Effectiveness Of *Flip Chart* Media In Increasing Abilities Of Wudhu For Mild Mental Retardation Children

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Abstract: This research reveals that a mild mental retardation child does not yet know the proper ablution procedures, this is seen when the researcher observes when the child takes ablution 'before performing midday prayer in congregation, when taking ablution' the child only performs carelessly not according to correct ablution 'procedure. This study aims to prove whether the flip chart media is effective in enhancing the ability to perform ablutions' mild retarded children. The research method in this research is a Single Subject Research (SSR), with the designation A-B-A. Measure and collect data at baseline conditions (A1), provide intervention (B) using flip chart media and provide baseline conditions (A2). The data analysis technique uses a visual graph analysis. Measurement of variables using a percentage of the number of instruments. The results showed that there was an increase in the ability to perform ablution in a positive manner, where the baseline conditions (A1) and intervention (B) Overlap was 0%, and the baseline conditions (A2) and intervention (B) Overlap was 57.14%. The smaller the percentage of Overlape, the better the effect of intervention /treatment on behavior change. Based on these results it shows that the flip chart media is effective in enhancing the ability to perform ablutions' mild retarded children.

Keyword: flip chart, Wuddhous, lightweight.

INTRODUCTION

Education in schools aims to make the teaching and learning process develop the abilities and potentials of children, so that children have good character, noble character and the necessary skills. One important education that must be taught is religious education. The purpose of religious education is to support students to have spiritual strength. Seeing the importance of religious education for mankind, the religious values must be instilled in individuals, both through education in schools or direct teaching obtained from the family, community and surrounding environment, in Depdiknas¹ that learning of

¹ R I Depdiknas, "Peraturan Mendiknas Nomor 22 Tahun 2006 Tentang Standar Isi," *Jakarta: Depdiknas*

Islamic material, namely worship. Worship material submitted for basic education among children's praying. Prayer is the pillar of religion and form of communication with God's servant², in prayer there are things to do and considered one Wuddhou, s Before the prayers the first thing to do is Wuddhou.

Wuddhou is purifying from a small hadast and washing certain parts of the body, namely the face, hands, head and feet before facing Allah SWT³, when performing ablution' there are provisions that must be done which are a single unit, including intending, washing both hands to the wrist, gargling, cleaning the nostrils, washing the face evenly, washing the left and right hands up to the elbows, sweeping the head, washing both the outer and inner ears, washing both legs to the ankles, where activities this is done three times and the last is reading prayers⁴. Wuddhou 'is a legal requirement in prayer so that it cannot be left to all Muslims including children with intellectual disabilities. Children with intellectual challenges are those that are real barriers, retardation of Intellectual ability is far below average so experience obstacles and difficulties in academic, social, and communication⁵. Developmental children also experience difficulties in terms of abstract nature, lack of experience, lack of concentration, forgetfulness and lack of initiative (Asmadi, 2013). Limitations of intellectual development experienced by mentally retarded children cause children difficulties in learning ablution 'so that children lack knowledge of the uses and procedures for ablution', therefore in learning should use magnetic media, so that children have an interest in education and know what ablution and how to do ablution 'right is.

The media that will be used in this study is the *flip chart*. Flip chart learning media are sheets of paper that resemble albums or calendars measuring 50 x 75 cm or smaller sizes 28 x 21 cm as a *flipbook* arranged in a sequence that is bound at the top ⁶. Flip charts are visual media that provide information symbolically. Presentation of data on Flip charts varies, some in the form of pictures, letters, diagrams, and numbers. Media Flip chart is divided into two types, the first is white flipchart which blanks sheet of paper that is ready to be filled with information about learning, which in writing will use stationery such as markers. Both massages flipchart, which includes learning information prepared beforehand that it can be text, images, graphs, charts, and others.

Assessment result to mild mental retardation of children in SLB YPPLB Padang, earned a percentage of 22.22% capability where there are aspects of the ablution 'you have not done the child, including the child can not read the prayer Wuddhou, do not wash the hands properly, don't rinse your mouth properly, don't wash your nostrils, don't wash your face properly, don't wash your hands properly, haven't reached your elbows, don't rub your head properly, don't rub your ears and wash your feet just carelessly, even if the child can do some of

^{(2006).}

² Ummi Ayanih, Dahsyantnya Shalat Dan Doa Ibu (PT Niaga Swadaya, 2010).

³ Zahra Zainun Nisa, "Konsep Pengelolaan Air Dalam Islam," *JURNAL PENELITIAN* 14, no. 1 (2017): 77–88

⁴ Muhammad Idrus, "Makna Agama Dan Budaya Bagi Orang Jawa," *Jurnal Fakultas Hukum UII* 30, no. 66 (2007).

⁵ Markis Yunus Susanti and Mega Iswari, "EFEKTIVITAS MEDIA PITA GARISBILANGAN DALAM MENINGKATKAN KEMAMPUAN PENJUMLAHAN BAGI ANAK TUNAGRAHITA RINGAN KELAS DIV/C Di SLB LIMAS PADANG," *Jurnal Penelitian Pendidikan Khusus* 2, no. 3 (2013).

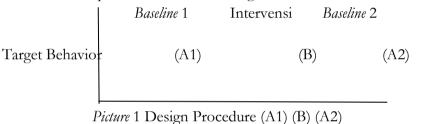
⁶ Rudi Susilana and Cepi Riyana, "Media Pembelajaran: Hakikat," *Pengembangan, Pemanfaatan dan Penilaian, Bandung* (2009).

the ablutionary procedures 'the child only carries out carelessly not according to the rules of ablution' and does not do it three times. The child only does one up to two times, and there are even ablutions that children do not do, such as washing the palms, washing the nostrils, and rubbing the ears.

METHOD

The method the researchers use a type of research experiments in the form of Single-Subject Research (SSR) to know how the magnitude of the effect of a treatment that is given to subjects who do it repeatedly with a time-specific, then the research is to use the design ABA. The ABA design has advantages, viz the strengthening of the evidence that treatment (treatment) were given to the target is indeed causing impact changes that much better . Design This phase of the baseline will be repeated as many as two times. ABA design is the development of AB design. In the design, ABA will show the relationship because of the result between variable X and variable Y ⁷.

The main procedures of ABA design can be described as follows:



Based on the image , which becomes the baseline first (A1) is the ability to perform ablutions' time before given treatment / intervention, and after the data is stable, further to the phase of the intervention (B), which provides treatment by using the media flip chart, and then continue to the baseline second (A2), i.e., look at the ability of children in ablution ' after not using flip chart media. The technique of collecting data uses an ACT. Tests deeds yes, it saw the ability of children to perform ablutions '. Then the results of a researcher in the insert into the data collection format with techniques of collecting the data percentages.

The data collection format was in the form of research instruments in both *baseline* and intervention conditions. The measuring instrument used is a percentage that can indicate the number of occurrences of a behavior or event compared to the overall likelihood of a behavior or event occurring multiplied by 100%

Percentage of child ability =
$$\frac{skor\ yang\ diperoleh\ anak}{skor\ total\ seharusnya} \times 100\%$$

RESULTS AND DISCUSSION

Results

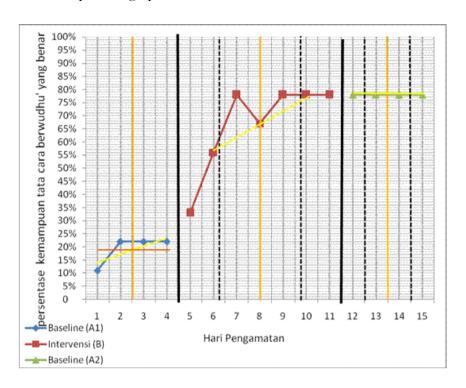
The study was conducted as many as 15 observations, from July 16 to August 8, 2019. The acquisition data during observations at *baseline* conditions (A1) for four times by giving a test

⁷ Juang Sunanto, Koji Takeuchi, and Hideo Nakata, "Pengantar Penelitian Dengan Subjek Tunggal," Universitas Tsukuba: Crice (2005).

of action to children is 9 items of ablution 'ability, where at the first meeting the child only do 1 item that is washing your face three times. The meeting of two to four children only did 2 items namely washing their faces three times and rubbing their heads three times, because the data obtained were stable where the ability of children on the second to fourth day got the same results, the researchers proceeded to the intervention condition. Observation of the intervention condition (B) for seven times using flip chart media, at the first meeting the child intervened doing 3 items of ablution 'procedure, namely washing his face three times, rubbing his head three times and washing his legs three times. The second meeting of children can do 5 items including reading intentions with basmallah, washing the face, rubbing the head, washing both ears and washing both feet three times. The third meeting of children can do 7 items, namely reading intentions with basmallah, gargling three times, washing the face, washing both hands to the elbows, rubbing the head, washing both ears and left and right feet three times each. The fourth meeting of the child's ability to decline, children only do 6 items ablution procedures' that is reading intentions with basmallah, gargling three times, washing the face, rubbing the head, washing both ears and left and right feet with each of them three times. The meeting of five to seven children has increased where children can do 7 of 9 items of ablution procedures' including reading intentions with basmallah, washing the palms three times, gargling, washing the face, washing the left and right hands to the elbows, rubbing the head and washing the head both legs with each activity carried out three times, because the data on the intervention conditions where at the meeting five to seven children's abilities same, baseline (A2). Baseline conditions (A2) during four observations were carried out without any treatment, in this condition the ability of children from the first day to the fourth day is the same, where the child can do 7 of the 9 items of ablution procedures' including reading intentions with basmallah, washing the palms three times, gargle, wash your face, wash your right and left hands up to your elbows, wipe your head and wash your legs three times, because the child's ability is stable from the first to the fourth day, the researchers stopped observation.

Baseline conditions (A1) in carrying out 9 items of ablutionary ability, in the first observation the child received a score of 11%, in observations two, three and four children scored 22%. The intervention condition (B) was carried out seven times. Children are given treatment using flip chart media. The results obtained in the intervention conditions were 33% first observation, second observation 56%, third observation 78%, fourth observation 67%, fifth to seven observations scored 78%. Baseline conditions (A2) from the first observation to the last child obtained a score of 78%. K ondisi beseline (A) seen that the mean level is 19.25 has an upper limit of 20.9 and a lower limit of 17.6 while in intervention conditions (B) has a mean level of 66.86 and an upper limit of 72.71 and a lower limit of 61.01 while in beseline conditions (A2) has a mean level of 78 and a limit above 83.85 and the lower limit 72.15.

Comparison graph for each condition can be seen below:



Grafik. The tendency Stability Data to the inability T ata C ara B erwudhu 'Information:

: Mid Date

: Split Middle

: Estimated trend Directions

: B above the top : M ean level

: B top down

Discussion

The research method uses the type of experimental research in the form of *Single Subject Research* (SSR) aims to find out how much influence from a treatment that is given to the subject that is done repeatedly with a certain time, then this study uses the design of ABA ⁸. The first condition (A1), where researchers only observed the ability of children in the ablution procedures performed four times with 9 items of ablution procedures, including intending, washing both hands to the wrist, gargling, cleaning the nostrils, washing the face evenly, me neuci hand right and left up to the elbows, sweep the head, wash the outer and inner ear as well as me neuci both feet up to the ankles with each item is performed three times ⁹. The first meeting the child only did 1 of 9 items of ablution 'procedures so as to get a percentage of 11%. The meeting of two to four abilities of children is the same, where the child can do 2 of 9 items, thus obtaining a percentage of 22%, after the data is stable at the meeting of two to four researchers continue on the intervention condition (B).

⁸ Ibid

⁹ Idrus, "Makna Agama Dan Budaya Bagi Orang Jawa."

The second condition of the intervention (B) is the giving of an intervention using *flip chart* media which is done 7 times observation. *Flip chart* is a sheet of paper in the form of an album or calendar with a size of 50 x 75 cm arranged in order and then bound at the top (Susilana & Riyana, 2009), on the first day intervention conditions children can do 3 items of ritual ablution 'so that the percentage gets 33%, the second day the child does 5 items with a percentage of 56%, the third day the child can do 7 items with a percentage of 78%, the fourth day the child's ability decreases, the child can only do 6 items, so that he gets 67% percentage, the fifth day to seven the ability of the same child, the child can do 7 items, thus obtaining a percentage of 78%, because the child's condition is stable from the fifth day to seven the researcher continues on the last condition that is after being given an intervention (A2), where the conditions these researchers no longer provide interventions and ask children to perform ablutions' correctly and independently without the help of researchers. This activity was carried out four times, where the first meeting until the fourth ability of the same child is the child can do 7 of the 9 items ablution procedures so as to obtain a percentage of 78%, because the child's ability is stable, the researchers stopped observations.

Based on the analysis of existing data, it can be explained that the ability of children to perform ablutions 'before being given an intervention using flip chart media is still low, but after being given treatment using flip chart media, the percentage of children's ability to perform ablutions' increases and after treatment with *flip chart* media stopped, the percentage of children's ability in ablution procedures' obtained stable results, this shows that flip chart media can improve ablutionary ablution ability of mild retarded children, because flip chart media has advantages so that children have an interest in the learning process including present learning messages in a concise and practical manner, can be used in any learning method, can be used anywhere, in making the material relatively inexpensive and can increase student activity and motivation to learn (Susilana & Riyana, 2009), then also be proven from the results of analysis between conditions which can be seen a tendency toward increase in intervensi (B), and shows stable results at baseline (A2). Stability obtained for the baseline (A1) 11-22, the intervention phase (B) is 33-78 to level the percentage change ordinances berwudhu 'that ben a r increases, then the stability of the tendency of the data is unstable, while the stability of the data obtained at the baseline (A2) is 78-78 with a level of change in the percentage of ablution procedures that are stable.

CONCLUSION

The conclusions obtained from the results of this study are that *flip chart* media can improve the ability to perform ablutions for mild retarded children. This media makes it easier for children to understand the procedures for ablution and makes children not easily bored, because it is not far from the world of children who combine images with writing. Improvement in the ability to perform ablution 'can be seen from the initial conditions (A1), in this condition the researcher only observed four times where the percentage of the ability of children from the first day to the fourth is 11%, 22%, 22%, 22%, because the data on the condition (A1) is stable from the second to the fourth day, the researcher proceeds to the intervention condition (B). K ondisi intervention (B) seven times with improved results, where on the first day the percentage of children's ability to 33%, the second 56%, third day 78%, the fourth day 67%, the fifth day to seven the ability of children the same, namely 78%, because the child's ability is

stable on days five to seven, researchers continue on the last condition, namely the condition after being given an intervention (A2). K ondisi is performed four times and the results are stable, where the ability of the child from the first day until the fourth is 78%, so the total of all conditions is 15 times. The results showed that there was an increase in the ability to perform ablution 'positively, where the baseline condition (A1) and intervention (B) Overlap was 0% and the baseline condition (A2) and intervention (B) Overlap was 57.14%. Based on these results it shows that the *flip chart* media is effective in enhancing the ability to perform ablutions for mild retarded children.

Suggestion

- 1. For future researchers, this research can be used as guidelines and guidelines as well as a source of knowledge about mild retarded children in improving the ability to perform ablution '.
- 2. For teachers, the results of research on media *flip chart* can be used as a medium of interest to intermediaries in delivering learning to the students, in this case to the learning system how ablution '

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