fine motor skills, with an average score before the intervention of 85.92 and an average score after the intervention of 144.38. Similar results are also shown by research[17] by performing occupational therapy by

installing clothes buttons on children with disabilities. The score before the therapy of buttoning clothes in children was 37%, and after the therapy of buttoning clothes, it increased by 70% in their ability to be independent. Other research from[18] It shows that the provision of therapy to button clothes has a positive impact from before the treatment or exercise and after the treatment or practice of buttoning the clothes of moderately low and moderately handicapped students to increase to the very high category.

Method

The method must be arranged as follows:

1. Research Design

   The research design is a case study. A case study is research conducted on a case with a detailed, sharp, and in-depth process.

2. Setup and Sample

   The subjects of the study were 2 moderately disabled child patients who underwent occupational therapy intervention by wearing clothes buttons to improve their fine motor skills with the following criteria:

   1) Inculcation Criteria
      a. Children with moderate disabilities
      b. Children with moderate disabilities who are < 10 years old
      c. Disabled children with the ability to train
   2) Exclusion Criteria
      a. Children with double blindness
      b. Hyperactive children
      c. Children who are sick or undergoing medical treatment

3. Measurement and Data Collection

   The research instrument used is a deed test with a checklist or observation sheet. The research was conducted by providing occupational therapy by installing clothes buttons with medium-sized buttons and large-sized buttons for 15-30 minutes and carried out for 3 days.

4. Data Analysis

   Data analysis is carried out since research in the field, when data is collected until all data is collected. The implementation of data analysis is carried out by presenting facts, then

comparing them with existing theories and pouring them into discussion opinions. The sequence in data analysis includes data collection, data reduction, data copying, and conclusions.

Result

Table 1. Observation Sheet of Children's Ability to Attach Buttons Child F (Day 1)

NO	Indicator	Score			Information
		0	1	2	
1.	Children are encouraged to choose which buttoned shirt to wear			√	1. Children have not focused on the activities that are being done
2.	The child inserts his right hand into the right arm hole of the buttoned shirt		√		2. Easy concentration is distracted by the around
3.	The child inserts his left hand into the left arm hole of the buttoned shirt		√		3. Children can
4.	Children equate both ends of buttoned clothes		√		tidying up the collar
5.	Holding the upper button with your right hand		√		shirt
6.	Holding the buttonhole of the upper shirt with the left hand		√		4. Children can't yet be
7.	Inserting or attaching the shirt buttons into the buttonholes	√			fastening the shirt and removing shirt
8.	Tidying up clothes after buttoning them		√		buttons
	Total		8		

Information:
0 : Unable to do
1 : Do with help
2 : Do it independently

Table 2. Observation Sheet of Children's Ability to Attach Buttons Child N (Day 1)

NO	Indicator	Score			Information
		0	1	2	
1.	Children are encouraged to choose which buttoned shirt to wear			√	1. The child is quite focused but still
2.	The child inserts his right hand into the right arm hole of the buttoned shirt			√	appear nervous and tremor
3.	The child inserts his left hand into the left arm hole of the buttoned shirt		√		2. Children can't yet tidy up the collar
4.	Children equate both ends of buttoned clothes		√		clothes worn
5.	Holding the upper button with your right hand			√	still must be with
6.	Holding the buttonhole of the upper shirt with the left hand			√	help
7.	Inserting or attaching the shirt buttons into the buttonholes			√	3. Children can't yet unbutton

8.	Tidying up clothes after buttoning them			√	clothes worn
	Total		14		

Information:
0 : Unable to do
1 : Do with help
2 : Do it independently

Table 3. Observation Sheet of Children's Ability to Attach Buttons Child F (Day 2)

NO	Indicator	Score			Information
		0	1	2	
1.	Children are encouraged to choose which buttoned shirt to wear			√	1. The child seems more focused and less concentrated
2.	The child inserts his right hand into the right arm hole of the buttoned shirt			√	In installing shirt buttons
3.	The child inserts his left hand into the left arm hole of the buttoned shirt			√	2. Easy to switch attention towards other bits reduced to
4.	Children equate both ends of buttoned clothes		√		
5.	Holding the upper button with your right hand			√	3. Children can't yet be
6.	Holding the buttonhole of the upper shirt with the left hand			√	Unbuttoning clothes worn
7.	Inserting or attaching the shirt buttons into the buttonholes			√	
8.	Tidying up clothes after buttoning them		√		
	Total		14		

Information:
0 : Unable to do
1 : Do with help
2 : Do it independently

Table 4 Observation Sheet of Children's Ability to Attach Buttons Child N (Day 2)

NO	Indicator	Score			Information
		0	1	2	
1.	Children are encouraged to choose which buttoned shirt to wear			√	1. The child seems calmer and less nervous about buttoning shirt
2.	The child inserts his right hand into the right arm hole of the buttoned shirt			√	
3.	The child inserts his left hand into the left arm hole of the buttoned shirt		√		2. Children seem to be able to unbuttoning clothes worn
4.	Children equate both ends of buttoned clothes			√	
5.	Holding the upper button with your right hand			√	
6.	Holding the buttonhole of the upper shirt with the left hand			√	
7.	Inserting or attaching the shirt buttons into the buttonholes			√	
8.	Tidying up clothes after buttoning them			√	
	Total		15		

Information:
0 : Unable to do
1 : Do with help
2 : Do it independently

Table 5 Observation Sheet of Children's Ability to Attach Buttons Child F (Day 3)

NO	Indicator	Score			Information
		0	1	2	
1.	Children are encouraged to choose which buttoned shirt to wear			√	1. Children seem to be more enthusiastic at fastening the shirt 2. Concentration and more child focus good 3. Children can do little to remove shirt buttons that in his use
2.	The child inserts his right hand into the right arm hole of the buttoned shirt			√	
3.	The child inserts his left hand into the left arm hole of the buttoned shirt			√	
4.	Children equate both ends of buttoned clothes			√	
5.	Holding the upper button with your right hand			√	
6.	Holding the buttonhole of the upper shirt with the left hand			√	
7.	Inserting or attaching the shirt buttons into the buttonholes			√	
8.	Tidying up clothes after buttoning them		√		
	Total		15		

Information:
0 : Unable to do
1 : Do with help
2 : Do it independently

Table 6 Observation Sheet of Children's Ability to Attach Buttons Child N (Day 3)

NO	Indicator	Score			Information
		0	1	2	
1.	Children are encouraged to choose which buttoned shirt to wear			√	1. The child seems to be more focused and children's concentration much better 2. Children are getting more calm down and start used to installing shirt buttons 3. Children can take off Shirt buttons that in his use
2.	The child inserts his right hand into the right arm hole of the buttoned shirt			√	
3.	The child inserts his left hand into the left arm hole of the buttoned shirt			√	
4.	Children equate both ends of buttoned clothes			√	
5.	Holding the upper button with your right hand			√	
6.	Holding the buttonhole of the upper shirt with the left hand			√	
7.	Inserting or attaching the shirt buttons into the buttonholes			√	
8.	Tidying up clothes after buttoning them			√	
	Total		16		

Information:
0 : Unable to do

1 : Do with help
2 : Do it independently

Discussion

Occupational Therapy Attaches Buttons to Improve Fine Motor Skills in Children with Moderate Disabilities

In pediatric patients with growth and development disorders due to stimulus deficiency, actions taken to improve fine motor skills in children with moderate disabilities are occupational therapy by installing clothes buttons to improve fine motor skills in children. The action was carried out by the researcher in the SLB N Slawi hall for 3 days, 1 day, 1x meeting, and was given therapy for 15-30 minutes. The tools and materials used in the implementation of occupational therapy measures are clothes with buttons, and clothes with medium-sized buttons, and clothes with large buttons, and observation sheets.

The implementation carried out for 3 days, the researcher found that in the two children when the first day they met, the children seemed nervous and lacked focus. The lack of fine motor skills in patients was seen when patients were asked to directly put on their clothes and button their clothes before being given a sample by the researchers. This implementation action is measured using an observation sheet which then the results are inferred from the score obtained by the patient.

This study was conducted on June 10-12, 2024, on both patients with Child F, who is male, and patient Child N, who is female and is both 9 years old. Both patients are 1st grade students at SLB N Slawi, and both have developmental disorders due to a lack of fine motor skills.

The implementation of the first day on Child F and Child N put on the buttons for 30 minutes, the two patients appeared to be accompanied by their mother during the implementation action. The ability of children to button clothes to improve their fine motor skills in Child F showed a score of 8 out of 16 total overall scores, Child F still looks unfocused and is easily distracted by things around him. On Child N has a higher score than the ability to button clothes to improve his fine motor skills, which is 14 out of 16 total overall sscores. Child N is a little more focused and concentrated, although he is still nervous and looks difficult.

The implementation of occupational therapy on the second day showed that the effect of occupational therapy on wearing buttons was better than on the first day of action. This can be proven from the researchers' observations: both patients experienced better levels of

concentration and focus as well as eye-hand coordination in accordance with the increased score obtained in Child F score increased to 14 out of 16 total overall scores. Child N score increased to 15 of the total overall score. Both patients began to be cooperative and seemed enthusiastic about putting on buttons.

The implementation of occupational therapy on the third day showed that the results of the implementation of the ability to button clothes in both patients were increasing. The results of the level of ability to button clothes of Child F increased with a score of 15 out of 16 total overall scores. Child F seemed to be even more enthusiastic because on the previous day he had succeeded in buttoning his shirt independently. The results of the level of ability to button clothes of Child N increased with a score of 16 out of 16 overall, Child N seems to be getting used to buttoning clothes because it seems that Child N wants to immediately install buttons before being given orders or warnings from the researcher. The concentration and focus of both children and the coordination between the eyes and hands are increasingly appropriate.

The difference in scores in the level of ability to button clothes experienced by the two patients was caused by motor stimulation factors and psychological disorders, Child F plays more often, and parents lack discipline in providing stimulus, especially training fine motor skills on Child F, however Child F often interacts with other people, such as his father and mother, and plays bicycles with his friends, while Child N was occasionally trained by his parents to button his clothes independently, and he was often asked for help by his grandmother to help with housework, Child N rarely interacts with anyone other than his mother and grandmother because he only rode bicycles in the yard with his younger brother. This is in accordance with the theoretical concept that children need to be given stimuli to train motor skills in this case, the motor in question is fine motor because stimulation from the outside can trigger activity in the brain to create small electrical connections called synapses. The amount of stimulation received by the child can directly affect how many synapses are formed. In addition to developing children's ability to think and communicate, stimulation also stimulates children's curiosity and observation skills. Repeated and consistent stimulation strengthens these relationships and makes them permanent[19]. In addition, this study supports previous research conducted by Rosmi that shows boys tend to experience more psychological disorders than girls. Learning difficulties are more experienced by boys, for example obstacles in reading, obstacles in arithmetic, obstacles in drawing and coloring, and obstacles in writing and doing self-care[20].

Results of research conducted by researchers about occupational therapy to install clothes buttons to improve fine motor skills in moderately impaired children were carried out on June 10-12, 2024 with 2 respondents each meeting 3x for 15-30 minutes using an act test instrument with a check list tool in the SLB N Slawi hall. The researcher used 2 pieces of clothes or button-down clothes with medium-sized buttons and large buttons that are safe for children to do to improve fine motor skills in children. The results were obtained that there was an increase in fine motor skills in installing clothes buttons per day measured and recorded on the observation sheet. The level of children's ability to button clothes to improve fine motor skills is evidenced by the difference in scores in Child F at the beginning of the meeting got a score of 8 and was originally unable to do it, but did it with help, which increased to 15, namely being able to do it independently, and in patient Child N at the beginning of the meeting got a score of 14 and was initially able to do it with the help of increasing to 16, namely being able to do it independently, and the problem of growth and development disorders was resolved. The results of this study are supported by other studies showing that occupational therapy with clothes buttons in moderately impaired children who experience growth and development disorders can improve fine motor skills. The average score before the intervention was 85.92 and the average score after the intervention was 144.38[16].

The results of improving the ability to button clothes to improve fine motor skills in moderately impaired children with problems with growth and development disorders were obtained, namely that the score before the therapy of buttoning clothes in children was 37% and after the therapy of buttoning clothes increased by 70%[17]. This is in line with research that states that buttoning clothes can improve fine motor skills in children, as seen in improving children's fine motor skills with success criteria increasing up to 70%[21].

Researchers assume that the improvement of fine motor skills in children with moderate disabilities is influenced by stimulus deficiencies carried out by parents, so that it has a great effect on children experiencing growth and development disorders. Occupational therapy, wearing clothes buttons, is used as a therapy that can improve fine motor skills in children, train coordination between eyes and hands, and train independence in children in using buttoned clothes independently at home.

Conclusion

Based on research conducted at SLB N Slawi, the following conclusions were obtained:

1. Occupational therapy of wearing clothes buttons on the improvement of fine motor skills in children with moderate disabilities in both children is characterized by the level of children's ability to button clothes on fine motor skills increasing as evidenced by the difference in scores in Child F at the beginning of the meeting got a score of 8 and was originally unable to do and did it with help increased to 15, namely being able to do it independently, and in patient Child N at the beginning of the meeting got 14 points and was originally able to do with the help, which increased to 16, namely being able to do independently.
2. The results of this study are expected to improve the researcher's ability, skills, and experience and can add knowledge and insight to the researcher's conducting research through the application of occupational therapy intervention, such as wearing clothes buttons to improve fine motor skills in children with moderate impairment.
3. The results of the research are expected to be used as a reference and become a consideration in conducting research on patients with growth and development disorders in moderately impaired children who experience fine motor disorders. The suggestion from the researcher is that this is expected to provide information and input for teachers in implementing the right occupational therapy.

Ethical Considerations

This research has received ethical approval from the Faculty of Health Sciences, Bhamada Slawi University (Letter No.001/Univ.Bhamada/KEP. EC/V/2024).

Confession

This research uses personal funds by researchers for publication.

Conflict of Interest

There is no conflict of interest in conducting this research.

Reference

1. Padila, P., J, H., Andrianto, M. B., Sartika, A., & Ningrum, D. S. (2021). Parents' Experiences in Caring for Children with Mental Retardation. *Journal of Asclepius Peace*, *3*(1), 9–16. https://doi.org/10.31539/jka.v3i1.2163
2. WHO. (2019). *Intellectual Disability*.

https://apps.who.int/iris/bitstream/handle/Intellectual_Disabilityeng.pdf?sequence=1
3. National Riskesdas. (2018). Ministry of Health of the Republic of Indonesia. *Ministry of Health of the Republic of Indonesia*, *1*(1), 1. https://www.kemkes.go.id/article/view/19093000001/pravelensi of mentally retarded children at Indonesia.html
4. Aziz, R. (2017). *Theme 7 Teacher's Book for SMALB Tunagrahita Class XII*. https://pmpk.kemdikbud.go.id/bukudigital/upload/modules/pdf/Buku_2021_12_TG_SW_Perkembangan-iptek.pdf
5. Esthy, W. (2014). *Life Skills Development for Children with Special Needs* (pp. 15–17). Luxima Metro Media.
6. Reni, W. (2015). Fine Motor Skills of Blind Children at Inclusion Schools in Sentolo Kulonprogo District. *Thesis*. Fine motor https://core.ac.uk/download/kemampuan in children with disabilities/pdf/33526405.pdf
7. Rianto, S. A. & E. (2014). Tactile Play Against The Fine Motor Skills Of Children With Moderate Disabilities At Sdlb Play Tactile Play Against The Fine Motor Skills Of Children With Moderate Disabilities At Sdlb. *Journal of Special Education*, *5*, 1–7. https://ejournal.unesa.ac.id/index.php/jurnal-pendidikan-khusus/article/view/7411
8. Syafril, S., Susanti, R., Fiah, R. El, Rahayu, T., Pahrudin, A., Erlina, N., & Ishak, N. M. (2018). Four Ways of Fine Motor Skills Development in Early Childhood. *ResearchGate*, *2018*, 1–15. https://www.researchgate.net/publication/328954650_Four_Ways_of_Fine_Motor_Skills_Development_in_Early_Childhood
9. Tim SDKI DPP PPNI Working Group Team. (2017). *Nursing Diagnostic Standards Indonesia*. 1–17. https://www.pentingpedia.com/pendidikan/pr-4813565094/download-buku-buku-sdki-pdf-terbaru
10. Purnami Ari, I. A. W., & Asril, N. M. (2021). Finger Painting with Processed Kanji to Improve Early Childhood Painting Skills. *Journal of Early Childhood Education Undiksha*, *9*(3), 431. https://doi.org/10.23887/paud.v9i3.40591
11. Nurjanah, N., Suryaningsih, C., & Putra, B. D. A. (2017). The Effect of Finger Painting on Fine Motor Development of Preschool Children. *BSI Journal of Nursing*, *V*(2), 65–73.
12. Setyowati, L., Rahayu, D., Ilmiasih, R., Aini, N., Freeska Dwi Marta, O., & Wahyu Mashfufa, E. (2023). The Influence of Mother's Occupation and Employment Status on Emotional Behavior of School-age Children. In *KnE Medicine*. https://doi.org/10.18502/kme.v3i2.13035
13. Saputra, D. A. (2022). Mental retardation: causes, symptoms, and treatment. In *AidoHealt*. https://aido.id/health-articles/retardasi-mental-penyebab-gejala-dan-pengobatan/detail
14. Safitrie, E. (2022). *Getting to know occupational therapy*. https://yankes.kemkes.go.id/view_artikel/1672/mengenal-terapi-okupasi
15. Heri, M., Astriani, N. M. D. Y., Purwantara, K. G. T., & Sari, P. D. K. (2020). Occupational Therapy Attaching Shoelaces to Fine Motor Skills in Children with Moderate Disabilities. *Silampari Journal of Nursing*, *4*(1), 239–247. https://doi.org/10.31539/jks.v4i1.1771
16. Wilujeng, Y. puspitasari; Y. S. (2022). Occupational Therapy attaches buttons to fine motor skills in children with moderate impairment. *Occupational Therapy Buttoning Shirts*, *1*, 151–157. http://journal.bungabangsacirebon.ac.id/index.php/changethink
17. Sari, L. N. (2017). *Self-Development Practice Wearing Buttoned Clothes for Handicapped Students in Elementary Class III at SD Inpres Maccinni Baru Makassar*.
18. Muhammad. (2021). *Improvement Of Self-Development Skills In Buttoning Clothes In*

Moderately Handicapped Students Through The Media Of A Short-Sleeved Pillow Model In Class Vi C At Slb Negeri 1 Barru.

19. Rahmawati, E. (2017). 5 Factors Affecting Children's Growth and Development. In *Nutriclub*.
20. Rosmi, Y. F. (2016). Physical Education and Character Development of Elementary School Students. *Watana*, *66*(1), 55–61. https://doi.org/10.36456/wahana.v66i1.482
21. Siahaan, L. H., & Maemunah. (2021). Improving Fine Motor Skills in Early Childhood Through Playing with Used Media at Atika Thohir Falak Kindergarten. *Journal of Tambusai Education*, *5*(3), 6958–6962.