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The Relationship Between Family Support and Eating Independence Among Children with Intellectual Disabilities

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ABSTRACT

Children with intellectual disabilities have limitations in intellectual function and adaptive behavior, influencing their daily activities, including their ability to eat independently. To improve this skill, children need support from their parents so they can practice consistently and gradually. If family support is limited, children will become dependent on others and struggle to eat on their own. This study aims to analyse the relationship between family support and independent eating in children with intellectual disabilities. Using a quantitative analytic observational study with a cross-sectional design and total sampling technique, involving 40 children with intellectual disabilities at SLB Bina Sejahtera. Data were collected using validated and reliable questionnaires and observation checklists and analyzed using the Chi-Square test. The results indicated that among the 24 respondents (60.0%) providing good family support, 20 children (74.1%) ate independently, whereas 4 children (30.8%) did not. The analysis indicates a significant relationship between family support and eating independence, with a p-value of 0.023 (< 0.05). In conclusion, family support has a significant relationship with eating independence in children with intellectual disabilities. Therefore, active and consistent family involvement through guidance and independence training is important to improve the child's quality of life, particularly regarding daily independence, including eating activities.

Anak dengan tunagrahita memiliki keterbatasan fungsi intelektual dan kemampuan menyesuaikan diri sehingga berdampak pada aktivitas hariannya termasuk dalam kemandirian makan. Untuk meningkatkan kemampuan tersebut, anak memerlukan dukungan dari orang tua agar dapat berlatih secara bertahap dan konsisten. Jika dukungan keluarga terbatas, anak dapat bergantung pada orang lain dan kesulitan untuk makan secara mandiri. Studi ini bertujuan untuk menganalisis hubungan antara dukungan keluarga dengan kemandirian makan pada anak tunagrahita. Menggunakan studi observasional analitik kuantitatif dengan pendekatan cross sectional dan teknik total sampling, melibatkan 40 anak tunagrahita di SLB Bina Sejahtera. Data dikumpulkan menggunakan kuesioner dan lembar observasi yang telah diuji validitas dan reliabilitasnya, kemudian dianalisis menggunakan uji Chi-Square. Hasil penelitian memperlihatkan 24 responden (60,0%) memiliki dukungan keluarga yang baik, mayoritas anak telah mandiri dalam makan, sebanyak 20 anak (74,1%), sedangkan 4 anak (30,8%) belum mandiri. Analisis menunjukkan adanya hubungan yang signifikan antara dukungan keluarga dan kemandirian makan dengan p-value = 0.023. Disimpulkan bahwa dukungan keluarga memiliki hubungan yang signifikan dengan kemandirian makan pada anak tunagrahita. Oleh karena itu, keterlibatan aktif keluarga melalui bimbingan dan pelatihan kemandirian yang konsisten sangat penting untuk meningkatkan kualitas hidup anak, terutama dalam hal kemandirian hariannya, termasuk aktivitas makan.

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Introduction

Child growth and development is a continuous process of physical and mental maturation from birth through adulthood, encompassing motor, language, cognitive, emotional, and social development, as well as physical growth such as height and weight. In certain conditions, some children experience differences in growth and development compared to typically developing children. Children exhibiting these differences are known as children with special needs. These differences include limitations in growth, atypical growth and development, as well as abnormalities, delays, and disabilities in physical, mental, social, intellectual, emotional, sensory, and motor aspects (Parulian et al., 2020). Physical development in children is marked by fine motor skills, which involve the coordinated and directed movement of small muscles to support daily activities (Rahayu et al 2025).

The global prevalence of intellectual disabilities is estimated at around 2.3% of the total population. Of Indonesia's 22.97 million population, 8.5% are people with disabilities, with the prevalence of intellectual disabilities estimated at around 1–3% of the Indonesian population, or around 6.6 million people. (Coordinating Ministry for Human Development and Culture, 2023). From the West Java Province Open Data (2021), the Bogor Regency Government recorded that 7,358 residents have disabilities. Based on the type of disability, intellectual disabilities include the highest total of around 86,101 children, while visual disabilities include the lowest total of around 4,270 children.

In the context of education, children with special needs require appropriate educational services to support their development. Within the Indonesian educational system, students with special needs are classified into several categories, including visual impairment (tunanetra), intellectual disability (tunagrahita), hearing impairment (tunarungu), physical disability (tunadaksa), autism, and gifted and talented learners (Rahmawati et al., 2023). Tunagrahita is one category of children with special needs characterized not by a specific medical condition, but by differences in physical, intellectual, emotional, mental, and behavioral functioning compared to typically developing children of the same age.

Eating independently is a fundamental activity of daily living (ADL). However, many children with intellectual disabilities still experience challenges in performing this activity. Limited independence in daily activities, such as eating, among children with intellectual disabilities may be associated with less support from parents in training them to develop independent eating habits. Family support in this context refers to the readiness of family members to assist and guide the child (Sartika et al., 2021). To improve self-reliance, children require family support in the form of attention, motivation, and direct assistance (Padaallah et al., 2025).

Previous early research has shown a significant relationship between family support and the independence of children with special needs, particularly in the areas of daily living activities, personal hygiene, and oral hygiene. Previous research conducted by Salsabila (2023) revealed that family support is related to the independence of children with special needs in performing oral hygiene at the Special Education Elementary School in Surabaya. However, most previous research has focused more on the independence of children with intellectual disabilities regarding personal hygiene, while research specifically on eating independence in children with intellectual disabilities remains limited. The ability to eat independently is a basic skill for supporting a child's independence.

Based on a preliminary study conducted at SLB Bina Sejahtera, Bogor Regency, indicated that some children with intellectual disabilities still experienced difficulties in eating independently. This condition was related to motor delays, which may be influenced by limited parental support in practicing basic self-care skills at home. Based on this research gap, the present study aims to examine the relationship between family support and eating independence among children with intellectual disabilities at SLB Bina Sejahtera, Bogor Regency.

Methods

A quantitative analytic observational study utilizing a cross-sectional design was conducted. The research population comprised all children with intellectual disabilities enrolled at SLB Bina Sejahtera, Bogor Regency. Sampling was conducted using total sampling, in which all members of the population served as the sample given its relatively small size (Kadang et al., 2025), sample size of 40 participants. The research was conducted in January 2026, and each respondent was given an explanation of the research objectives and provided informed consent prior to participation. Ethical approval was obtained on November 29, 2025, with letter number 005526/UNIVERSITAS MEDIKA SUHERMAN/2025.

Family support was measured using a Likert scale instrument classified as Good (score 40 to 52) or Poor (score below 39). Eating independence was assessed using a Guttman-scaled observation checklist, categorized as Independent (score 27 to 34) or Not Independent (score below 26). Both instruments underwent validity and reliability testing on 30 respondents at SLB Negeri Bogor.

Content validity was assessed by an expert panel consisting of two pediatric nursing instructors, a developmental therapist, two special education teachers holding bachelor's degrees in education, and a psychology graduate. The selection of the expert panel followed institutional research guidelines and was included as part of the ethical approval process granted by the institutional review board (IRB). The family support instrument achieved a Content Validity Index of 0.875, classified as excellent validity, while the eating independence instrument attained a Content Validity Index of 0.864, likewise classified as excellent validity. Construct validity of the family support instrument using the Pearson product moment correlation showed that 13 of 17 items were valid (0.361), while 4 items were invalid. All items of the eating independence instrument were valid. Cronbach's Alpha reliability coefficients were 0.792 for the family support instrument and 0.953 for the eating independence assessment tool, both exceeding the 0.60 threshold, confirming that both instruments were valid and reliable for use.

Data analysis included univariate to describe respondent characteristics and study variables, and bivariate analysis using the Chi-Square test to determine the relationship between family support and eating independence, with a significance level of (< 0.05).

Results

Univariate analyses were conducted to describe respondent characteristics, including family age, education, employment status, and the child's classification of intellectual disability. Additionally, univariate results describe the distribution of family support and eating independence. Bivariate analyses were subsequently performed using computerized software to examine the relationship between family support and eating independence among children with intellectual disabilities.

Table 1.
The Characteristics of the Respondents (N=40)

Characteristics	n	%
Family Age:		
30 – 40	13	32.5%
41 - 51	21	52.5%
>52	6	15.0%
Education:		
Elementary School	3	7.5%
Junior High School	7	17.5%
Senior High School	27	67.5%
Diploma/Bachelor/Doctoral	3	7.5%
Employment Status:		
Civil Servants	0	0.0%
Self-Employed	1	2.5%
Private Sector Employee	1	2.5%
Homemaker	38	95.0%
Classification of intellectual disability		
Mild Intellectual disability	27	77.5%
Moderate Intellectual disability	13	20.0%
Severe Intellectual disability	1	2.5%

Table 1 shows that among the 40 respondents, the majority were in the 41 to 51 years age group, comprising 21 respondents (52.5%), followed by the 30 to 40 years group with 13 respondents (32.5%), and a small proportion above 52 years with 6 respondents (15.0%). Regarding educational background, the majority held a senior high school diploma, comprising 27 respondents (67.5%), followed by junior high school with 7 respondents (17.5%), and a small proportion had completed elementary school or higher education (Diploma/Bachelor/Doctoral) with 3 respondents each (7.5%). In terms of occupation, the majority were Homemaker, comprising 38 respondents (95.0%), while 1 respondent each (2.5%) was self-employed or worked in the private sector. Regarding Classification of intellectual disability, the majority of children had mild intellectual disability, comprising 26 respondents (65.0%), followed by moderate intellectual disability with 13 respondents (32.5%), and severe intellectual disability with 1 respondent (2.5%).

Table 2.

Family Support Distribution

Family Support	n	%
Good	24	60.0%
Poor	16	40.0%
Total	40	100.0%

Table 2 shows that the majority of respondents demonstrated good family support toward children with intellectual disabilities at SLB Bina Sejahtera, Bogor Regency, comprising 24 respondents (60.0%), while 16 respondents (40.0%) were categorized as providing poor family support.

Table 3.
Eating Independence Distribution in Children with Intellectual Disabilities

Eating Independence	n	%
Not Independent	13	32.5
Independent	27	67.5
Total	40	100.0

Table 3 shows that the majority of children were categorized as independent in eating, comprising 27 respondents (67.5%), while 13 children (32.5%) were not yet independent.

Table 4.

The Relationship Between Family Support and Eating Independence Among Children with Intellectual Disabilities at SLB Bina Sejahtera, Bogor Regency

Family Support	Eating Independence						P-Value
	Not Independent		Independent		Total		
	N	%	N	%	N	%	
Good	4	30.8%	20	74.1%	24	60.0%	
Poor	9	69.2%	7	25.9%	16	40.0%	0.023
Total	13	100.0%	27	100.0%	40	100.0%	

Table 4 shows that among the 24 respondents categorized as having good family support, the majority of children were independent in eating, comprising 20 respondents (74.1%), while 4 respondents (30.8%) were not independent. Among the 16 respondents categorized as having poor family support, the majority of children were not independent in eating, comprising 9 respondents (69.2%), with only 7 respondents (25.9%) demonstrating independence.

Discussion

This study examined the relationship between family support and eating independence among children with intellectual disabilities. The results showed the majority of families provided good support, and most children were able to eat independently. The statistical analyses indicate a significant relationship between family support and independence in eating ($p = 0.023$), indicating that higher levels of family support are related to increased independence in eating. This study highlights the important role of family involvement in supporting the development of adaptive skills in children with intellectual disabilities.

This study can be explained by observing the demographic characteristics of the respondents, which indirectly contributes to the formation of family support practices. The majority of parents are middle-aged adults, and they generally have the maturity to fulfil their parenting roles. This enables parents to be more consistent in providing guidance to their children in daily activities, including training them to eat independently (Jacob & Pillay, 2025). Additionally, the educational level, which is mostly senior high school education, has the potential to influence the ability of parents to understand information about child development, enabling them to provide more effective support (Zhang et al., 2021; World Health Organization, 2021). On the other hand, the predominance of stay-at-home mothers indicates the availability of more time to guide children, allowing the process of practicing independence activities to be repeated and consistent (Vilaseca et al., 2023).

In the context of families where caregiving is primarily home-based, the intensity of the interaction is an important factor in supporting the children's development of independence. Family support helps children with intellectual disabilities feel safe and supported within their environment, which improves

their self-confidence and facilitates independence in learning and daily routines. These findings indicate that family involvement can provide consistent guidance and structured daily routines, which contribute to the development of independence. This aligns with the study by Jacob et al. (2025), which reported similar findings, this relationship highlights the role of families in providing consistent guidance and repeated practice, both of which are essential for the development of adaptive skills. Previous research, including a study conducted by Indahwati et al. (2022), has shown a significant relationship between family support and children's independence in daily activities. This relationship can be attributed to the supportive family's ability to provide a structured environment that enables repeated practice of skills and reinforcement, facilitating the gradual development of children's independence. Similar findings were reported by Salsabila (2023) who identified a relationship between family support and independence of children with special needs in oral hygiene at a Special Education Elementary School in Surabaya. This similarity can be explained by the consistency of family members in guiding and monitoring children's daily routines, which helps children improve their ability to learn and practice self-care behaviours independently. However, previous studies mostly focused on oral hygiene and personal hygiene, while research specifically discussing the independence of eating in children with intellectual disabilities is still relatively limited. In fact, the ability to eat independently is a very important basic skill in supporting a child's overall independence. This highlights the clinical relevance of focusing on eating independence as a specific target for pediatric nursing interventions, beyond general activities of daily living ADL-based approaches.

Independency in children with intellectual disabilities refers to their ability to perform daily activities without relying on others, including eating (Schalock et al., 2021). In children with intellectual disabilities, limitations in intellectual, adaptive, and motor functions can affect their ability to care for themselves, including when it comes to eating. Participation from parents can influence the growth and development of children with intellectual disabilities because independence will not develop on its own but must be trained through repeated practice and consistent family support (Turan et al., 2025). This finding is also supported by Çelik et al. (2024), reporting that independence in children with intellectual disabilities can be improved with consistent training and active family support. This can be attributed to the importance of repeated practice and clear instructions in improving motor coordination, understanding of the task, and gradual behavioral adaptation. In contrast, Rahmatullah et al. (2025) and Malindo et al. (2025) who found that children with intellectual disabilities have lower levels of independence in eating because of motor limitations, challenges in following instructions, and overly protective parenting. This may be explained by differences in parenting practices, especially overprotective parenting, which can limit children's opportunities to practice independence skills even with support. Elizabeth et al. (2021) found that a lack of structured guidance in daily routines can hinder the child's development of independence. This happens when parents do not provide structured guidance in children's eating routines, which limits the child's opportunity to practice independent skills. This study suggests that eating independence is influenced by the severity of intellectual disability as well as the level of support and training provided by the family. Mild intellectual disabilities can be more easily trained to eat independently, but moderate and severe intellectual disabilities need more intensive training and consistent family support to gradually improve their independence.

Independence in daily activities is a component of adaptive behavior shaped by environmental factors and the social support provided to an individual (Schalock et al., 2021). Children with intellectual disabilities, who experience limitations in intellectual functioning, require stimulation, training, consistent practice and support from their environment, particularly from the family. The forms of support include emotional, informational, instrumental, and appraisal support, all of which contribute to the development of children's independence (Nurwahyuliningsih et al., 2025).

This study provides a more specific contribution by focusing on eating independence as a crucial aspect of children's adaptive skill development. These results are also supported by Rukmana et al. (2024), who found that active family involvement in helping their children with learning and daily activities can foster greater independence. However, Hasugian (2024) and Putri et al. (2025) report that family support does not always directly influence the independence of children with intellectual disabilities.

This difference may be attributed to variations in the type and quality of support provided, where overly protective or inconsistent support may limit opportunities for independent practice. These results highlight that family support has an important role in fostering independence in eating by providing consistent guidance and structured practice. Overall, the family environment is the primary context for fostering adaptive behavior in children with intellectual disabilities

The study found that not all children with good family support were able to eat independently, and conversely, some children with limited family support were able to eat on their own. This suggests that the relationship between family support and independence is sometimes not linear. According to the American Association on Intellectual and Developmental Disabilities (2021), independence is influenced not only by family support, but also by the individual's adaptive functioning. In this context, functional limitations can be a barrier with good family support. From the perspective of learned helplessness, as developed and updated by Seligman, children who are consistently provided with assistance without opportunities to try independently become dependent on others, even though they still have the potential to develop independence. Kurnia et al. (2024) reported that children with intellectual disabilities usually still have difficulties in independence and require assistance from others. Children with moderate to severe intellectual disabilities experience limitations in their ability to develop independence even with good support. Meanwhile, children with mild intellectual disabilities have a good chance of achieving independence even with limited support. These differences may be attributed to the severity of the intellectual disability, where greater impairments in cognitive and motor functioning can reduce the effectiveness of family support in fostering independence in daily activities. This suggests that individuals' abilities are a factor that can either enhance or limit the impact of family support. On the other hand, Hafid (2023) highlights that the independence of children with intellectual disabilities is dependent on their potential capability and requires tailored and targeted guidance to optimize their developmental potential. Therefore, family support will be more effective in developing children's functional abilities in daily activities, including eating, when provided through consistent and structured training.

The results of this study have important implications for pediatric and community nurses in designing family-based interventions for children with intellectual disabilities. Nurses play an important role in providing education and support to families through structured training programs focused on improving children's independence in eating. For example, nurses can guide parents to gradually train their children to eat independently, such as helping them learn to hold utensils, eat step by step, and gradually reduce assistance. Nurses can also facilitate the use of independence checklists to monitor the child's progress both at home and at school. They can collaborate with teachers to make sure practice routines are consistent, such as having the same mealtimes and using the same reinforcement strategies. This strategy reflects the concept of consistency of care and inter-systemic coordination, in that nurses serve as connectors to ensure intervention strategies are implemented consistently in both the home and school settings. Regular counseling sessions or home visits can evaluate family support and provide interventions based on the child's disability level. As there are children who are not yet independent even though they have received good family support, nurses need to assess the child's functional abilities and plan individual interventions. Therefore, nursing interventions focus not only on improving family support but also on adapting strategies to the capacity of the child's development.

These results show that family support is important in improving eating independence among children with intellectual disabilities. However, there are several limitations that should be considered when interpreting these findings. The relatively small sample size (N = 40) may limit the statistical validity and generalizability of the findings. In addition, this study focused only on family support and did not examine other factors that may influence children's eating independence, such as the severity of intellectual disability, participation in therapy, parenting styles, and school-based programs. Therefore, future research is recommended to use larger samples and examine other contributing factors to provide a more comprehensive understanding of the development of self-care skills in children with intellectual

disabilities. Nevertheless, the findings of this study highlight the important contribution of family support in promoting eating independence among children with intellectual disabilities.

Conclusion

This study found that the majority of families demonstrated good support toward children with intellectual disabilities, comprising 60.0% of respondents, and the majority of children with intellectual disabilities (67.5%) demonstrated eating independence. Based on respondent characteristics, the majority of families were in the 41 to 51 years age group, held a senior high school diploma as their highest level of education, and worked as homemakers. Most children in this study were classified under mild intellectual disability.

The bivariate analysis conducted using the Chi-Square test yielded a p-value of 0.023 (< 0.05). This result indicates a significant relationship between family support and eating independence in children with intellectual disabilities at SLB Bina Sejahtera, Bogor Regency. This study demonstrate that family involvement and support can help improve the ability of children with intellectual disabilities to perform eating activities independently.

Families and schools are hoped to collaborate in supporting and teaching daily independence to children with intellectual disabilities. This collaboration can be implemented with structured and consistent strategies, such as synchronizing meal schedules and independence practice at home and school, as well as using independent checklists to monitor the child's progress. Additionally, routine communication between parents and teachers, for example through daily logbooks or progress reports, can help to maintain consistency in providing guidance and support. This is important because there are still children who are not independent even though they have received good family support, so consistent practice in various environments is necessary.

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Conflict of Interest

The authors declare that they have no competing interests.

Credit Author Statement

Regita Anjani: Conceptualization, Methodology, Formal Analysis, Validation, Project Administration, Writing-Original Draft, Investigation, Resources, Funding Acquisition. **Beatrix Elizabeth:** Supervision, Validation, Software, Data Curation, Writing-Review & Editing. **Yulta Kadang:** Supervision, Data Curation, Methodology, Validation. **Yulidian Nurpratiwi:** Supervision.

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