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Personal Cleanliness for Children with Specific Needs: Scoping Review

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ABSTRACT

The increasing number of children with specific needs is one of worlds current issue. Children with specific needs face various health issue, have limitation, emotional and behavioral delays, limited intellectual development, and also little participation at school or social activity. Those issues leads to children self-relience, which one of them is personal cleanliness social support such as from family support is needed by children with specific needs so they able do their personal cleanliness. The aim of this study is to learn about how to care personal cleanliness of children with specific needs. This study using scoping review methods. Author use Boolean operators (AND, OR, NOT, or AND NOT) to trace journal in conjunction with keyword "personal hygiene" AND "children with specific needs" as for inclusion criteria journal must already indexed by Scopus at least Sinta 4 journal and in range of year 2017 until 2022. The conclusion of this study is there are high correlation between family support and personal cleanliness of children with specific needs in 11 (eleven) analyzed publications. Children with specific needs have complex issue in personal cleanliness so they needs support from their family, including their parents or kinsman and needs specific formula in their personal cleanliness education.

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Kata kunci:

Dukungan keluarga Kebersihan pribadi Anak berkebutuhan khusus

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ABSTRAK

Meningkatnya jumlah anak berkebutuhan khusus merupakan salah satu masalah kesehatan yang dihadapi sekarang ini. Anak berkebutuhan khusus menghadapi berbagai masalah kesehatan, keterbatasan, keterlambatan perilaku dan emosional, keterbatasan perkembangan intelektual, serta kurangnya partisipasi dalam kegiatan masyarakat dan sekolah. Isu-isu tersebut mengarah pada kemandirian anak, salah satunya dalam kebersihan diri. Dukungan sosial seperti bantuan dari keluarga diperlukan agar anak berkebutuhan khusus dapat melakukan kebersihan diri sendiri. Tujuan dari penelitian ini adalah mengetahui gambaran perawatan kebersihan diri anak berkebutuhan khusus Metode yang digunakan pada penelitian ini adalah scoping review. Pelacakan jurnal dengan Operator Boolean (AND, OR, NOT, or AND NOT) dengan kata sandi "personal hygiene" AND "children with specific needs". Adapun kriteria inklusi rentang tahun 2017-2022 terindeks scopus dan minimal jurnal sinta 4. Hasil dari penelitian ini adalah ada hubungan yang kuat antara dukungan keluarga dan kebersihan pribadi untuk anak berkebutuhan khusus dalam 11 makalah yang ditinjau. Kesimpulan dari penelitian ini adalah anak berkebutuhan khusus memiliki masalah yang kompleks dalam kebersihan diri sehingga memerlukan bantuan dari keluarganya, baik itu dari orang tua maupun kerabat dekatnya serta memerlukan formula tertentu dalam pendidikan kesehatan kebersihan diri.

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INTRODUCTION

Children with specific needs, often known as ABKs, are born with crippling health issues or disorders, some of which are caused by disease, injury, malnutrition, and physical, mental, intellectual, or sensory disabilities. These obstacles may limit their ability to participate in society fully. (WHO 2012).

Nearly 240 million children of age 0-17 years globally have disabilities. South Asia has the highest number of disabled children, with 64.4 million children having disabilities. The number based on 2021 UNICEF data, but nothing that there are 24% of the nation cannot provide the required data to UNICEF. (UNICEF 2021). Meanwhile, the proportion of children with specific needs in Indonesia based on Riskesdas 2018 data, especially the proportion of children with disabilities who face severe barriers aged 5-17 years, is an average of 3.3% of the total child population of 2,871,000. Central Sulawesi (7.0%), North Kalimantan (5.4%), and Gorontalo (5.4%) had the most significant percentage of disabled children, while West Sulawesi, Lampung, and Jambi had the lowest numbers of 1.4 percent respectively. (Pusdatin Kemenkes RI 2019).

According to BPS data, in 2020, around 0.79 percent of Indonesian children with disabilities, or 650000 children out of a total population of 84.4 million people. (Kementerian Pemberdayaan Perempuan dan Perlindungan Anak Republik Indonesia 2020).

According to the Ministry of Education and Tourism of Indonesia, the number of children with specific needs enrolled in Special Schools (SLB) in the 2020/2021 school year reached 144,621. Based on these data, 82,32682,326 students with specific needs are required elementary school (SD). In Junior High School, there are currently 36,884 children with specific needs. Meanwhile, there are 25,411 special education students enrolled in senior high schools.(Kementerian Pendidikan dan Kebudayaan RI 2021).

Because of this variety, children with specific needs develop the same as ordinary children in meeting their daily needs. Personal Cleanliness is one way of fulfilling ABK's life. However, their response to the stimulus differs slightly because it has physical, mental, social, and emotional limitations or specialties with a major in significant development. (Kementerian Pemberdayaan Perempuan dan Perlindungan Anak RI 2013).

Personal Cleanliness is a basic need for all human beings. Personal Cleanliness is a form of self-care used to maintain one's health. Personal Cleanliness is maintained for the individual's comfort, safety, and health. Personal cleanliness behavior is essential because it reduces exposure to diseases from the environment (Chairil & Hardiana 2017). Caring for personal cleanliness means maintaining the Cleanliness of the hair, eyes, sense of hearing, nose, mouth, nails, genital organs, and Cleanliness of appearance.

Children with specific needs have difficulty developing healthy hygiene habits because they do not have the necessary skills and are sensitive to the stimuli associated with these tasks. Physical limitations, behavioral problems, and other factors in maintaining personal cleanliness become more challenging to carry out personal cleanliness practices (Titiek et al., 2019).

For example, in a study conducted by Wuri at the Bina Grahita social center, it was found that 42 percent of children did not rub their bodies while bathing, 40 percent did not use their soap, and 54 percent did not cut their nails once a week, 48 percent did not wash their hands with soap, 42 percent did not wash their hands and feet before going to bed, 44 percent did not wash their hands after defecating. (Wuri Komalasari 2019).

With the various problems experienced by children with specific needs, their immediate environment should be the first and most trusted place for education, especially in fulfilling personal cleanliness. This study aims to understand better issues arising in personal cleanliness practices in specific needs of children and solutions proposed from various perspectives.

METHOD

This type of research is scoping review research, specifically, research that uses the method of collecting library data. Research objectives are organized using various library sources, such as journals and scientific publications related to research topics. The scoping review study aims to bring up multiple theories and ideas to solve the researcher's problem formulation.

The formulation of the problem is the first stage. To prepare for this scoping study, researchers used the PICO approach to identify research problems (P: Patients or Population are Children with Special Needs), I: Interventions (Parenting Styles), C: Comparative Interventions (Normal Children), O: Outcomes/Outputs in Children Special Needs is personal cleanliness. The PICO formula is used to search for publications in selected databases, such as PubMed, ProQuest, and Scient Direct, by using keywords. Articles published in the last five (5) years from 2017 to 2022, open access, and according to the previously mentioned PICO are included in the database search criteria.

Search using keywords and boolean operators (AND, OR, NOT, or AND NOT) to narrow the scope of journal searches and define queries, making finding the right journal or article easier. The following keywords were searched for articles on this research topic: "personal hygiene" AND "children with special needs". Data used in this study is secondary data collected from the previous studies and not from direct observation.

RESULTS AND DISCUSSION

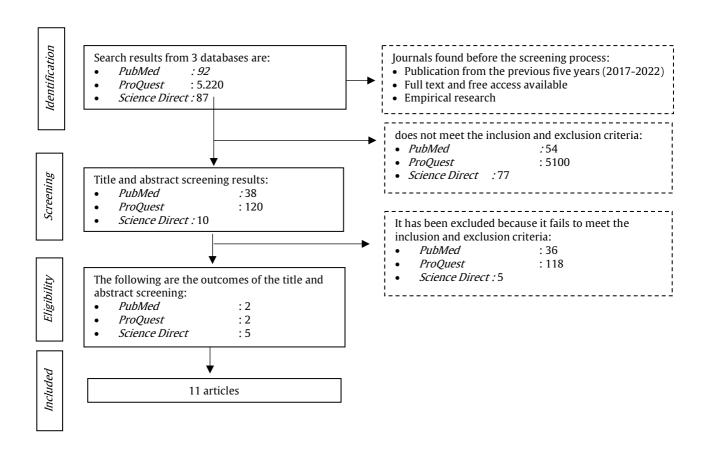


Table 1. Results of the scoping review summarized and synthesized

Author	Year	Place	Method	The outcome of the research
Putu Jenirian	2022	Indonesia	quantitative study with a	A total of 27 respondents (75.0%) had children who still needed
Brahmawido			descriptive cross-	assistance in using shampoo when washing their hair, 25
Sari, IGN Made			sectional research design	respondents (69.4%) had children who still needed help when
Kusuma				drying their hair, 23 respondents (63.9%) had children who still
Negara, IPutu				needed assistance in washing underwear, and 28 respondents
Agus Endra				(69.8%) had children who are still assisted in cleaning genitals
Susanta				while bathing.
Shinta Indah	2022	Indonesia	ADDIE development	The validation results of material experts, and media experts,
Pertiwi,			design from Branch 2010	show that the Toilet Training Tutorial for Autistic Students
Wagino,				Based on Web Format Mobile version for Teachers in Inclusive
Mudjito				Schools is appropriate for learning autistic students.
Naveen	2021	India	quantitative study with a	Statistically, a significant difference was found between the two
Katragadda,			descriptive cross-	groups based on dental status. The study group (special
Teja Mounika V,			sectional research design	children) showed a DMFT score >3 and the control group a
Tivanani			8	score of 3 in most cases. This is because oral cleanliness
Venkata Durga				maintenance was found between the two groups based on
Mahendra.				dental status, and the study group (special children) showed a
Vyshnavi				DMFT score >3 and the control group a score of 3 in most cases.
Mulakala,				This is because the maintenance of oral cleanliness is complex
Krishnam Raju				in children with special needs; there is a marked increase in
P Rajamani Raja				DMFT scores, periodontal status, and traumatic injury. In most
1				cases (61.3%), the DAI score was 26 to 30. The DAI score implies
				a definitive malocclusion where elective treatment was
				required.
Diana,	2021	Indonesia	quantitative studies using	The study results found that of the six aspects of children's life
Sunardi,			surveys	skills with special needs. They are seen when children use
Gunarhadi,			•	cutlery to clean their dishes. As for dressing skills, personal
Munawir Yusufi				cleanliness, self-awareness, security, and others, children still
				need reinforcement from parents and teachers.
Ita Pursitasari.	2020	Indonesia	quantitative study with a	The results show a significant relationship between family
Allenidekania	2020	maonesia	descriptive cross-	support and personal cleanliness in children with specific
- memackama			accerptive cross-	support and personal eleminics in emarch with specific

Allenidekania,			sectional research design	needs. In addition, there is an important relationship between
Nur Agustini [*]			.	information, instrumental, emotional, and appreciation support and the personal cleanliness of children's specific needs. The most dominant types of family support for personal cleanliness were appreciation and informational support.
Tya Juliana, Muya Barida	2020	Indonesia	quantitative research with a descriptive correlational design.	To develop children to become independent individuals, parents play an essential role in their children's cleanliness and independence. The findings of this study indicate that authoritarian, democratic, and permissive parenting all have a significant and beneficial effect on the personal cleanliness and autonomy of children with specific needs. For children with specific needs/G-AB, authoritarian, democratic, and partial permissive parenting have a significant and positive effect on personal cleanliness independence; authoritative parenting has the most influential and most positive impact on personal cleanliness independence for children with specific needs.
Dwiyanti Purbasari	2020	Indonesia	quantitative research with cross-sectional descriptive research design	There is a low and positive relationship between parental family support and the ability to maintain personal cleanliness in mentally disabled children. The wider the family assistance, the more independent the ability of mentally retarded children in maintaining personal cleanliness p-value = 0.02; = 0.05; r = 0.293.
Ni Zhou, Hai Ming Wong Colman McGrath	2019	China	quantitative research with cross-sectional descriptive research design	Three hundred seventy-nine children with SHCN received a tooth-brushing evaluation. Approximately 3% of the recruited youngsters completed the entire tooth-brushing routine independently. The kids' average number of tooth brushing steps was 4.47 3.56. Children who began cleaning their teeth before the age of one performed more tooth-brushing steps than those who started brushing their teeth after one (p = 0.029). Children who had established a regular tooth-brushing habit or children with high adaptive abilities showed higher tooth-brushing performance than their peers when age, gender, and socioeconomic status were controlled. Children who cleaned their teeth with gauze, cotton swab, or dental floss performed fewer necessary tooth-brushing steps than their classmates who had never used different cleaning methods (p = 0.038).
Titiek Hidayati, Akrom, Indri Nurasa, Erviana	2019	Indonesia	quantitative research with experimental research type: pre-experimental without a control group.	In intellectual understanding, health education with audiovisual facilities affects personal cleanliness in mentally disabled children (p <0.05) but does not affect attitudes, behavior, or self-efficacy.
Sirjana Dahal, Ashish Shrestha, Tarakant Bhagat		India	A parallel groups investigation was undertaken as part of a randomized controlled clinical trial.	There was no significant difference between the three groups (P=0.47 and 0.84, respectively) in terms of oral hygiene (mean plaque scores of 1.140.53) and moderate gingivitis (mean gingival scores of 1.120.45). There was a considerable reduction in plaque and gingivitis at the follow-up, with no significant difference between the herbal and chlorhexidine mouthwashes. However, there was a substantial difference between the placebo and the herbal/chlorhexidine mouthwashes.
Irma Ivonita Raisasari, Kusyogo Cahyo, Emmy Riyanti	2017	Indonesia	quantitative research with cross-sectional descriptive research design	Mother's habit of bathing mentally disabled children was related to knowledge, attitude (p=0.001), and sources of information (p=0.049). Meanwhile, age, education, occupation, child care, husband's support, and teacher assistance have no effect on the cleanliness practices of mothers with mentally disabled children.

DISCUSSION

These research literature evaluation results are presented in a PRISMA flow chart. In addition, there is also an overview of all articles in one presentation of an overview of practice data based on evidence-based practice. There are three (3) approaches to discussing the fulfillment of personal cleanliness demands in children with specific needs. The following is an analysis of the findings of various literature:

Personal Cleanliness Problems in Children with Disabilities

The limitations in specific needs of children are varied, depending on the deficiency they have, such as Down syndrome, which is one of the causes of intellectual disability; according to Megananda Hiranya in Primawati, people with Down syndrome usually have low levels of dental and oral hygiene. Plaque and food debris will accumulate, thus supporting the occurrence of gingivitis and

recurrent periodontal disease. (Primawati, Susilawati, and Sukandar 2019).

As many as 19.4% of children, even less than 13%, have sufficient personal hygiene independence and even less. It occurs in children with physical disabilities and with down syndrome. Children with physical limitations are children with the condition of losing all or part of their body functions, thus causing challenges in daily activities such as taking care of themselves, including personal hygiene that is still lacking. Because children with Down syndrome are more likely to have developmental problems, intellectual level, and ability to adapt to different settings and environments. They may have a lower level of personal hygiene independence.(Sari, Negara, and Susanta 2022)

Meanwhile, in the study conducted by Amanya on children with physical disabilities, namely the blind, personal hygiene that cannot be done is cutting nails as many as 59.3% of respondents from the whole, and oral and dental hygiene of 57% of the overall respondents (Fares, Shenouda, and El-Shelil 2018). In addition, there was also a problem of patients with visual impairment not being able to see a plaque on the tooth surface, resulting in inadequate plaque loss, development of dental caries, and periodontal inflammatory disease. (Dahal, Shrestha, and Bhagat 2018)

In children with intellectual disabilities, the study results showed that other factors influencing the respondents' skills in cleaning dental plaque were the primary characteristics factors of children, excellent motor skills. (Sandy, Priyono, and Widyanti 2016)

In an oral health status study conducted by Naveen et al. with the target of children with intellectual disabilities, it was stated that 87.1% of children with disabilities (study group) had periodontal problems/conditions due to poor maintenance of oral hygiene.. (Katragadda, V, and Durga Mahendra 2021).

Strengthened in research conducted by Diana et al. (2021) on the program of life skills activities for children with special needs during the COVID-19 pandemic that indicators such as brushing their teeth, urination, and defecating are still difficult for children with specific needs (Diana et al. 2021)

Whereas the study of Da Silva et al. (2017) showed that The high prevalence of periodontal disease and dental caries in patients with ASD could be associated with associations of factors, such as cariogenic diet and difficulties in oral hygiene often seen in individuals with special needs. This is due to reduced manual dexterity and the non-compliance of individuals and parents/caregivers with oral hygiene. (Da Silva et al. 2017)

Different results were found in a study conducted by Purbasari that 42 out of 63 respondents of children with mental retardation had been independent in fulfilling their cleanliness. Personal cleanliness that respondents can do is being able to do their bath, wash hair, clean reproductive organs, and clean nails, but often the body is still sticky or not pure. This is because children with intellectual disabilities and with moderate to severe development, as long as they do not suffer from acute physical illnesses, have the stamina to perform various personal hygiene tasks. As they age, children with mental problems gain expertise, allowing them to repeat personal hygiene practices every day. (Purbasari 2020).

Meanwhile, according to Titik's research, the respondents, especially children with intellectual disabilities, could perform some personal cleanliness tasks but were not yet perfect. For example, if a child enters the bathroom, they will stay there for a long time, about an hour or so, and after

taking a bath, there may be leftover soap or soap, thereby causing an unpleasant smell. (Hidayati et al. 2019)

This study differs from Rahmawati's (2021) study, which has not been able to demonstrate how blind children perform self-cleaning independently, such as taking care of hair, mouth, toenails, hands, eyes, nose, ears, and genital areas with excellent and correct steps. (Rahmawati, D. E., & Khusnal 2021)

Health Education in The Framework of Personal Cleanliness Behaviour in Children with Specific Needs

Health education about hygiene is not only a necessity for healthy children but also children with specific needs. As in Rosmawati and Surayah (2018) research on the DMF index in Children with Specific Needs with Physical Disabilities at SLB, Prof. Dr. Sri Soedewi Sofwan, SH, Jambi. After investigation, the average DMF-T index for 2016 obtained a figure of 3. It means that each child has at least three teeth affected by caries, teeth lost as a result of caries, or teeth According to the study, the caries index is low because it is caused by irregular tooth and mouth cleaning as a result of circumstances. Oral hygiene is determined by how one performs regular tooth and mouth cleaning twice a day due to a lack of promotional and prevention activities at work and dental and oral hygiene. (Rosmawati and Surayah 2018)

Appropriate strategies to offer professional health education to children with disabilities expanded. For ABK's health education, several approaches and media must be created, one of which is the audiovisual method. Audiovisual methods used for health education about personal hygiene can increase knowledge related to intimate hygiene in children with mental disabilities, according to research by Hidayati, Akrom, Nurasa, and Erviana (2019). (Hidayati et al. 2019)

Supported by the study of Nugraheni (2021) in Shinta Indah (2022), it states that video media in learning improves cognitive, life, and social skills. In addition, it also showed that behavioral changes and video use in education proved more effective for autistic children. (Pertiwi 2022)

Furthermore, according to Rahmawati & Khusnal (2017), health education with audio-visual media is the most appropriate media for school-age children. There are significant differences in personal hygiene behavior in children before and after obtaining health education through audio-visual media, with p = 0.000 (p<0.05).(Rahmawati, D. E., & Khusnal 2021)

Another form of health education for children with special needs was presented in a study conducted by Shinta Indah (2022), which noted that the tutorial Toilet training of Autistic Participants Based on the Mobile Format for Teachers at Inclusion Schools is very valid for providing convenience to learn training toilet material and potentially enable students to remember by practice directly and be able to evaluate together by viewing animated videos provided. (Pertiwi 2022)

From several existing studies, health education through counseling is also still something that should be carried out, as in the research conducted by I Gede Surya Kencana, I Made Budi Artawa, and I Nyoman Gejir (2021) that brushing skills in children with specific needs at SLB Negeri Tabanan before the intervention is carried out, namely with dental and oral health counseling is included in the category of needing guidance (55.79%) after the intervention was carried out, skills fell into the category of sufficient (46.32%). This suggests a meaningful influence between dental health

counseling and brushing skills in children with specific needs. (Rahmawati, D. E., & Khusnal 2021)

This is supported by Kupzyk and Allen (2019) in Wilbur et al. (2020), which includes recommendations for prevention, preparation, and treatment to address non-adherence to routine medical or dental hygiene in ABK. Where it is necessary to identify professional needs by conducting an in-person and brief initial visit, or "field visit," to expose the client (ABK) to dental and oral hygiene problems. (Wilbur et al. 2021)

Of the various problems faced by children with special needs, learning media that are tailored to their needs are needed. There are two types of learning resources: learning resources by design and learning resources used only for their intended purpose. Learning resources by design are learning resources specifically intended for the formal and planned learning needs of children with special needs. Meanwhile, learning resources that are only used for use are not explicitly developed for learning.(Mais 2016)

Personal Cleanliness Mentoring and Support for Children with Specific Needs

The treatment of children with specific needs presents unique challenges which require a unique approach. If children with specific needs receive appropriate teaching, especially life skills tailored to their interests and potential, children will become more independent.

With limited skills for children with specific needs, both from limited physical and mental functions, it is necessary to have incentives that increase children's willingness and interest in improving life skills in personal cleanliness care. The driving force in question is support from the immediate environment. As in the research conducted by Ita, Allenidekania, and Nur (2020), there is a relationship between family support and the ability of children with specific needs to maintain personal cleanliness at P<0.05. From the results of this study, it can be concluded that most children with specific needs who receive good family support can maintain personal cleanliness independently. (Pursitasari, Allenidekania, and Agustini 2020)

Supported by research conducted by Mesra Rahayu et al. on blind informants at SLB-A YAPTI Makassar showing that the driving factors such as a solid intention to perform personal cleanliness in the form of social support from family, peers, partners, and teachers, access to good information adequate, demonstrate independence in performing personal cleanliness. (Rahayu and Syafar 2015).

In addition, the involvement and support of other family members is also a motivation for children to be able to carry out their skills. One family support is the role of parents, as in Diana's (2021) research that parents have a role as the first and primary teacher while children are studying at home, active communication between parents and teachers in implementing the given program is an essential part of success (Diana et al. 2021).

According to research by Qomariyah et al. (2020), the dental and oral hygiene status (OHI-S) of children with specific needs at SDLB Negeri Wiradesa are in the poor group, with a total of 20 respondents (41.7 percent) and an average of 2.5 in the moderate category. Most parents with insufficient awareness know that most of their children's sanitation status is in the "poor" group. (Qomariyah, Prasko, and Nugraheni 2020). In their study, Nizhou et al. (2019) found that children's oral hygiene habits were linked to tooth-brushing activities. Brushing their teeth allowed children to practice good brushing techniques more

effectively than children who did not wash their teeth regularly (p<0.05). This demonstrates that parents of special-needs children have gone to tremendous lengths to help their children develop good oral hygiene habits (Zhou, Wong, and McGrath 2019).

Studies conducted by Alshadhan et al. (2017) show that mothers who have children with visual impairments have insufficient knowledge of maintaining oral hygiene. This is because they pay more attention to the needs of their visually impaired children so that the need for education is neglected, which leads to ignorance from mothers in terms of oral hygiene care for visually impaired children. It is undeniable that parents have a critical role in children's personal cleanliness with specific needs (AlSadhan et al. 2017).

Applying personal cleanliness to children with specific needs is also related to parenting patterns. This aligns with Tya Juliana and Muya Barida's (2020) research on children with specific needs in SLB/G-AB Helen Keller. Based on the research results, democratic parenting has a value of 0.029 (0.029<0.05) compared to 0.004 (0.004<0.05) for authoritarian parenting and 0.032 (0.032<0.05) for permissive parenting, implying that authoritative parenting has the most significant influence and the most positive influence on the personal cleanliness of children with specific needs (Juliana and Barida 2020).

Most of the parenting practices were carried out by 35 parents with moderately impaired children at SDLB YPLB Banjarmasin; namely, 25 people are authoritarian (71.4 percent). In this study, it was found that parents who adopted a more authoritarian parenting style did not give their children the desired freedom, rarely gave gifts or praise for their achievements, and often limited their children's ability to do whatever they wanted (Dewi 2017).

Each type of parenting has characteristics. In authoritarian parenting, parents educate and raise children by using strict controls, making rules and prohibitions that children may and cannot do, and providing punishment if children are guilty. This encourages children not to depend on their parents emotionally and transfer it to peers, make decisions, take responsibility, and not be easily influenced by others (Juliana and Barida 2020).

Meanwhile, democratic parenting, according to Baumrind, is a parenting style that emphasizes the child's interests while being realistic about the child's abilities and refraining from expecting too much from the child. This situation allows children to learn responsibly, develop and have their initiative, and allows independent learning to grow children's self-confidence (Albar and Andriani 2021).

Permissive parenting is a parenting style in which parents are actively involved in their children's lives but have little control or boundaries over them. These children are usually unable to be independent. They have low self-esteem, are immature, and are generally alienated from their families (Juliana and Barida 2020).

The type of parenting style is also related to the ability of mentally disabled children in personal cleanliness, as in Katmini and Syakur's research on mentally disabled children at the SLB Putra Asih Kediri Foundation, where non-authoritarian parenting has a more significant influence on the ability of daily living activities, such as the ability to take care of oneself (Katmini and Syakur 2020).

Other things can make children with specific needs independent regarding personal cleanliness care, namely appreciation from those around them. Like the research results from Ita (2020), support in the form of awards has a significant relationship with increasing personal cleanliness

care for children with specific needs. (Pursitasari, Allenidekania, and Agustini 2020). Supported by previous research from Friedman (2013) that appreciation support from the family can improve the psychosocial status of all family members so that children with specific needs who receive encouragement and praise will feel helpful and experience increased self-esteem, so they are motivated to maintain personal cleanliness (Friedman and Marlyn 2013).

LIMITATIONS OF THE STUDY

The limitation in comparing articles is that the scope is too broad and assessing the personal cleanliness of children with specific needs requires more detailed planning.

CONCLUSIONS AND SUGGESTIONS

Conclusion

Children with specific needs have various limitations, so they need help from their families, both from their parents and close relatives, in carrying out self-care. With their families' help, children with specific needs can care for themselves independently, enabling them to experience a normal childhood.

The role of parents in developing emotional closeness and fostering an upbeat personality in children with specific needs can be realized in the form of understanding children's feelings, accepting children's thoughts, taking children's physical and mental conditions, and helping children better understand themselves and helping in overcoming difficulties experienced.

Suggestion

A potion on health education for children with specific needs is required for personal cleanliness involving various sectors.

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ETHICAL CONSIDERATIONS

Not available

Conflict of Interest Statement

This essay is written with no conflict of interest.

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