

Parental Involvement in the Implementation of Personal Hygiene Practices for Students with Special Needs

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Abstract: This study aims to identify the level of parental involvement in the implementation of personal hygiene practices for children with special needs in Klang district. This study used a quantitative design, a survey study that utilized questionnaire method in data collection. The questionnaire instrument used in this study was taken from the previous study and modified according to the research objectives. The reliability value for the instrument was 0.87 and this instrument had been validated by two experts in the field of special education and language. The questionnaires were distributed using Google Form to the target parents. A total of 100 parents were selected by simple random sampling as respondents. Data obtained through the questionnaires were analyzed using 'Statistical Package for the Social Science' (SPSS) version 23.0 in the form of descriptive analysis. The findings showed that the total mean score for the knowledge level of parents was 4.70 which was very high. Meanwhile, the mean score level for the parental involvement in the personal hygiene care of students with special needs was 4.47, which was also very high. The findings also showed that there was a significant relationship between the knowledge and practice of parents in the hygiene care of special needs students. In conclusion, the level of parental involvement was very high in the hygiene practice of students with special needs in Klang district. It is hoped that this study can increase the awareness of personal hygiene among students with special needs through the role played by the parents.

Keywords: knowledge of personal hygiene, parental involvement, students with special needs.

INTRODUCTION

Personal hygiene practices are important in maintaining and developing the physical and health of an individual (Çelik & Yüce, 2019). According to Nur Anieqah and Suziyani (2019), personal hygiene is a set of practices associated with the preservation of health and a healthy living. Preservation of health is important to prevent any dangerous diseases such as hand, foot and mouth disease (HDFM), measles, dental caries, diphtheria and so on. Hygiene also ensures that students have a strong immunity to fight infectious diseases such as the pandemic influenza, which is an emerging flu virus that has never circulated before. These influenza viruses have the ability to mutate or exchange genetic material between various influenza viruses. Subtype a Influenza virus is easily spreadable among humans. Therefore, good hygiene practices can reduce the risk of students to be infected with dangerous life-threatening diseases.

This study is important to be conducted because it has a great impact especially on children with special needs, teachers, parents, families, schools, and the local community. Studies on parental involvement are very important to help the relevant parties to determine the best policies for the students in school. According to Nor Maisarah and Shahlan (2018), parental involvement can help them understand the curriculum and activities that children learn. Parents' knowledge in their child's education at school will help them make decisions about their child's education at home. In the special education curriculum of students with learning

difficulties, they are exposed to self-management subject. In this subject, they will be taught to practice personal hygiene by bathing, brushing teeth, washing hands and so on. The activity will be more effective if the parents also enforce this practice at home as a mandatory routine.

Recently, the world was shocked by the latest discovery of the corona virus or better known as COVID-19. The virus has caused thousands of people to lose their lives around the world. Unattended hygiene aspects are said cause the pandemic virus. According to WHO (2020), Covid-19 is an infectious disease caused by the recent discovery of a strain of corona virus, a type of virus that will cause lung infections in humans. The virus is very contagious through respiratory droplets or contact. According to the MySejahtera website (2020), those at risk for COVID-19 infection are children, the elderly aged 65 and above, patients with chronic diseases as well as patients with low immunity and pregnant women. So, children need to be cared for as best as possible to prevent them from becoming the victims of COVID-19 infection.

Poor health among school students is due to the lack of awareness about personal hygiene (Sarkar 2013). Children with special needs suffer many things especially because of their lack of ability to take care of themselves including personal hygiene (Ola et al, 2019). Children should be taught about personal hygiene as it affects their health (Damayanthi & Ranganatha 2017). In some cases, children with special needs had a higher risk for infection and developing more dangerous diseases as a result of Covid-19 (UNICEF 2020). Personal hygiene practices provide a framework that can be used to maintain lifelong personal health. Clearly, personal hygiene practices should be nurtured in children with special needs to ensure a healthier and better life quality.

Schools are the best place in shaping children's personal hygiene practices at an early stage (Ebru & Zeyneb 2019). Nevertheless, parental involvement in early childhood intervention is a manifestation of cooperation that has a positive impact on the social development of children's academic success (Faradilla & Rosadah, 2017). Child hygiene interventions should be performed at an early age. This is because children early education about personal hygiene at an appropriate age helps to reinforce this practice in their minds. Parents and teachers should work together to inculcate personal hygiene practices in children.

Children with special needs have problems managing themselves. However, parents should be responsible for applying routine personal hygiene to the children with special needs by ensuring that the children clean themselves at home before going out to school. The application of routine personal hygiene for students with special needs will give them more comfort and health. Parents should not leave it entirely to the school to manage their child's personal hygiene. Parental involvement in pupils' education begins at home with parents providing a safe and healthy environment, appropriate learning experiences, support and a positive attitude towards school (Masa & Mila 2017).

This study was conducted with the aim of finding out the level of parental involvement in the implementation of personal hygiene practices for students with special needs. The specific objectives of this study are as follows: a) to identify the knowledge level of parents in the implementation of personal hygiene practices for students with special needs according to family income; b) to identify the level of parental practice in the implementation of personal hygiene practices for students with special needs according to gender; and c) to study the relationship between the knowledge and practice of parents in personal hygiene of students with special needs.

Hoover-Dempsey & Sandler et al. (2005, Feng Lui et al. 2010) have proposed four types of parental involvement namely parental encouragement, parental modeling, parental reinforcement and parental instruction. Parental affective support to engage students in school or learning-related activities is the focus of parental encouragement (Hoover-Dempsey &

Sandler 2005, Feng Lui et al. 2010). Parental modeling is related to the learning that students can gain from parental pro-social behaviors. Parental reinforcement focuses on “parental reinforcement behaviors that act to develop and maintain student attributes associated with positive learning outcomes” (Hoover-Dempsey & Sandler 2005, Feng Lui et al. 2010). Parental instruction occurs in social interactions between parents and child during engagement activities when the parties engage in shared thinking related to learning strategies, processes, outcomes, and engage in the educational strategies (Hoover-Dempsey & Sandler 2005, Feng Lui et al. 2010).

METHOD

This study used a survey quantitative design. The study population used is parents of children with special needs who participate in special education integration programs for learning difficulties in national (SK) or national type (SJKC) primary schools in Klang, Selangor. This study uses a sample consisting of 100 parents of students with special needs in Klang district who were selected by simple random sampling method. Researchers have used the studies of Rajendran (2001), Habib (2005), Zahara and Nik Azleena (2007), Sukiman, Noor and Uzi (2013) as well as Nur Anieqah and Suziyani Mohamed (2019) in the construction of the questionnaire instrument. The instrument of this questionnaire was also linked to the Hoover-Dampsey parental involvement mechanism model which was modified according to the objectives of the study as well as the views of expert supervisors in the field. This questionnaire instrument had three parts, namely parts A, B and C. Part A had 6 items about the demographic information of the respondents. Part B contains 15 items that aimed to identify the level of parental involvement in the aspects of knowledge on children's personal hygiene. Section C also had 15 items regarding parents' practices on children's personal hygiene. Sections B and C used a 5-point Likert scale.

Data were analyzed using Statistical Package for the Social Sciences software. Based on the mean score value, an analysis of the respondents' answer scale was formed. The level of each dimension obtained based on the mean score value will determine the mean range according to Table I. The researcher analyzed the standard deviation and score to see the level of knowledge and practice of parents. Spearman test data were analyzed inferentially between the levels of parental knowledge and the level of parental practice in the personal hygiene care of children with special needs. The following is a table of analysis of the study data.

Table 1. The Levels by the Mean Score Value

Mean Score	Level
1.00 – 1.89	Very low
1.90 – 2.69	Low
2.70 – 3.49	Moderate
3.50 – 4.29	High
4.30 – 5.00	Very high

RESULT AND DISCUSSION

Result(S)

Respondent background

Table 2 shows a study of 100 respondents who answered the questionnaire that was distributed online using Google Forms. The majority of respondents were male which was 68 (68.0%) compared to 32 females (32%). The children age group showed that children between 9 to 12 was the most which was 69.0%, followed by the age 7 to 9 which was 25% and only 6% comes from the age group of 13 to 15. Most of the respondents (59%) were self-employed,

28% worked at the private sector and 13% worked for the government. Household income items showed that only 2 people had an income less than RM1000, 18 people had an income between RM1000 to RM2000, 30 people had an income between RM2000 to RM3000 and 50 people had an income above RM3000. The last item which was parental education showed that most parent which were 38 had an STPM and below, followed by diploma (35 people), degree (24) and the least was the master's degree which was only two people (2%).

Table 2. Profile of Study Respondents

Items	Respondent	Frequency	Percentage (%)
Relationship	Father	15	15.0
	Mother	85	85.0
Child Gender	Male	68	68.0
	Female	32	32.0
Age Group	7 – 9 Years Old	26	26.0
	10 – 12 Years Old	68	68.0
	13 – 14 Years Old	6	6.0
Occupation	Government	15	15.0
	Private	28	28.0
	Self-employed	57	57.0
Income	Less than RM1000	2	2.0
	RM1000 – RM2000	18	18.0
	RM2000 – RM3000	31	31.0
	More than RM3000	49	49.0
Education level	STPM	39	39.0
	Diploma	35	35.0
	Degree	23	23.0
	Masters	3	3.0

Parental knowledge level in personal hygiene practice

Table 3 showed the result of a descriptive analysis of the knowledge level of the parents about personal hygiene care of students with special needs. The table shows that the level of knowledge of parents on personal hygiene care of students was 'very high' for each item, which was more than 4.30 except for item B10 which was 'high' (3.5 - 4.29) based on the level of mean score value (Table 1). Items B2 showed the highest mean of 4.97, in which most parents strongly agreed that personal hygiene is able to maintain human health. Meanwhile, the lowest mean was B10 (4.17), for the statement '*Infectious diseases spread rapidly in a closed environment such as in schools.*'

Items that also had a high mean of 4.93 were B5; '*Washing hands with soap can kill bacteria and germs*', B11 '*Children need to take a bath after doing any outdoor activities*' and B12 '*The basics of personal hygiene starts at home.*' Three items recorded the mean of 4.90 namely B1 '*Personal hygiene includes taking care of the body, clothing and environment*', B3 '*Educating children on the basic knowledge of personal hygiene is important in order to reduce the risk of infection*' and B6 '*Personal hygiene can prevent the spread of infectious diseases*'.

Meanwhile, B4 '*Personal hygiene is important in increasing self-confidence in a child*' recorded a mean of 4.87 followed by 4.7 for item B9; '*Hand, foot and mouth disease (HFMD) is one of the infectious diseases among children aged six years old and below*'. Statement B14 which was '*Children should use toothbrushes that are small in size and appropriate to the size of the teeth*' recorded a mean of 4.6. Items B7 and B8 also had the same total mean value of 4.57. Items B15; '*nail cutting should be done at least once a week*' and B13, '*dental examination should be done every 6 months*' recorded a mean value of 4.53 and 4.50 respectively.

The overall mean score for the level of knowledge of parents in the personal hygiene care of students with special needs was 4.70 with a standard deviation of 0.32, which indicated a very high level because it exceeds 4.30. Based on these findings, the majority of respondents had a high level of knowledge in the aspects of personal hygiene of their children. The findings of this study are in line with the study of Nur Anieqah & Suziyani (2019) and Meher & Nimonkar (2018) who argued that the level of knowledge of parents is high in personal hygiene. The findings of this study contradict the study of Ali et al. (2013) that oral and nail hygiene care is the weakest among children. The main sources of information on the basics of personal hygiene are through family, friends and school teachers (AlBashtawy 2015). Thus, this statement emphasizes on the importance of the role of parents in the personal hygiene of children.

Table 3. Descriptive analysis of knowledge level

No	Knowledge Items	Mean	Sd	Interpretation
1	Personal hygiene includes taking care of the body, clothing and the environment.	4.93	0.29	Very High
2	Personal hygiene is able to maintain human health.	4.88	0.43	Very High
3	Educating children about the basic knowledge of personal hygiene is important in order to reduce the risk of infection.	4.95	0.22	Very High
4	Personal hygiene is important in increasing self-confidence in a child.	4.87	0.34	Very High
5	Washing hands with soap can kill bacteria and germs.	4.85	0.36	Very High
6	Personal hygiene can prevent the spread of infectious diseases.	4.91	0.29	Very High
7	Most childhood infectious diseases are related to personal hygiene.	4.54	0.67	Very High
8	Diarrhea, skin diseases and dental diseases are diseases that are often closely linked to poor personal hygiene.	4.58	0.62	Very High
9	Hand, foot and mouth disease (HFMD) is one of the most common infectious diseases among children aged six years and below.	4.50	0.72	Very High
10	Infectious diseases spread rapidly in enclosed environments such as in schools.	4.20	0.87	High
11	Children need to take a shower after doing any outdoor activities	4.78	0.46	Very High
12	The basics of personal hygiene starts at home	4.86	0.40	Very High
13	Dental check-ups should be done every 6 months	4.49	0.63	Very High
14	Children should use a toothbrush that is small in size and suitable for the size of the teeth	4.61	0.53	Very High
15	Nail trimming should be done at least once a week	4.61	0.63	Very High
	Average Mean	4.70	0.32	Very High

These findings were further analysed using Kruskal Wallis test to answer Question 1. Question 1: What is the knowledge level of parents in the implementation of hygiene practices for students with special needs according to family income? H_0 : There is no difference in the knowledge level of parents in the implementation of hygiene practices of students with special needs according to family incomes. H_a : There is a difference in the knowledge level of parents in the implementation of hygiene practices of students with special needs according to family incomes.

The Chi-Square analysis shows the value is 3.27 with Asymp. Sig is $0.35 > 0.05$. Therefore, there is no difference in the level of knowledge of parents in the implementation of hygiene

practices of students with special needs according to family income. So H₀ is accepted and H_a is rejected.

The Level of Parental Practice in Personal Hygiene Care of Students with Special Needs

Table 4 shows a descriptive analysis of parental personal hygiene practices of students with special needs. The table showed the level of parental practice in personal hygiene of students was 'very high' for each item, which was more than 4.30 except items C1, C3 and C4 which were at a level of 'high' (3.5 - 4.29) based on the level of mean score value (Table 1). Items C8 showed the highest mean of 4.83; most parents strongly agreed that they applied the practice for children to wash their hands after playing on the ground and touching animals. Meanwhile, the lowest mean was C3 (3.84), for the statement '*Undergoing a dental check-up every 6 months*'.

Table 5. Descriptive analysis of parental practice levels

No	Practice Items	Mean	Sd	Interpretation
1	I change new toothbrushes for my kids every 3 to 4 months	4.21	0.96	High
2	I encourage my children to brush their teeth at least twice a day	4.55	0.69	Very High
3	I have a dental checkup every 6 months	3.84	0.86	High
4	It take at least a minute each time they brush their teeth.	4.00	0.84	High
5	I prepare fluoridated toothpaste while brushing the teeth	4.34	0.74	Very High
6	I instruct the child to bathe at least once using soap after doing outdoor activities	4.51	0.81	Very High
7	Hand washing has five steps	4.46	0.66	Very High
8	I make sure my children wash their hands after playing on the ground and touching animals	4.83	0.43	Very High
9	I make sure my children wash their hands with soap before eating	4.65	0.56	Very High
10	I make sure my children washes their hands with soap after eating	4.65	0.53	Very High
11	I provide private towels for the child	4.76	0.49	Very High
12	I encourage children to change their dirty clothes after sweating	4.63	0.58	Very High
13	I encourage my children to wash their hair at least twice a week using hair shampoo	4.49	0.81	Very High
14	Children are taught not to share personal equipment such as hairbrushes, hats	4.49	0.69	Very High
15	I teach my children to use handkerchiefs or tissues while sneezing.	4.66	0.56	Very High
	Average Mean	4.47	0.42	Very High

The items that also had the second highest mean of 4.76 were C11 '*Using private towels and not sharing it*', followed by C15 for items '*Using handkerchiefs or tissues while sneezing*'. Two items that recorded a mean of 4.65 were C9 '*Washing hands with soap before eating*' C10 for items '*Washing hands with soap after eating*'. Items C12 '*Encouraging children to change dirty clothes after sweating*' recorded 4.63, followed by items C2 '*Brushing children's teeth at least twice a day*' which was 4.55. Items C6 recorded a mean of 4.51 for the statement '*Take a bath at least once with soap after doing outdoor activities*'.

Meanwhile items C13 and C14 recorded the same mean of 4.49 for items ‘*Washing hair at least twice a week using hair shampoo*’ and ‘*Children are taught not to share personal equipment such as hair brushes, hats*’. Items that scored 4.46 were C7 for the statement ‘*hand washing has five steps*’. The last item that exceeded 4.30 was item C5 for the statement ‘*prepare fluoridated toothpaste while brushing teeth*’ with a mean of 4.34. The next items were less than 4.30 such as C1 which recorded a mean of 4.21 for the statement ‘*change children’s toothbrush every 3 to 4 months*’ and C4 for the statement ‘*brush the teeth for at least a minute*’.

The overall mean for the level of parental practice in personal hygiene care of students with special needs was 4.47 with a standard deviation of 0.42 which indicated a very high level because it exceeds 4.30. The findings of this study are also supported by the study of Nur Anieqah & Suziyani (2019) and Aburaghif (2015) which showed that the level of parental practice in child hygiene is high.

Question 2: What is the Level of Parental Practice in the implementation of hygiene practices for students with special needs according to the gender of the child? To answer the research questions, Kruskal Wallis test was used to see the significant level of parental practice according to the gender of the child. H₀: There is no difference in the level of parental implementation of hygiene practices of students with special needs between the child’s genders. H_a: There is a difference in the level of parental implementation of hygiene practices of students with special needs between the child’s genders.

The Chi-Square analysis shows the value is 0.57 with Asymp. Sig was 0.45 > 0.05, so there is no difference in the level of parental implementation of hygiene practices for students with special needs between genders. So H₀ was accepted and H_a was rejected. The findings of this study are in contrast to the study of Dominika Guzek et al. (2020), who found that women have high personal hygiene practices.

Question 3: Is there a relationship between the level of knowledge and the practice level of parents in the implementation of hygiene practices for students with special needs? To answer the research questions, the Spearman test was used to see the significant level of parental practice relationship. H₀: There is no relationship between the knowledge level and the level of parents' practice in the implementation of hygiene practices for students with special needs. H_a: There is a difference between the knowledge level and the level of parental practice in the application of hygiene practices of students with special needs. The analysis by Spearman rho Correlation Test known that the coefficient of .693 means that this study has a strong relationship between the level of knowledge and the level of practice of parents in personal hygiene care of students with special needs.

Discussion(s)

This study was conducted to examine the level of parental involvement in implementing personal hygiene practices for students with special needs in Klang district. This study is important to be conducted to see the achievement of the role that parents have played to provide a better life for their children. This achievement is seen from the involvement of parents through the aspects of attitudes shown in the practice of personal hygiene of students. Harris and Goodall (2005) state that parental involvement represents many different parental behaviours as well as parenting practices such as parental aspirations for their child’s academic achievement, parental communication with their children about school, parental participation in school activities, communication of parents and teachers about the child, and parental rules at home that are considered educationally relevant.

This study measures the level of involvement through the knowledge and practice level of parents in implementing personal hygiene practices on their children. According to Ralph

(1999), parental involvement is generally an important factor in explaining the outcomes of practice but not knowledge. However, many studies showed that there is a significant relationship between knowledge and practice that is consistent with the findings of this study in which there is a significant relationship between knowledge and practice of parents. According to Istvan Danka (2009) each type of knowledge is basically a practice; knowledge theory is an example of a boundary line that is always given attention in practice. Practice is formed through the knowledge possessed. Thus, knowledge is closely related to parental practice.

This study found that the knowledge attitude of parents is high in the aspect of child hygiene and it is not influenced by family income. This study is in contrast to the study of Nida Mubeen and Nighat Nisar (2015), who found that family income influences parental knowledge in children's personal hygiene care in Pakistan. These findings showed that low family income does not prevent parents from gaining knowledge about their children's personal hygiene. Knowledge about hygiene can be learned through the mass media whether printed or not such as television, radio and newspapers. The literacy rate of Malaysians is high, reaching 95 percent (Bernama 2017). This makes it easier for parents to gain knowledge through reading the relevant material.

The findings of the study showed that parental involvement is high in their children's personal hygiene practices. According to Epstein there are two forms of parental involvement namely home and school based involvement (1992, 2001, Hoover Dempsey & Sandler 1997, 2005, Feng Lui et al. 2010). This study only looked from the point of view of parental involvement at home through the role played by the parents at home related to personal hygiene practices on their children such as changing their child's toothbrush every 3 or 4 months, providing personal equipment that should not be shared such as combs, tooth brushes and towels as well as various other practices that should be carried out at home to ensure the personal hygiene of their child.

A model of parental involvement mechanisms showed it involved encouragement, modelling, reinforcement and instruction from parents. Items that show parental encouragement are items C2, C12 and C13. Aspects of parental modelling can be seen in items C1, C3, C4 and C7. Whereas, the aspect of parental reinforcement can be seen in items C5, C8, C9, C10, and C11. The aspects of parental instruction can be seen in the items C6, C14 and C15. The mean values for each aspect of encouragement, reinforcement and instruction were very high. But for modelling, it is only high. Children's attitudes are always shaped by parents and people around them (Kaelan 2019). Lack of modelling by parents regarding hygiene will make it difficult for the children to apply hygiene practices. Therefore, parents should show a good example and model to their children in terms of personal hygiene so that they have a stronger hygiene practices.

In encouraging the parents' involvement in implementing personal hygiene for students with special needs, teachers play an important role in informing and sharing the knowledge about personal hygiene practices that have been taught in school. This is so that students can practice hygiene practices at home with parental guidance. This collaboration will also be stronger if teachers can involve other communities such as nearby health clinics to give talks to parents and students. Thus, this study helps to increase the awareness among the parents so that they can be more active in the application of hygiene practices of students, especially those with special needs.

CONCLUSION

This study shows that the level of parental involvement is high based on two aspects, namely the knowledge and practice of parents in the hygiene of students with special needs.

This study also showed that the level of knowledge of parents is not affected by family income. Additionally, gender does not affect parents' practice in implementing personal hygiene practices on their children. The results of this study also showed that the involvement of parents on children's personal hygiene in Klang district, Selangor is high compared to other countries such as studies conducted in African countries (Sarkar, 2013), India (Vivas et al, 2014; Shaghaghian et al, 2017) and Arab Saudi (Hamasha et al. 2019). This study can be further enhanced with the use of a wider range of data and more respondents so that the data obtained is more diverse.

REFERENCES

- Aburaghif. L. F. (2015). Personal Hygiene Perception among School-Age Children in Baghdad City/ Resafa Side. *Journal of Nursing and Health Science*, 4(5), 64-69. Retrieved from <http://iosrjournals.org/iosr-jnhs/papers/vol4-issue5/Version-4/I04546469.pdf>.
- AlBashtawy M., & Hasna F. (2012). Pediculosis Capitis among Primary School Children in Mafraq Governorate, Jordan. *East Mediterr Health Journal*, 18(1), 43-8. Retrieved from https://www.researchgate.net/publication/221856412_Pediculosis_capitis_among_primary-school_children_in_Mafraq_Governorate_Jordan
- Ali, M. Y., Rahman, M. M., & Siddiqui, M. H. (2013). Exploring degree of awareness about healthcare and hygienic practices in Secondary School Students residing in semi- urban areas of Bangladesh. *Community Based Medical Journal*, 2(1), 55-62. Retrieved from <https://www.banglajol.info/index.php/CBMJ/article/view/14186>
- Bernama. (2017). Kadar Literasi Rakyat Malaysia Hampir 95 peratus – Perpustakaan Negara. Retrieved on 2nd February 2021 at <https://www.astroawani.com/berita-malaysia/kadar-literasi-rakyat-malaysia-hampir-95-peratus-perpustakaan-negara-142072>
- Çelik, E. Y., & Yüce Z. (2019). Investigation of the Awareness and Habits of Secondary School Students about Cleanliness and Hygiene from Various Variables. *International Education Studies*, 12(4), 173-184. Retrieved from <https://www.ccsenet.org/journal/index.php/ies/article/view/0/38918>
- Damayanthi, M., & Ranganatha, S. (2017). Effectiveness of Health Education on Knowledge Regarding Personal Hygiene among School Children in Rural Field Practice Area of Medical College. *Annals of Community Health*, 4(4), 8-12. Retrieved from <http://www.annalsofcommunityhealth.in/ojs/index.php/AoCH/article/view/170>.
- Danka, Istvan. (2009). Practical Knowledge versus Knowledge as Practise. *Human Affairs*, 19(4), 397-407. Retrieved from <https://doi.org/10.2478/v10023-009-0052-6>
- Durisic, M., & Bunijevac, M. (2017). Parental Involvement as an Important Factor for Successful Education. *CEPS Journal*, 7(3): 137-153. Retrieved from https://www.pedocs.de/volltexte/2017/14918/pdf/cepsj_2017_3_Durisic_Bunijevac_Parental_involvement.pdf
- Faradilla Hafiz & Rosadah Abdul Majid. (2017). Tahap Penglibatan Ibu Bapa Dalam Konteks Intervensi Awal Kanak-Kanak Berkeperluan Khas. *Prosiding Persidangan Kebangsaan Pendidikan Khas dan Pemulihan 2017*. Institut Pendidikan Guru Kampus Darulaman. Kedah, 3 Oktober 2017. (pp 38-44).
- Habib Mat Som. (2005). Memahami Tumpuan Guru Dalam Pelaksanaan Perubahan Kurikulum: Satu Perbincangan. *Masalah Pendidikan*, 28(1), 95-104. Retrieved from <http://www.myjurnal.my/public/article-view.php?id=12071>
- Hamasha A. A., Rasheed S. J., Aldosari M. M., & Rajion Z. (2019). Parents Knowledge and Awareness Of Their Children's Oral Health In Riyadh, Saudi Arabia. *The Open Dentistry Journal*, 13, 236-241. Retrieved from <http://doi.org/10.2174/1874210601913010236>
- Harris, A. and Goodall, J. (2007). *Engaging Parents in Raising Achievement: Do Parents Know They Matter?* Research Report DCSF-RW004. University of Warwick, Coventry, CV4 7AL, United Kingdom.
- Hoover-Dempsey, K.V., & Sandler, H. M. (2005). *The Social Context of Parental Involvement: A Path To Enhanced Achievement*. Final Performance Report for OERI Grant # R305T010673: Paper presented to Project Monitor, Institute of Education Sciences, and U.S.
- Kaelan Jones. (2019). "Child See, Child Do". *Behavioural Modelling and Observational Learning*. Retrieved on February 6th, 2021, from <https://www.childdevelopmentclinic.com.au/behavioural-modelling.html>
- Liu, F., Black, Erik., Algina, J., Cavanaugh, C., & Dawson K. (2010). The Validation of One Parental Involvement Measurement in Virtual Schooling. *Journal of Interactive Online Learning*, 9(2), 105 – 128. Retrieved from <https://eric.ed.gov/?id=EJ938840>

- McNeal, R. (1999). Parental Involvement as Social Capital: Differential Effectiveness on Science Achievement, Truancy, and Dropping Out. *Social Forces*, 78(1), 117-144. Retrieved from <https://www.jstor.org/stable/3005792>
- Meher, S., Nimonkar, R. (2018). Study of Hygiene Practices among School Going Children in a Government School in Kolkata. *International Journal of Community Medicine and Public Health*, 5(7), 3102-3105. Retrieved from <http://dx.doi.org/10.18203/2394-6040.ijcmph20182655>
- Mubeen, N., & Nisar, N. (2015). Factors' affecting mother's brushing technique of less than five years age children in Pakistan. *Journal of Dentistry and Oral Hygiene*, 7(6), 86-90. Retrieved from <https://academicjournals.org/journal/JDOH/article-full-text-pdf/87F91B153127>
- Nor Maisarah Mohd Nasir & Shahlian Surat. (2018). Penglibatan Ibu Bapa Dalam Pendidikan Awal Kanak-Kanak. In S. Nozira, M. S. Muhammad Khairul, R. A. Muhammad Akmal, Y. Muhammad Fathi Yakan, A. Nik Zeenat Shabana, A. Siti Jalilah, M. R. Siti Aisyah & E. Nur Enanee (Eds), *Prosiding Kolokium Antarabangsa Penyelidikan Pasca Siswazah 1.0*. The National University of Malaysia. Selangor, 19 December 2018. (pp 204-214). Pusat Akidah dan Keamanan Global.
- Nur Anieqah & Suziyani. (2019). Kesedaran Ibu Bapa tentang Amalan Penjagaan Kebersihan diri Kanak-kanak di Daerah Kudat, Sabah. *Proceedings of the International Conference of Future Education and Advances 2019*. Sarawak, 4 – 5 December 2019. (pp 478-486). Pertubuhan Penyelidikan dan Pendidikan Pendidik Malaysia.
- Ola Nabil Abou Zeid Hassan, Effat Mohammed Abdel Hady El Karmalawy, Awatef Abdel-Razek Mohammed. (2019). Effect of Personal Hygiene Program on Knowledges and Practices of Mentally Retarded Students at El-Fikrya schools in Minia Governorate, Egypt. *Minia Scientific Nursing Journal*, 4(1), 33-43. Retrieved from <https://www.iosrjournals.org/iosr-jnhs/papers/vol8-issue3/Series-5/E0803053343.pdf>
- Rajendran, N. (2001). Pengajaran Kemahiran Berfikir Aras Tinggi: Kesediaan Guru Mengendalikan Proses Pengajaran Pembelajaran. *Kertas Kerja Ini Telah Dibentangkan Dalam Seminar/*: 1-13. Retrieved from <http://scholar.google.com/scholar?hl=en&btnG=Search>
- Saad, N. S., Saad, S., & Dollah, M. U. (2013). Pengajaran Kemahiran Berfikir: Persepsi dan Amalan Guru Matematik Semasa Pengajaran dan Pembelajaran di Bilik Darjah. *Jurnal Pendidikan Sains & Matematik Malaysia*, 2(1), 18-36. Retrieved from https://www.academia.edu/6447889/PENGAJARAN_KEMAHIRAN_BERFIKIR_PERSEPSI_DAN_AMALAN_GURU_MATEMATIK_SEMASA_PENGAJARAN_DAN_PEMBELAJARAN_DI_BILIK_DARJAH_1
- Sarkar, M. (2013). Personal Hygiene among Primary School Children Living In a Slum of Kolkata, India. *Journal of Preventive Medicine and Hygiene*, 54(3), 153-158. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/24783893/>
- Shaghaghian, S., Savadi, N., & Amin, M. (2017). Evaluation of Parental Awareness Regarding Their Child's Oral Hygiene. *International Journal of Dental Hygiene*, 15(4), 149-155. Retrieved from <https://doi.org/10.1111/idh.12221>
- Skolmowska, D., Głabska, D., & Guzek, D. (2020). Hand Hygiene Behaviors in a Representative Sample of Polish Adolescents in Regions Stratified by COVID-19 Morbidity and by Confounding Variables (PLACE-19 Study): Is There Any Association? *Pathogens (Basel, Switzerland)*, 9(12), 1011. Retrieved from <https://doi.org/10.3390/pathogens9121011>
- Soleymani, M. R., Hemmati, S., Ashrafi-Rizi, H., & Shahrzadi, L. (2017). Comparison of the Effects of Storytelling and Creative Drama Methods on Children's Awareness about Personal Hygiene. *Journal of education and health promotion*. 6(1), 82-82. Retrieved from https://doi.org/10.4103/jehp.jehp_56_16
- UNICEF. (2013). (rep.). The State of The World's Children 2013 Children with Disabilities. Retrieved from <https://www.unicef.org/reports/state-worlds-children-2013>
- Vivas, A.P., Gelaye B., Aboset N., Kumie A., Berhane Y., Williams M.A. (2010). Knowledge, attitudes and practices (KAP) of hygiene among school children in Angolela, Ethiopia. *Journal of Preventive Medicine and Hygiene*, 51(2), 73-79. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/21155409/>
- World Health Organization. (2021, February). *COVID-19 response in Malaysia | WHO Malaysia*. World Health Organization. [https://www.who.int/malaysia/emergencies/coronavirus-disease-\(covid-19\)-in-malaysia](https://www.who.int/malaysia/emergencies/coronavirus-disease-(covid-19)-in-malaysia).
- Zahara Aziz, N. A. (2007). Kajian Tinjauan Kesediaan Guru-guru Sejarah Menerapkan Kemahiran Pemikiran Sejarah kepada Para Pelajar. *Jurnal Pendidikan*, 32, 119-137. Retrieved from <http://journalarticle.ukm.my/196/1/1.pdf>