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Clean and Healthy Lifestyle Behavior (PHBS Program) for Children with Intellectual Disability

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ABSTRACT: The achievement of children's quality of life is undoubtedly linked to the development of positive habits that will continue to be practiced in future lives. This can be done by developing awareness and behavior of a balanced clean and healthy lifestyle. The purpose of this study was to determine the increase in the PHBS ability of children. Various efforts have been made so that children with intellectual disabilities can maintain their cleanliness. The efforts made by the teacher are still not maximal so that the delivery of information about PHBS must be completed by another method, namely demonstration. This research was conducted at SDLB 127710 Pematangsiantar5 with an action research method that refers to the Kurt Lewin model. Data collection techniques used purposive sampling and data analysis with the Wilcoxon test. The results showed an increase in understanding of the PHBS of children with intellectual disabilities able to learn SDLB 127710 Pematangsiantar through the demonstration method. This is evidenced by the increase in the score, where the initial assessment was obtained (59%), while in the first cycle, the average score was good (69.9%). In short, the understanding of children with intellectual disabilities being able to learn about PHBS is increased by using the demonstration method.

Keywords: Intellectual Disability Children, PHBS program, Demonstration methods

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1 INTRODUCTION

It is important to instill clean and safe living behavior early on, since this behavior will protect kids from various infectious diseases, including serious infectious diseases. It can thus enhance the health status of children. Children's health status at an early age is very important for the health status of children in the future (Puspita et al., 2020). However, health education in schools is still lacking in Indonesia (Ketut Suidiana et al., 2020). The school community and the community's commitment to health efforts at school are poor. The healthy conduct was a disadvantage in students. During school, many childhood illnesses may reappear. The nutritional status of the children at school was low.

Clean and balanced life (PHBS) activity is a duty to be carried out by everyone. PHBS is an attempt to protect the welfare of their families and themselves. For approximately 18 years, the PHBS coaching program has been going, but its popularity is far from anticipated (Putri et al., 2019). Children with intellectual disabilities can afford to be susceptible to infection due to an unclean lifestyle and poor self-care abilities, especially frequent nail-biting, not washing their hands after doing activities (Lee & Lee, 2014). So that it provides an understanding of PHBS from an early age both to educate and instill awareness of the importance of hygiene as an effort to maintain personal and environmental health (Agarwal, 2017). PHBS efforts can be carried out for school-age children include washing hands with soap, brushing teeth, bathing and washing hair regularly, these indicators are some things reflect behaviors that must be practiced both at school and home (Kementerian Kesehatan, 2011; Arip & Emilyani, 2018). The emergences of various diseases that often attack school-age children (6-10 years) are generally related to cleaning and healthy living habits (PHBS). That is why every child should be taught to wash their hands before and after eating.

Clean and Healthy Living Education (PHBS) should be given to children with disabilities as early as possible considering that children with intellectual disabilities can afford to be susceptible to disease. Remembering that children with intellectual disabilities are very helpful when invited to do it. The most appropriate method is the demonstration. The lecture-demonstration method is a teaching technique that combines oral explanation with "doing" to communicate processes, concepts, and facts. It is very effective in teaching observable skills (Basheer et al., 2017). Primary school education has a very important position to achieve learning goals.

Problems that arise in the field, and previous studies are related to cleaning and healthy lifestyle programs for children, as well as research related to the emergence of diseases when attacking children with disabilities, maintaining cleanliness is one way so that children can learn the science of how to live clean and healthy for build their future. To present solutions and problem gaps, this study aims to improve children's understanding of clean and healthy lifestyle behaviors, with the PHBS program implemented through demonstration methods.

2 THEORITICAL STUDY

2.1 *Intellectual Disability*

The view of children with intellectual disabilities has begun to shift and is characterized by definition of the American Association on Mental Disorder (AAMD), which is a significant impairment of intellectual and adaptive function. It is defined as an IQ score below 70 in addition to deficits in two or more adaptive behaviors that affect everyday life, eventually shifting and being replaced by Luck Asson's definition of the American Association of Mental Retardation (Cavanaugh, n.d.). Intellectual disability if you have two or more deficiencies, and this occurs before the age of 18. Intellectual disability is the limited intellectual ability and adaptive behavior seen through adaptability (Purba et al., 2018). This means that intellectual disability children throughout their lives cannot stand alone, so assistance is needed so that they can survive.

2.2 Method Demonstration

The method used in this research is the demonstration method. There are several definitions of the demonstration method according to experts; the demonstration method is a demonstration of the process of the occurrence of an event or object to the appearance of exemplary behavior so that students can know and understand it in real or imitation (Giridharan & Raju, 2017). Demonstration method is more suitable for teaching-learning materials which are movements, processes, or things that are routine (Ekeyi, 2013). With the demonstration method, students have the opportunity to develop the ability to observe all objects that are involved in the process and be able to draw the expected conclusions.

The advantages of the demonstration method are as follows (Ekeyi, 2013): (1) Students' attention can be focused on things that are considered important by the teacher so that they can be observed. (2) Can guide students towards the same thinking in the same thought channel. (3) Economical in school hours and economical in a long time can be demonstrated through demonstrations with a short time. (4) Can reduce mistakes. (5) Because the movements and processes are performed, they do not require a lot of information. (6) Some issues that raise questions or doubts can be clarified during the demonstration process.

2.3 Clean and Healthy Living Education

Behavior is an activity or activity of living things that can be observed directly or indirectly, which can be observed by outsiders. Health behavior is a person's response to stimuli related to illness, disease, health care systems, food, beverages, and the environment (*Pedoman Umum Program Indonesia Sehat Dengan Pendekatan Keluarga*, 2015). Clean and healthy living behavior (PHBS) is a set of behaviors that are practiced based on awareness as a result of learning that allows a person or family to help themselves in the health sector and play an active role in realizing the health of their community. Healthy conditions can be achieved by changing behavior from unhealthy to healthy behavior and creating a healthy environment in the household. Therefore, health needs to be maintained, maintained, and improved by every member of the household and fought for by all parties. A healthy household means being able to maintain, improve, and protect the health of every member of the household from disease threats and an environment that is less conducive to healthy living (*Kementerian & Kesehatan*, 2011). Early on, clean and health conduct is instilled by modeling, habituation and conditioning, so that it becomes a positive habit that continues and occurs in children's everyday actions (Puspita et al., 2020).

3 METHOD

The action research model used is the Lewin model. Problem formulation is carried out by knowing the problems developing in the field, the identification of alternative actions which are expected to solve the existing problems. The most likely alternative to be implemented is an action plan (Cummings et al., 2016). The number of students was eight students, four boys, and four girls, Class 3 SLB. For Lewin, problem formulation and action planning, are the first steps taken by researchers simultaneously. For them, these two things cannot be separated considering that every problem that arises needs to be looked for a solution before acting. Problem formulation is carried out by identifying problems developing in the field.

Furthermore, the identification of alternative actions that are expected to solve the existing problems the alternative is most likely to be implemented into an action plan, likewise, the implementation of action and observation or observation. Observation carried out when the action is in progress or vice versa when the action out. Actions are carried out consistently following the plans that have been made. Observations are made by gathering information about the subject and the impact of the actions given. Reflection on action is the next step after the implementation of the action and observation with this reflection it can be understood the strengths or weaknesses that occur in the implementation, thus if the impact of the action is deemed not as desired, revisions can be made to the previous ideas or ideas contained in the planning so that planning can be back.

4 RESULT AND DISCUSSION

4.1 Result

4.1.1 General Condition of Children with Intellectual Disability, SDLB 127710

General description of the characteristics of class 3 SDLB 127710 consist of eight, four women and four men aged about 10-13 years and intelligence between 55-70 Scala Wichsler (Flanagan et al., 2010). Reading ability is the same as grade one elementary school children, while the ability to count up to thirty can add up to a maximum of five teens. Fine motor skills are not good, some speak with unclear pronunciation, but understand when other most attention is easily distracted.

4.1.2 Condition of Preliminary Learning Before Action

In this initial assessment, quantitative data were obtained using a rating scale. The results of the observations are then analyzed according to the initial conditions that are owned. There are two dimensions observed, the first was the understanding of hand hygiene, which consists of three items, namely: washing hands before eating, washing hands after eating, washing hands after activities. In this first dimension, the highest score that must be achieved is 16. The result is that SDLB 127710 students do not understand hand hygiene $\bar{x}= 9.50$.

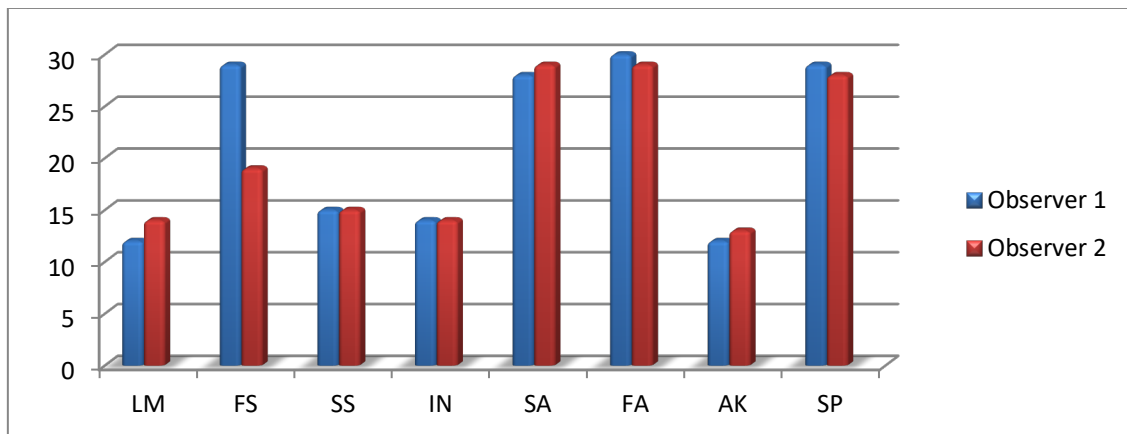


Figure 1. Initial Ability Pre-Test

The second dimension of trained toilets is the ability to maintain the cleanliness of the genitals and be polite, consisting of five items, namely: the ability to keep the genital organs clean, being able to clean themselves after defecating and urinating, knowing the consequences that arise if you do not clean your genitals after urinating, big or small and can use cleaning tools. In this second dimension, the highest score that must be achieved is 20. SDLB 127710 children are less able to do it, with a value of $\bar{x} = 11.87$. The total score in the first and third dimensions that must be achieved is 36, and SDLB 127710 grade three children get a score of $\bar{x}= 31.87$, which means it is still lacking.

From the initial assessment (see figure 1), it can be seen that the children's understanding of PHBS has a poor performance value, this result shows that out of eight children, only 4 of them have sufficiently good abilities. Reliability is done by correlating the results of the observations made by two observers using the non-parametric Wilcoxon model test with $\alpha = 0.05$. The result is $r_h = 0.995$, $r_t = 0.7067$, count is greater than r table. It is significant, meaning that the level of trust between interpreters is high, it can be said that there is no difference of opinion between observer 1 and observer 2 regarding the data obtained because the data has high confidence. The criterion for the success of this action is that if there has been an increase in children's understanding after the action, of the eight children, six of them have correctly understood the focus described in clean and healthy living education.

4.1.3 Description of the Research Process and Results

4.1.3.1 Cycle I

This first cycle starts from April 5, 2020, to April 27, 2020, each meeting is held for 60 minutes.

(1) Action Planning

Initial descriptions in this learning process include dissecting the curriculum and determining the learning theme and media used, conducting initial assessments, and preparing observation formats, and preparing recording devices. Determine specific goals based on the basic competencies and indicators listed in the class 3 SLB / C curriculum, plus the researcher's knowledge from references. Making spider webs and learning units is made based on Basic Competencies (KD) and indicators and linking the chosen theme which contains objectives, learning material with detailed descriptions, required media, and cover. The second dimension is the ability to maintain the cleanliness of the genitals and to be polite, the ability to maintain the cleanliness of the genital organs. The aspects studied: clean oneself after defecating and urinating, knowing the consequences that arise if you do not clean the genitals after defecating or urinating, can use cleaning tools.

(2) Execution of Actions

This action will be held eight times, the following is the discussion:

(a) *The first meeting to the fourth meeting*

This first meeting is about how to wash hands properly. Learning PHBS education for intellectual disability children capable of grade 3 SDLB 127710 students who are done are washing hands before eating, washing hands after eating, and washing hands after activities. So happy, with the soft voice of the teacher makes the children feel loved and cared for. At this first meeting, the researchers found this activity took place with great enthusiasm. It was clear they already understood washing hands is one of our ways to avoid disease and keep the body healthy, what's more, currently there is a virus that is spreading around the world called COVID-19 one way to avoid corona is to wash your hands?

(b) *The fifth to the eighth meeting*

At the five meetings, toilet-trained lessons, genital hygiene, among others: flushing floors and latrines before defecating/urinating, defecating/urinating, wiping, for women wiping the vagina with tissue, flushing the toilet, washing hands with soap, and drying hands with a cloth/tissue. Based on observations, researchers found that they happily learn the things they have been doing every day, especially because they are studying outside the classroom. Of the eight children, six of them can do toilet trained themselves, but there are still those who refuse and ask for help from their parents. At the sixth meeting on toilet-trained learning, they are understanding the diseases that are caused if it is not cleaned, for example, the genitals will itch, vaginal discharge for women, venereal disease, etc.

In this study, it was found that three could not understand the disease caused by not cleaning the genitals after defecating. This is evident show when teachers asked, they answered that the disease caused by not cleaning the genitals after defecating/urinating is smelly. When the learning process is taking place, the teacher continues to supervise each child because children are playing with their friends. At the seventh and eight meeting, they discussed was cleaning tools, for example, soap for cleaning the body, shampoo for cleaning hair, towels for drying the body, toothbrushes, and toothpaste for cleaning teeth.

At this meeting, it was emphasized to the children when cleaning their body or taking a shower, they should use soap, clean their hair using shampoo, and dry the body with a dry towel. The findings obtained at this stage where they enjoyed the educational process at this meeting and did not look tired for each child. From of eight children, six of them could point, mention the names of the cleaning tools and their uses. Two children can only show that they cannot mention how its use. In providing an understanding of cleaning tools, the teacher brings examples of cleaning

tools, so that it is easier for children to understand that the objects that are used as teaching aids by the teacher is the things they see and use every day.

(3) Observation

The observation stage was carried out to determine the extent to which action interventions had the expected impact of improvement in first cycle of action research. It turns out that in general the method of demonstration applied in learning in first cycle has had a positive impact on the ability to wash hands properly, and toilet trained. When the research was assisted by collaborators in applying the instrument of understanding PHBS for children with intellectual disability, it can be described that quantitatively it has achieved very satisfying results. This is indicated by the results of the performance of children's understanding of PHBS with a good average value. Thus, it can be concluded that there has been an increase in the understanding of PHBS in children with intellectual disabilities so that they do not need a second cycle.

The second dimension, trained toilets, with indicators: can clean yourself after defecating/urinate, can know the disease caused if not cleaned, can use cleaning tools, can sit politely both at home, at school and in public places others, and can greet when you meet teachers, friends, or people you know. The method used is a demonstration with direct practice or providing training. The tools prepared for the lesson are those related to the PHBS education program, hygiene tools, for example, bath soap, hand washing soap, tissue, toothpaste, toothbrushes, towels and image media, videos related to PHBS education. Changes in increasing, namely the desire to practice toilet trained yourself, an attitude that is willing to learn while playing makes the classroom atmosphere livelier. Difficulty experienced when the toilet trained is due to motor skills that require self-therapy. The enthusiasm for learning arises and there is a change in attitude caused by happy learning, happy to repeat learning because the teacher motivates them to do so that confidence arises to be able to protect themselves.

(a) Rating System

The evaluation criteria for each dimension are based on a rating scale that uses 4 elements, namely: very poor (1), poor (2), good (3), very good (4). This scale can be used as a description of the child's PHBS understanding ability which describes the quality of each of these dimensions.

(b) Non-Parametric Hypothesis Calculation Using the Wilcoxon Model

Non-parametric or free-distribution methods that do not assume any knowledge of the distribution of the underlying population, except that the distribution is continuous (Walpole, 1955). statistical hypothesis: $H_0 = \text{average before} = \text{after}$ $H_1 = \text{average before} \neq \text{after}$. The results of this study were obtained rejecting H_0 and accepting H_1 stated that there was no rejection of the difference between the pre-research and post-research assessments, meaning that there were differences between pre-research and post-research.

(4) Reflection

Based on reflections between researchers and collaborators, there are several things related to learning demonstration methods in activities that need attention. First, every child is unique so that teachers and researchers must use a variety of ways to stay focused on learning as well as share and give equal attention to each. Secondly, teachers have limitations in handling different conditions and backgrounds. Third, the focus of attention and motivation is optimal. Forth, involvement to focus attention is optimal because it is familiar through exploration before the research takes place. Fifth, very happy when singing together with the joy increases when they are given time to play Simon Says.

In educational presentation activities, the approach that the researcher chose turned out to be able to motivate to want to ask, answer, and carry out all the researchers' instructions. The demonstration method is the most suitable to be applied to mentally retarded children who can learn. This method can encourage enthusiasm and enthusiasm for learning to be more independent and maximal. This is evident in the results of observations. In this study, children can understand why boys and girls are different, how to maintain genital hygiene and how to behave politely at home,

at school, and in other public places. With lots of evidence, they can understand three dimensions that have been tested with 14 indicators with good. However, there are still some things that need to be considered in the presentation stage, related to the demonstration method, first, It is better if teaching about men and women, male and female teachers are in the classroom so that the differences can be seen clearly. Secondly, Male teachers provide instruction on genital hygiene for boys, and female teachers for girls. Third, still having difficulties and not accustomed to waiting for their turn to appear in front of the class.

Likewise, at the end of each lesson, the researcher can provide an assessment or feedback as a measuring tool for children's competency mastery. Reflections on the process and the final results of learning activities carried out by researchers need to be developed and optimized as suggestions and input for improving the quality of subsequent learning. There is no need for the next cycle because the criteria for the success of this action are if there has been an increase in children's understanding after taking action, of the eight children six of them have correctly understood the focus explained in PHBS education.

4.1.4 Analysis Result of Pre-test and Post-test

4.1.4.1 Dimensions Ability to wash hands properly

Washing your hands is a very simple thing that you can start at home. Washing hands before and after meals is fundamental and must be taught. After being given the act of washing their hands properly, mentally retarded children can wash their hands even though the order is always forgotten, but they are excited to wash their hands after, before, and after activities. From the graph (see figure 2) it can be said that there was an increase from pre-research to post-research. Out of eight children three children get very good scores, three children get good scores, and two children get poor scores. Overall, there was an increase from pre-study to post-study.



Figure 2. Washing Hands

The increase in this first dimension can be seen from the value $\bar{x} = 9.5$ to $\bar{x} = 11.4$ or a percentage from 50.3% increased to 69.5%, meaning that there has been a significant increase from pre-study to post-study. Thus, a second cycle is not required, and these criteria can be said to be the ability to wash hands properly.

4.1.4.2 Dimensions The ability of toilets trained to maintain genital hygiene.

The cleanliness of the genital organs is very basic to be taught because the cleanliness of the genital organs will affect health as well. These genitals for men and women have different shapes. For girls, because the urinary tract is short if they urinate sitting down, for boys standing because of the long urinary tract that makes it possible to stand up while urinating. grade 3 SDLB 127710 Pematangsiantar already understands what to do before and after defecating/urinating. From the graph above, it can be said that there was an increase from pre-research to post-research. Out of

eight children two children get very good scores, three children get good scores, and three children get poor scores. Overall, there was an increase from pre-study to post-study. The increase in this first dimension can be seen from the value $\bar{x} = 13.5$ to $\bar{x} = 16.0$ or a percentage from 60.9% increased to 78.4%, meaning that there has been a significant increase from pre-study to post-study. Thus, there is no need for a second cycle and these criteria can be said to be toilet-trained ability (see figure 3).

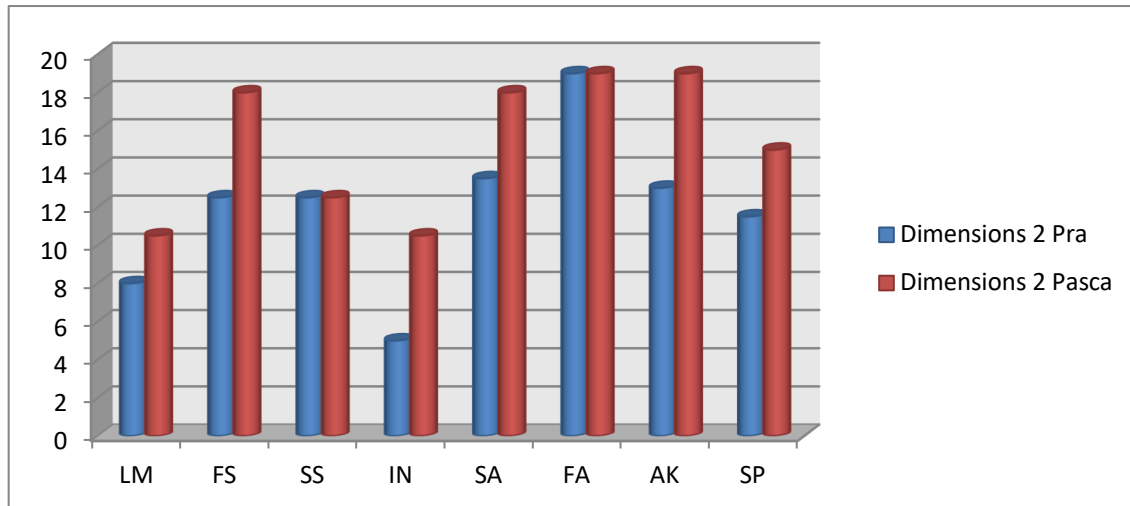


Figure 3. Toilet Trained

4.1.4.3 Overall Results of Dimensions 1 and 2

Intellectual disability children were very enthusiastic when participating in PHBS education for I cycle with eight meetings. From the graph in figure 4, it can be said that there was an increase from pre-research and post-research. Out of eight children three children get very good scores, three children get good scores, two children get poor scores. Overall, there was an increase from pre-research and post-research from 55.6% to 73.9%. Thus, there is no need for a second cycle and these criteria can be said to be the ability to wash hands and toilet trained well.

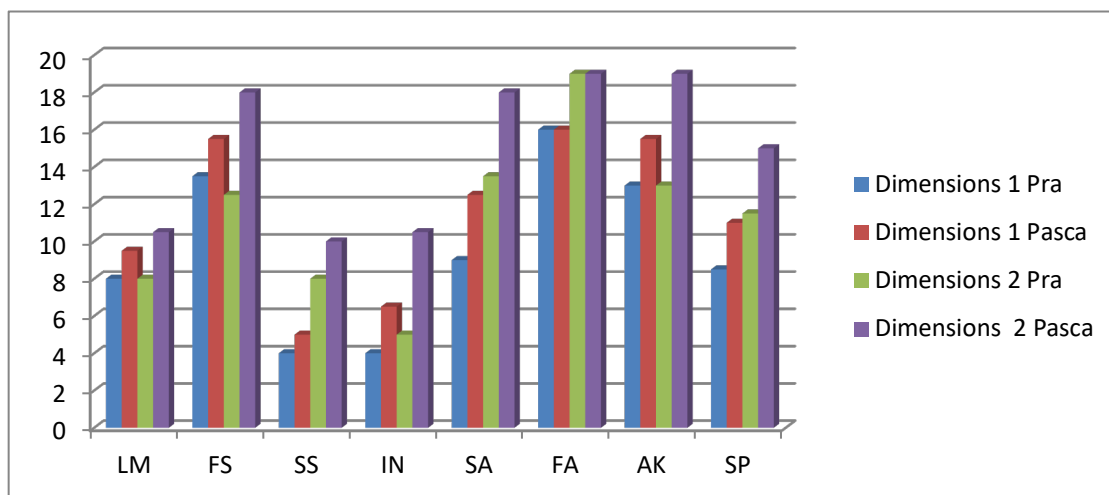


Figure 4. The Overall Results of The Study

The results of the comparison test from pre-research and post-research were conducted to determine the significance of this research data. The results of the comparison test using paired data between pre-research and post-research have increased from unfavorable to good. Furthermore, after going through the process of producing data based on data coding and theory, the following research findings are obtained (1) using an integrated approach is not difficult, all it takes is the

courage to try new things, high creativity in using learning media, (2) The interest in learning increases because PHBS education is carried out in a way that is very easy for them to understand by using the demonstration method. , (5) in providing children's learning must be divided according to gender to make it easier to give examples, train, and exchange opinions.

4.2 Discussion

4.2.1 Wash Hands Properly

Children with intellectual disabilities can afford to be susceptible to infection due to an unclean lifestyle and poor self-care abilities, especially frequent nail-biting, not washing hands after activities (Lee & Lee, 2014). Research has shown that children with intellectual disabilities are more susceptible to infectious diseases because their developmental disabilities make them unable to follow complex steps for life skills such as proper handwashing (Lee et al., 2015). Frequent hand-to-mouth activity without proper handwashing puts them at a greater risk of contracting the disease.

Indonesia according to data from the ministry of health, infectious diseases are common, causing huge losses (Health & Indonesia, 2011 (*Laporan Akuntabilitas Kinerja Kementerian Kesehatan tahun 2014*), still according to the ministry of health, infectious diseases are one of the health indicators that can be measured directly. Hand hygiene is the key to good hygiene practices at home and at school and can produce significant benefits in terms of reducing infections, particularly gastrointestinal but also respiratory and skin infections (Bloomfield et al., 2007). A meta-analysis of 30 studies by Aiello et al., (2008) found that hand washing reduced gastrointestinal disease by 31% and decreased respiratory disease by 21%. In underprivileged communities, current handwashing therapy at primary health care sites may not be viewed as appropriate. However, ECE practitioners have the effect of improving the handwashing conduct and awareness of pre-school children and families with sufficient assistance. Communication and distribution of handwashing messages should be transparent, realistic and important and should provide recommendations about what to do while facing infrastructure problems and during times of water restrictions. Strategies for health promotion should concentrate on optimizing handwashing activities when taking care of pre-school children (Steenkamp et al., 2020).

Good hand hygiene, especially washing hands with soap, is important to keep individuals free from severe environmental diseases, congenital Cytomegalovirus (CMV) infections, and respiratory infections (Dirjen P2P Kemkes RI, 2019; Hung et al., 2016; Koh et al., 2016; Ruan et al., 2011). Besides, currently, the world is hit by the coronavirus, so it is necessary and very necessary to teach intellectual disability children to be able to maintain proper hand hygiene. Not only that, when in contact or contact with other people, children must be told to wash their hands immediately because we never know who has been in contact, some with symptoms, some without symptoms, this is confirmed by the results of research from Shen et al. with symptomatic cases and asymptomatic cases with silent infection being the main transmission route for covid-19 infection in children (Shen et al., 2020). Therefore, it is necessary to cultivate an introspective attitude in this PHBS.

Maintaining good hand hygiene in children with intellectual disability and being able to educate is a difficult task for parents, caregivers, and children's teachers (Lee et al., 2015). To optimize health benefits, the promotion of hand hygiene must be accompanied by PHBS and must also involve other aspects (Bloomfield et al., 2007) which is why PHBS needs to be taught to children with intellectual disabilities who can educate so that they can maintain their body cleanliness. However, difficulties in verbal reasoning and short-term memory present its challenges in teaching children with intellectual disabilities how to properly wash their hands (among other life skills) through demonstration methods. Instructional strategies that incorporate visual support (e.g., pictures, video models) are considered evidence-based practices that have been used to teach students with intellectual disability (Kang & Chang, 2019). However, the results of the research we found in the video that we provide to make children sleepy and bored, so the practice of washing hands in the bathroom is very interesting for them. We found that playing with water relaxes children.

Washing hands is not a habit in Indonesia, therefore, getting used to children who have no deficiencies or normal children does not require significant hard work, but when they have special needs, it will be very different. Washing hands properly is not easy for children with special needs, need to practice as often as possible, that's why demonstration methods are needed to show how to wash hands properly. Before washing their hands, the teacher played a video about proper handwashing produced by the Ministry of Health, but only two children were interested in the video, the others were immersed in their world. So that the teacher took the students to the bathroom to immediately demonstrate how to wash their hands properly. When they are invited to the bathroom, the students immediately feel happy.

A study conducted in Washington, United States that children washing their hands by watching videos varied results. But the interesting thing is that children with special needs, in this case, autistic children, also have to pay attention to whether a video is shown is interesting or not (Rosenberg et al., 2010), for example, is there a sound or is their praise given to the child? In general, children already understand that they have a gender identity, namely male and female. When teaching about men and women, male and female teachers are in the classroom so that the differences can be seen clearly, because what they face is children who have intellectual disabilities so that real examples that they see every day are needed.

4.2.2 *Toilet Trained*

Toilet-trained activities are very interesting for children with intellectual disabilities, the same as washing hands. Students experience a lot of problems on the first to the third day. Students still have to show the toilet holes to defecate or urinate. Another obstacle is that there are still students who suddenly defecate and urinate in their pants, and this needs more attention. Other problems were not noted or reported, and this was a follow-up study. The decreased need for toilet trained is likely to be avoided due to the intensity of training where children are not far from the toilet during the early stages of training.

The results for this study indicated that the intensive training outlined was very successful in providing caregiver training to effectively toilet train two children with intellectual disabilities to use the toilet independently in a relatively short period and retain skills over time. Demonstration methods seem promising for children who have recently been introduced to toilet training and are also committed to hygiene education. This result is also expected to be able to be carried out for more children, increasing the self-understanding of parents in dealing with their children with intellectual disabilities.

Parents of children with developmental disabilities report higher personal stress before getting toilet trained. The results of research conducted by Kroeger and Sorensen show that continuous training not only improves the quality of children's life factors by increasing hygiene-related factors and access to activities and places but also improves the quality of life of parents by reducing stress and further for other family members such as siblings (Kroeger & Sorensen, 2010). Toilet trained can be a long-term source of stress reduction for families who have intellectual disability children who can educate.

Achieving toilet independence is an important developmental milestone for every child. Independent toilets are not only a frequent requirement for school entry and involvement in all school activities, but they are also a major developmental step and an important daily life skill. Toilet training (TT) is one of the most challenging stages of early childhood development and one that all children must complete successfully to comply with the norms of our society and to gain autonomy and self-esteem (van Nunen et al., 2015). Unfortunately, children with intellectual disabilities are often late in getting toilet trained (Levato et al., 2016). Obtaining toilet-trained skills for children with developmental disabilities is a very important competency (Chang et al., 2011). Toilet-trained training is the goal of Clean and Healthy Life Education, and behavior strategies must be adapted to the characteristics of children. For this reason, in PHBS a teacher must train children with intellectual disabilities to be able to use the restroom.

Collaboration with parents is highly recommended because children not only defecate and urinate at school, they will also defecate and urinate at home. This PHBS program must be run

together with parents so that children with intellectual disabilities can quickly become skilled. It cannot be denied that the education and economy of parents affect the success rate of children in toilet training programs.

There are several methods that can be used in teaching toilet training to children, the first is taking them to the toilet regularly, the second is when they feel they are going to the toilet, the child is immediately guided to the toilet, and the third approach is to help the child not to hold back bowel movements and urination in his pants, by asking the child. However, this is a troublesome thing for class teachers because they always feel like going to the restroom and all the time making the teacher invite them or accompany them to go to the restroom. Studies conducted in Iran have a strong inverse correlation between the level of education of fathers and the application of punishment for training and a direct correlation between refusal of toilet trained and elderly people to complete toilet training (Hooman et al., 2013). Providing punishment and rewards for children when they are unable to do toilet training for children with special needs may or may not be done, because there are children who basically do not want to do it, father's education is very influential in the success of this toilet training program. Age also greatly affects the ability of children with intellectual disabilities to be able to go to the restroom independently.

5 CONCLUSION

One of the effective ways to improve personal hygiene for mentally retarded children is to provide a PHBS program with a demonstration method, especially when COVID-19 spreads, children with mental retardation must be given PHBS with the main focus on washing hands, and properly and how to use the toilet. The findings of this study illustrate that there has been an increase in test scores before and after the intervention of the PHBS program, through the demonstration method, which is carried out on children for clean and healthy lifestyle behaviors. The implication of this research is the hope that there will be many new programs that are effective in providing life skills for children with disabilities.

6 ACKNOWLEDGEMENT

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