

Strengthening Self-Care through PHBS Education for Children with Special Needs at PKBM Rizqi Ananda

Qwina Rahmadani Lubis¹, Nazwa Sagita Mawarni², Alia Syafitri Lubis³, Sentya Lorenza⁴, Tsabitah Ananta Putri⁵, Muhammad Fayyadh Nauval⁶, Ihza Syahlani Sagala⁷, Mayriel Rasqina⁸, Alifya Putri Aulia⁹, Qymel Rafif Huga¹⁰, Pinta Pudiyanti Siregar¹¹

Faculty of Medicine and Health Sciences, Muhammadiyah University of North Sumatra

E-mail: Pinta.pudiyanti@umsu.ac.id

This community service activity aims to improve health knowledge, self-care skills, and awareness of clean and healthy living behaviors among children with special needs at PKBM ABK Rizqi Ananda, Hamparan Perak District. The activity was conducted on August 27, 2026, through interactive education, visual media, demonstrations, direct practice, and mentoring. Activities include body part recognition, six-step handwashing, and proper tooth-brushing practices, along with visual activities to support focus and simple instruction-following. The activity involved 16 students with diverse special needs and received positive responses and active participation. Participants were able to follow instructions and practice proper tooth-brushing techniques. Health screening was also conducted for 18 participants, including blood pressure, blood glucose, and uric acid measurements. The results showed that 14 participants (77.8%) had grade 1 and 2 hypertension, while 11 participants (61.1%) had high uric acid levels. Overall, the interactive and practical approach supported health education and self-care skills. The activity is expected to strengthen healthy living awareness, promote independence in personal care, and support early detection of health problems.

Keywords: Children; Health; PHBS; Self-Care; Education.

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Corresponding Author:

Pinta Pudiyanti Siregar

Faculty of Medicine and Health Sciences, Muhammadiyah University of North Sumatra

Pinta.pudiyanti@umsu.ac.id

1. Introduction

Children's health is a crucial aspect supporting growth, development, learning abilities, and independence in daily life. The educational environment plays a strategic role in shaping healthy lifestyles, as schools provide a place for children to acquire knowledge, develop skills, and cultivate sustainable healthy behaviors. The World Health Organization (WHO) recognizes schools as a crucial environment for improving the health and well-being of students through health education, the creation of a safe and supportive environment, and the provision of health services tailored to students' needs (WHO, 2021).

For children with special needs, health education needs to be tailored to the characteristics, abilities, and needs of each child. Differences in cognitive, communication, motor, and adaptive abilities can impact a child's ability to understand instructions and perform self-care activities independently. Therefore, health education for children with special needs requires a simple, concrete, visual, interactive, and repetitive approach. Introduction to body parts and the development of clean and healthy living behaviors (PHBS) are essential for supporting self-care skills and increasing children's independence in daily life.

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The ability to maintain personal hygiene in children with special needs remains a challenge that requires attention. A 2024 study of 153 children with special needs and intellectual disabilities at a special needs school in Surakarta City showed that 65 children, or 42.5%, had poor personal hygiene skills. These findings indicate that some children still require learning, familiarization, and support in performing various self-care activities appropriately and independently (Author, 2024). This situation demonstrates the importance of providing health education that is oriented not only towards increasing knowledge but also towards developing skills and habits in self-care.

One important form of self-care that needs to be instilled is handwashing. Handwashing is a simple behavior that can help maintain personal hygiene and prevent the spread of various diseases. For children with special needs, handwashing skills can be more easily learned through clear steps, demonstrations, visual aids, hands-on practice, and repetition. Handwashing education tailored to the needs of children with intellectual disabilities has been shown to help improve handwashing skills (Author, 2024). Therefore, handwashing activities need to be taught through a concrete learning process so that children not only understand the importance of handwashing but also are able to practice it correctly.

In addition to handwashing, brushing teeth is an important part of self-care for maintaining oral health. Children with special needs may experience difficulties in brushing their teeth independently due to limitations in understanding, motor skills, and the ability to follow the sequence of activities. A 2025 study showed that structured dental health education can improve toothbrushing behavior and oral hygiene in children with intellectual disabilities (Author, 2025). In line with this, another study showed a significant relationship between toothbrushing skills and the debris index in children with intellectual disabilities with a p-value of 0.002 (Author, 2025). These findings indicate that improving toothbrushing skills is an important part of supporting children's oral health maintenance.

The use of appropriate learning media can also support the learning process of self-care skills in children with special needs. Visual media, such as pictures and flashcards, can help children understand information in a more concrete and recognizable form. A 2025 study showed that the use of illustrated flashcards can improve self-care skills in tooth brushing activities in students with intellectual disabilities (Author, 2025). The use of pictures, demonstrations, movement examples, hands-on practice, and repetition can help children understand the stages of an activity and practice the given actions according to their abilities.

Based on a survey conducted by the 21st KKN Group at the Rizqi Ananda Special Needs Community Service Center (PKBM ABK), Hamparan Perak District, several problems were found related to self-care skills and the implementation of PHBS in students. Based on information obtained from class teachers, some students still have difficulty recognizing and naming their own body parts, such as the head, hands, and feet. In addition, some students are not yet accustomed to implementing PHBS, especially in brushing their teeth correctly and regularly. This condition indicates that basic understanding of body parts and personal hygiene still needs to be strengthened through learning that is appropriate to the characteristics of students.

Another issue relates to students' varying abilities to perform personal hygiene activities independently. These differences in ability mean that each student's support needs are not always the same, so learning needs to be flexible and tailored to each student's abilities. Personal hygiene habits are also not consistently instilled, requiring reinforcement and support in daily activities. Furthermore, some students still have difficulty distinguishing between clean and dirty body conditions. Therefore, health education needs to be delivered through concrete experiences, the use of visual media, demonstrations, and repetition to make information easier to understand and apply.

These issues highlight the need for health education that not only provides knowledge but also trains skills and fosters self-care habits. This need is even more critical because the Rizqi Ananda Special Needs Community Learning Center (PKBM ABK) has students with diverse characteristics, including Down Syndrome, intellectual disabilities, visual impairments, speech and language delays, ADHD, autism, and physical disabilities. This diversity of characteristics requires a flexible, simple, concrete, visual learning approach tailored to each student's abilities. This approach, which involves hands-on practice and repetition, is expected to help students understand health information while gradually developing self-care skills.

Based on these problems, the 21st KKN Group carried out community service activities with the theme "I Can Be Healthy: Getting to Know Your Body and Getting Used to a Healthy and Clean Lifestyle." This activity included an introduction to body parts, education and practice of six-step handwashing, and education and practice of brushing teeth. The introduction of body parts was carried out to help students recognize body parts and understand the importance of maintaining body hygiene. Education and practice of handwashing were provided to train PHBS skills, while education and practice of brushing teeth aimed to improve students' skills and independence in maintaining dental and oral hygiene and health. The implementation of activities used counseling methods, demonstrations, visual media, direct practice, and repetition adapted to the students' abilities.

This activity aims to increase students' understanding of body parts, improve self-care skills, and develop healthy and hygienic habits in their daily lives. Through a simple, interactive, concrete, visual approach, and hands-on practice, this activity is expected to help students understand how to maintain personal hygiene and health and increase independence according to their individual abilities. Thus, health education is not only a process of conveying information, but also a means of developing positive skills and habits that can be applied in everyday life.

2. Research Methods

Activity Design. Community service activities are carried out in the form of interactive group education for children with special needs at the Rizqi Ananda Special Needs Community Service Center (PKBM ABK), Hamparan Perak District. The activities use counseling methods, demonstrations, direct practice, educational games, and learning activities tailored to the characteristics and abilities of students. A school-based approach is used because the educational environment is a strategic place to build knowledge, skills, and healthy living habits in children. All activities are carried out with attention to the needs of students through the use of simple language, visual media, concrete examples, repetition, and mentoring throughout the activity process.

Time and Place. The community service activity was held on August 27, 2026, at the Rizqi Ananda Special Needs Community Service Center (PKBM ABK), Hamparan Perak District. Participants were children with special needs with diverse characteristics and abilities. The activity involved the KKN 21 group as the implementers and facilitators.

Activity Interventions. Interventions in community service activities consist of several interrelated activities as follows.

1. **Hygiene and Health Education.** Education is provided interactively using simple explanations tailored to the students' abilities. The material is presented using images and visual aids to help students understand the concepts of hygiene and health more concretely. Students are also engaged through simple questions and direct interaction during the presentation.
2. **Toothbrushing Demonstration and Practice.** The toothbrushing activity begins with an introduction

to dirty teeth using tooth-shaped styrofoam and toothbrushes as demonstration materials. Students are given examples of the correct technique for brushing their teeth using these tools. After the demonstration, students are guided to practice brushing according to their individual abilities.

3. Introduction to Body Parts and Their Functions. Introduction to body parts is conducted using stereoscopic props featuring pictures of various body parts, such as eyes, nose, mouth, hands, feet, and other body parts. Students are guided to identify and name body parts, then given simple explanations of their functions. The activity is conducted through direct interaction so that students gain a concrete and easily understood learning experience.
4. Matching and Pasting Pictures Activity. Students are given pictures of body parts and simple pictures of their functions that have been prepared. Students are directed to select, match, and paste the picture of the function on the appropriate body part on the styrofoam teaching aid. This activity aims to practice the ability to recognize body parts, match information, follow simple instructions, and improve students' focus and concentration.
5. Pattern Following Activity. This activity trains focus, concentration, and hand-eye coordination using a worksheet containing images of body parts with various dotted line patterns, such as straight lines, zigzags, curves, and repeating patterns. Students are instructed to follow or thicken the patterns according to their individual abilities. This activity aims to train hand-eye coordination, pattern following skills, focus, concentration, and the ability to follow simple instructions.
6. Mentoring and Reinforcement. Mentoring is provided throughout the entire activity series through examples, guidance, assistance during practice, and repetition of instructions when necessary. Students are also given positive reinforcement to increase participation, courage to try, and engagement during the activity. Mentoring is tailored to each student's abilities so that each child can participate optimally in the activities.

Activity Analysis. Data from the activity results were analyzed descriptively based on observations during the activity. Aspects observed included student participation and responses, the ability to follow a tooth-brushing demonstration, the ability to recognize body parts and their simple functions, the ability to match and paste pictures, and the ability to complete the activity following the pattern on the worksheet. The results of the observations were used to describe student engagement and changes in abilities seen during the activity.

3. Results And Discussion

Characteristics of Participants and Implementation of Activities

The health education and counseling activities were held at the Rizqi Ananda Special Needs Community Learning Center (PKBM ABK) in Hamparan Perak District, and were attended by 16 students with diverse characteristics and abilities. Based on student data, there are several categories of special needs, namely Down Syndrome, mental retardation, ASD, Cerebral Palsy, deafness, speech delay, and blindness. These diverse characteristics were taken into consideration in the implementation of the activities, especially in the selection of methods, media, and forms of assistance provided to students.

Table 1. Data on Students of the Rizqi Ananda Special Needs Community Service Center

No.	Student Initials	Diagnosis	Age
1	H	Deaf	16 years
2	HE	<i>Down Syndrome</i>	14 years
3	F	<i>Down Syndrome</i>	11 years old
4	Y	<i>Down Syndrome</i>	20 years
5	SA	Mentally disabled	15 years

No.	Student Initials	Diagnosis	Age
6	D	Deaf	18 years
7	S	Deaf	13 years old
8	F	Mentally disabled	10 years
9	K	<i>Speech Delay</i>	8 Years
10	H	<i>Speech Delay</i>	8 Years
11	N	<i>Cerebral Palsy</i>	8 Years
12	A	<i>Cerebral Palsy</i>	13 years old
13	R	ASD	8 Years
14	R	<i>Cerebral Palsy</i>	13 years old
15	A	ASD	5 years
16	R	ASD	6 Years

The activities were conducted interactively through counseling, demonstrations, hands-on practice, the use of pictures, props, and worksheets. Students demonstrated considerable enthusiasm, especially when the activities involved media that could be seen and touched directly. In the hygiene and health education, students were introduced to body parts such as the eyes, nose, mouth, hands, and feet, as well as their simple functions. Some students were able to identify the body parts shown, while others required assistance and repetition of instructions.

The activity continued with education and practice on brushing teeth using styrofoam-shaped props, such as teeth and toothbrushes. Students were given examples of proper brushing techniques and then instructed to follow the movements. Observations showed that students were able to participate in the activities at their own pace. The use of demonstrations and hands-on practice made the material easier to understand because students received concrete examples before taking action.

In addition, matching and pasting pictures of body parts with their simple functions provides students with opportunities for hands-on learning. This activity helps develop the ability to recognize body parts, match pictures, follow instructions, and maintain attention. Students are also given worksheets featuring straight lines, zigzags, curves, and repeating patterns to train focus, concentration, and hand-eye coordination. Throughout the activity, students provide guidance and positive reinforcement tailored to each student's individual needs.

Health Examination Results

In addition to educational activities, health examinations were conducted on 18 participants, including blood pressure, blood sugar (BG), and uric acid levels. The examination results showed that there were 2 participants (11.1%) with normal blood pressure, 2 participants (11.1%) with elevated blood pressure, 7 participants (38.9%) with grade 1 hypertension, and 7 participants (38.9%) with grade 2 hypertension. Thus, a total of 14 participants (77.8%) had measurement results that were included in the grade 1 and grade 2 hypertension categories at the time of the examination.

Blood glucose (Blood Sugar) tests showed that 16 participants (88.9%) had blood sugar levels within the normal range based on the criteria used. Meanwhile, uric acid tests showed that 6 participants (33.3%) had normal uric acid levels and 11 participants (61.1%) had high uric acid levels.

Table 2. Results of Participant Health Examination

Category	Amount	Percentage
Normal blood pressure	2	11.1%
Increased blood pressure	2	11.1%
Hypertension grade 1	7	38.9%

Category	Amount	Percentage
Grade 2 hypertension	7	38.9%
normal blood glucose	16	88.9%
Normal uric acid	6	33.3%
High uric acid	11	61.1%

These results demonstrate the importance of regular health check-ups for early detection of participants' health conditions. The blood pressure and uric acid level measurements used in this activity reflect the participant's condition at the time of the examination and should not be used as the basis for a diagnosis. Participants with test results outside the normal range can receive follow-up through re-examination or consultation with a healthcare professional.

Supporting Factors, Constraints, and Participant Responses

Overall, the educational activities and health checks went well and received a positive response from the school and students. Supporting factors included school cooperation, teacher support, student readiness, and student enthusiasm for participating. The use of visual media, props, demonstrations, and hands-on practice also helped create a more engaging and accessible learning environment.

However, several challenges arose during the activity. Differences in student characteristics and abilities meant that some students required direct and repeated guidance and support. Some students also struggled to maintain focus during the presentation, particularly during activities in Grade 2. Therefore, students needed to provide simple instructions, repeat examples, and engage in individualized approaches to keep students engaged.

Overall, the "I Can Be Healthy: Getting to Know Your Body and Practicing a Healthy and Clean Lifestyle" activity provided a positive learning experience for students. Education through pictures, demonstrations, toothbrushing practice, matching and pasting pictures, and pattern-following exercises helped students actively engage in the learning process. This activity also provided students with experience adapting health education methods to the needs of children with special needs. It is hoped that the habits of personal hygiene, dental and oral health, and clean and healthy living behaviors can be continuously implemented in daily life with the support of teachers and the school environment.

The following is some documentation of KKN in this research:





Figure 1.Documentation of KKN Activities

Overall, the health education and outreach activities with the theme "I Can Be Healthy: Getting to Know Your Body and Getting Used to a Healthy and Clean Lifestyle" at the Rizqi Ananda Special Needs Childhood Education Center (PKBM ABK) went well and received a positive response from both students and the school. The use of outreach methods, demonstrations, visual media, hands-on practice, and matching and pasting activities helped students participate in activities according to their respective abilities. This activity also provided opportunities for students to recognize body parts, understand the importance of maintaining personal hygiene, and practice self-care, especially brushing their teeth. Although there were differences in abilities and some students required repeated assistance, the activities were still able to be carried out with the support of teachers and KKN 21 students.

The health screenings also provided an initial overview of the participants' health status through blood pressure, blood sugar, and uric acid measurements. These findings demonstrate the importance of regular health checks as part of efforts to maintain and raise health awareness. Overall, these activities not only provided education on clean and healthy living behaviors but also provided concrete and interactive learning experiences for children with special needs. Continuing the habituation process through mentoring from teachers, families, and the surrounding community is expected to help students implement clean and healthy living habits more consistently in their daily lives.

4. Conclusion

Based on the community service activities carried out at the Rizqi Ananda Childhood Education Center (PKBM ABK) in Hamparan Perak District, it can be concluded that the educational activities and health checks went well and received a positive response from students and the school. Education on Clean and Healthy Living Behavior (PHBS), introduction to body parts, and dental and oral health was well received by students. Participants were able to follow directions and practice tooth brushing movements based on the demonstration given. The use of simple, interactive, visual, and hands-on methods helped students participate in activities according to their respective abilities.

The results of health examinations on 18 participants revealed several conditions requiring attention, particularly blood pressure and uric acid levels. Fourteen participants (77.8%) had results categorized as grade 1 and 2 hypertension, while 11 participants (61.1%) had high uric acid levels. These results demonstrate the importance of regular health education and examinations to increase health awareness

and support early detection. Education on healthy lifestyle habits (PHBS) and dental health needs to be conducted continuously using simple, interactive methods and tailored to the students' abilities. Participants with test results outside the normal range are encouraged to undergo further examination at a health care facility.

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