

The Learning of *Sholat* (Prayer) Movement for Mentally Disabled Children through Occupational Therapy

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Abstract. This study aims to explore occupational therapy which can be used to train mild mentally disabled children to learn *sholat* movement. The study is a descriptive qualitative using field research. The result indicated that the purpose of occupational therapy was to stimulate the development of sensory and motor nerves of the mild mentally disabled children through body exercises and games in the form of joyful learning so that mild mentally disabled children could enjoy the therapy comfortably. Body exercises that can be done through *sholat* movement include: first, walking in one lane (for standing upright and *i'tidal* movement); second, gymnastics part of body, that is when holding the knee (for bowing movement); three, 'Old McDonald' game, that is when lifting both hands next to the ears (for *takbiratul ihram* movements); and last, 'Cublek-cublek Suweng' game (for prostrations movements, sitting between two prostrations, and sitting *tahiyat akhir*).

Keywords: learning, *sholat* movement, occupational therapy, mentally disabled children.

INTRODUCTION

Each Muslim is obliged to practice five 'Rukun Islam' in daily life; one of them is '*sholat*'. The function of *sholat* is to revive monotheistic awareness and to establish it in the heart, to put fear and hope only to God the Almighty [1]. There are seven movements in '*sholat*', namely standing, '*takbiratul ihram*', folding hands in front of the chest, '*ruku*', '*sujud*', sitting between two *sujud*, and the last is *tahiyat*. As cited in Holy Qur'an, meaning: "Please, do *sholat* and pay *zakat*" (QS. Al-Baqarah 43) [2]. Prophet Muhammad SAW even says that: "if you can, please do *sholat* by standing, if you can't do it, please do it by sitting, if you can't do it, please do it by laying" (HR. Bukhari).

Based on the citations of Qur'an and Hadith above, we may conclude that *sholat* is an obligation for all Moslems in any condition, including mentally disabled children who have low intelligent compared to normal children [3][4][5]. Mentally disabled children are unable to think normally such as imagining consequences of an action that they are doing, unable to differentiate between good and bad deed, and so forth [6].

Many people believe that mentally disabled children do not have a good future. However, Indonesian government guarantees mentally disabled children, as stated in Law No. 4 of 1979 chapter II Article 7, saying that disabled children have the right to obtain special services to achieve the level of growth and development, to the extent of the ability of the concerned [7]. PP No. 17 of 2010 article 129, paragraph 3 emphasize the classification of students with special needs. Further, mentally disabled children deserve getting education services like other normal children through special schools as stated in National Education System Law No. 20 of 2003 Article 32 paragraph 1, concerning inclusive education for students who have abnormalities and special intelligence or talent.

However, there are a number of differences between mentally disabled children and normal children in the implementation of learning processes, such as learning objectives and learning materials for mentally disabled children are made lower than normal children, including simple learning methods or fully guided learning process supported by qualified educators such as in learning about *sholat* movement. Ideally, there is no significant problem for normal children to achieve learning goals. However, it could be a different case with mentally disabled children. The question is, how will the learning process of mentally disabled children take place so they could achieve the objectives of religious education, which is becoming human beings with dignity in the eyes of God through prayer? [8][9][10]. One of which is through occupational therapy, a kind of therapy which carries out activities or works for children who experience impaired sensory-motor conditions [11]. The goals of the therapy are to train mentally disabled children to do daily routines through playing games and social skills, i.e. hand strength training, grasp training, cognitive training and following direction training, which are believed to be able to improve the independence of those who experience physical or mental disorders [12].

The other goals from the therapy are to restore physical function, to increase joint space, muscle activity, and movement coordination, to train daily routines, to help to adjust with routines at home and to advise simplification of space and the location of daily necessities [13].

METHOD

This study used a qualitative approach by describing and analyzing an ongoing situation (field research), supported by related theories which are expected to produce a new theory [14],[15].

The data sources were children with mild disabled mental in Inclusive Elementary school, therapists who accompany the children during the learning process at school, and parents of mild mentally disabled children. The data was collected through observation, interviews, and documentation [16].

Lastly, the collected data was analyzed using data reduction, then presented in the form of narrative text, and finally concluded by the data verification systematically.

RESULT

Based on the condition of mentally disabled children as described earlier, the following steps can be proposed in the occupational therapy process. First, identifying the early condition of mild mentally disabled children. What IQ do they have and how far they can coordinate movements among the body parts? This activity requires cooperation between a psychologist and a therapist in which the result of data gained from the psychologist is then transferred to the therapist for deep analysis. After this step is fulfilled, the next step is to determine the type of movement or activity in occupational therapy. In an early stage, a simple movement could be initiated i.e. walking straight or hand in hand above the 'rafi'a' rope that spreads over the ground for approximately 10 meters long. Mild mentally disabled children are asked to do it with full concentration so that the body does not shake and does not go off the rope track. The activity can be done repeatedly for five to six times. It is not recommended to do the movement more than six times, because the children could feel bored and ultimately unable to reach the goal. The important point is continuity. The expected competence is that the children are able to stand steadily with full concentration; the limbs do not shake but remain calm and not tense.

The next movement could be in the form of a singing activity followed by body movements which relate to the song. The song is 'part of the body'. One of the therapists becomes the instructor who stands at the front, while the others stand in line behind. The form of occupational therapy is when the therapist says 'head', then hands directly touch the head; when the therapist says 'knees', then hand touch the knees, and so forth. This movement has a similar pattern of 'ruku', where the body is bent forward by 90 degrees, and both hands hold the knees. Similar to the previous movement, only a few repetitions with short duration are needed.

The following movement is in the form of a game. The game requires a partner to do the therapy. The partner could be a peer or a therapist. How to do the movement is, both of them sit facing each other with a

position of both hands placed right next to the ear in a state of not clenching and facing forward. And then, between one hand and partner's hand hold each other. This simple movement is repeated until the song has finished. The song of the game is 'Old Mc Donald'. The competences to achieve from this movement are concentration, speech therapy (by singing a song), and motor nerve exercise. By repetitive hand movements, the mentally disabled children are expected to be able to perform 'takbiratul ihram' as a form of the initial movement in sholat.

The last movement of occupational therapy is a traditional Javanese game called 'Cublek-cublek suweng' which are normally performed by at least three people or more. There are several competencies gained from this game regarding the sholat movement, namely 'sujud' movement, sitting between two 'sujud', and 'tahiyat akhir'. The game starts from 'hom-pim-pa' by using a palm to determine the winner position. The loser in hom-pim-pa would become 'Pak Empo', which positions itself in the middle and bends with the forehead, nose, palm, knees, and toes against the ground. In sholat movement, it is similar to 'sujud'.

Additionally, one other player in this Javanese game will sit next to 'Pak Empo' with position putting the buttocks on the sole of the left foot and right foot up. The competence to be achieved in this position is that the child can perform sholat movements, which is sitting between two 'sujud'. While the last players who sit across and face 'Pak Empo' with the tip of the left foot tucked under the tip of his right foot and the body slightly leaning towards the right which is similar to 'tahiyat akhir'. How to play the game is, when each player has been in their respective positions, the game can begin. The left hand is placed on the back of 'Pak Empo' and the right hand of one of the players brings gravel alternately on the left hand, while two players sing 'Cublek-cublek suweng'. When the song has finished, the player held his hand with his index finger and gravel in the grip of one of the players. While singing the song 'Sir-sir pong ndele kopong', and bring the right index finger to the left, 'Pak Empo' will guess which player who is carrying the gravel. When the guess is wrong, 'Pak Empo' will be still in the current position.

This game can finish if all players have been in the 'Pak Empo' position so that each mild mentally disabled child has performed three different movements. Competencies gained from this game are speech therapy by singing a song, play therapy by interacting with peers, and sitting exercises for a 2-3 minute long.

CONCLUSION

Mild mentally disabled children are those with the level of intelligence between 50-70 and are able to adjust to the environment. They can carry out semi-skilled activities such as reading, writing, and simple

counting. They are still able to do whatever normally children do even though the result is not optimal.

Different from generally normal children, mild mentally disabled children need special method and duration to transfer and understand learning materials. As happening in sholat movement learning, mild mentally disabled children need repeated practices, which is interesting and enjoyable to do so that they will not feel bored in doing the sholat movement. This activity is also called occupational therapy. This therapy requires intensive supervision from experts because of the unique characteristics of mild mentally disabled children.

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