

HOW *KELAB DOKTOR MUDA* (YOUNG DOCTOR CLUB) FOR SPECIAL NEEDS IN HIGH-PERFORMANCE SCHOOL SK SERI BIRAM, PEKAN, PAHANG MANAGES TO DEVELOP SELF-CONFIDENCE AMONG SPECIAL NEEDS STUDENTS TOWARDS HEALTH

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ABSTRACT

Kelab Doktor Muda (Young Doctor Club) for Special Needs in High-Performance School (SBT) SK Seri Biram, Pekan, Pahang has been introduced since 2015. The goal is to expose special needs students (N=7) towards a healthy lifestyle. In addition, this program can help them to identify their own skills in developing self-confidence and be a part of the community. Moreover, it also helps to empower them as health agent among peers at school. Interview session has been conducted among seven (7) Doktor Muda (young doctor) with special needs to get information on their knowledge, skills and self-confidence in delivering health information. The findings have also been collected from observation and questionnaire. Kelab Doktor Muda for Special Needs manages to change the perception among communities towards special needs students regarding their roles in society. Furthermore, they build their talents such as how to communicate and convince their friends in practicing good health. Teachers play important roles to dig their talents and give them chances to practice it. The results of the study show that Doktor Muda with Special Needs Module has the capability to transform Doktor Muda with special needs to be; (i) knowledgeable in health, (ii) able to carry out health demonstration, (iii) able to deliver health messages to peers and (iv) able to engage in community programs. These four elements complement each other to form the Doktor Muda with special needs self-confidence.

Key words: Self-confidence, Doktor Muda (young doctor) with special needs, Kelab Doktor Muda (Young Doctor Club).

INTRODUCTION

Students with disabilities often lack an awareness of their strengths and weaknesses (Brinckerhoff, 1994; Scanlon & Mellard, 2002) as well as skills in self-determination and advocacy (Durlack, Rose, & Bursuck, 1994; Field, 1996; Janiga & Costenbader, 2002). Education must make it possible for an individual or a person to develop so that they can make well-founded decisions and influence their own future. It is all about participating in a society to a maximum extent for a successful life (Buli-Holmberg & Ekeberg, 2009).

Therefore, *Kelab Doktor Muda* for Special Needs is introduced by Ministry of Health Malaysia and the Ministry of Education Malaysia in promoting good health practices among schoolchildren. This school-centered program aims to produce healthy, vibrant and knowledgeable students towards health. *Kelab Doktor Muda* for Special Needs was introduced in 2015 as another branch of the *Kelab Doktor Muda* mainstream programme that was first introduced in 2005. *Kelab Doktor Muda* for Special Needs Module focused more on personal care and healthy lifestyle. Training was conducted for the purpose of enhancing knowledge and building skills for the Special Needs Education (SNE) Teachers to run health-related activities. Meanwhile, trained teachers will use the skills to provide echo training to the students at the school.

Doktor Muda plays important roles in promoting health at school through activities such as guiding peers towards a healthy lifestyle, helping to create a clean, healthy and safe school environment, assisting health personnel in conducting health activities at schools, notifying health problems, treating light injuries and participating in health campaign at school. *Doktor Muda* is pupils chosen by teachers based on specific criteria. They are trained with knowledge and skills based on the *Kelab Doktor Muda* Training Module thus becoming the health agents for peers, family, and community.

Children with special needs can be defined as having one of the following criteria; children with identified disability, health or mental health condition requiring early intervention, special education services, or other specialized services and supports; or children without identified condition, but requiring specialized services and supports; or monitoring (Department of Developmental Services, 2015). The Special Education Integration Program (PKI) SK Seri Biram was introduced in 1995. The pupils involved are those who have been identified by medical practitioners as experiencing difficulties that may interfere with the learning process. The age rating for PKI primary school students ranges from 7 to 14 years while Pre-PKI, 5 to 6 years old.

Table 1: Pupils According to Types of Disabilities

Categories	Total No. of Pupils	Types of Disabilities	
Learning Problems	7 <i>Doktor Muda</i>	<ul style="list-style-type: none"> • Dyslexia - 2 • Hyperactive -2 	<ul style="list-style-type: none"> • Slow learner - 2 • Autism -1
	38 special needs students	<ul style="list-style-type: none"> • Slow learner- 16 • Dyslexia – 4 • Down syndrome- 5 • Hyperactive – 4 	<ul style="list-style-type: none"> • Hearing problems – 1 • Cerebral palsy – 4 • Autism – 3 • Limb defect - 1

(Source: Annual Report of SBT SK Seri Biram, Pekan, 2017)

Since 2015, the monitoring of the program has been done by Ministry of Health. The purpose of the monitoring is to evaluate the progression of the program. The elements of the monitoring consist of management, learning materials, training, and activities. However, there is no element about self-confidence of *Doktor Muda* with special need in the monitoring format (Ministry of Health Malaysia, 2016). Therefore, this study is to find out how *Kelab Doktor Muda* for special needs in high-performance school SK Seri Biram, Pekan, Pahang manages to develop self-confidence among special needs students towards health.

Doktor Muda with special needs in SK Seri Biram, Pekan, Pahang was selected as the subject of the study because the school is the pioneer in implementing *Kelab Doktor Muda* with Special Needs Module by Ministry of Health and Ministry of Education in Malaysia.

PROBLEM STATEMENT

Special needs students in SBT SK Seri Biram, Pekan are not concerned about their personal hygiene. There are various factors that contribute to lack of personal hygiene. One of the factors is they are not exposed to the right personal hygiene practice. Therefore, *Doktor Muda* plays an important role in order to assist their peers in practicing good personal hygiene. This study shows that the *Doktor Muda* with special needs is able to play the main roles in delivering health messages to peers. However, they need to have confidence in delivering such health messages (Suhaili Samsudin, Mat Yusof Mat Jelani & Salmah Saad, 2016). Webster's New World College Dictionary (2010) defined self-confidence as confidence in oneself, one's own abilities. Self-confidence has been defined in a number of ways. These definitions generally involve belief in one's own abilities to perform (Bandura, 1977; Chemers, Watson, & May, 2000; & Clark, Goldsmith & Goldsmith, 2008).

Confidence goes a long way in defining of who we are and how we act towards others in our daily lives and in the case for children with special needs, it can be harder to find value and self-worth compared to the others. Disabilities and limitations can serve to further divide between reality and what people consider to be "normal", which separates a child with special needs from other kids due to a lack of understanding (Dalien, 2014). A child with special needs perceives the world in their own manner, which can cause frustration and anxiety when they realize their limitations, or don't get the results they want to achieve. This can lead to a child acting up out of anger, or create low self-esteem (Dalien, 2014). The self-confidence of interest in this study is the ability of *Doktor Muda* with special needs delivering health messages to their peers after undergoing special training done by the special needs teachers using the *Doktor Muda* Special Needs Module. With self-confidence being a belief in one's ability to undertake a specific action to achieve an outcome (Bandura, 1977; Chemers, Watson, & May, 2000).

RESEARCH QUESTIONS OF THE STUDY

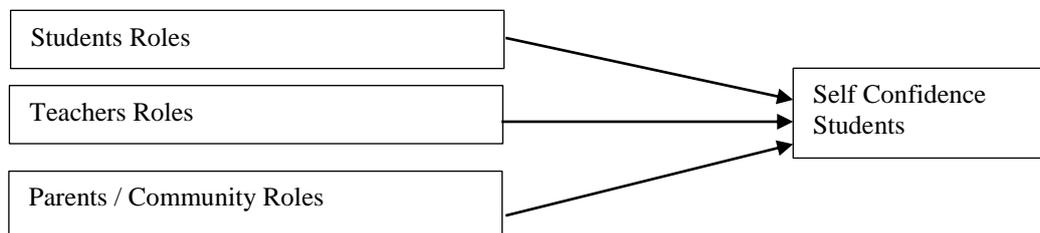
Do *Kelab Doktor Muda* activities manage to develop self-confidence among *Doktor Muda* with special needs?

OBJECTIVES

1. To measure *Doktor Muda* with special needs knowledge towards health.
2. To identify their own skills in developing self-confidence.
3. To empower them as health agent among peers in school.
4. To identify their roles in the community.

LITERATURE REVIEW

Figure 1: Framework of the Study



Students' Roles

Based on Ministry of Health Malaysia (2015); *Doktor Muda* is able to:

- promote good health practices among peers, family and the community.
- encourage peers to keep themselves clean, positive and healthy.
- examine personal hygiene among peers.
- maintain the cleanliness of the school environment.

As inclusion focus on holistic involvement of students with special needs in regular classroom, it is important to have a supportive from learning community. This supportive learning community will provide effective peer guidance and peer tutoring (Wenger, 1998, Buli-Holmberg, Gudahl, & Jensen, 2007).

Teachers' Roles

Based on Ministry of Health Malaysia (2015), coordinators (teachers);

- should create conducive environments while conducting the learning sessions.
- must be skillful in handling the session.
- need to convey messages that are easily understood by pupils.
- need to be able to attract students when delivering messages.

Positive teacher attitudes are an important predictor of the successful education of children with disabilities. Teacher training also has a powerful influence on the development of attitudes toward inclusion, especially when it incorporates related and specific professional abilities (Rodriguez, 2012).

It is important in inclusive settings to have interaction within teachers for planning the classroom instruction and delivering. This teacher's interaction promotes better learning environment to the students with special needs (Cole, Horvath, Chapman, Deschenes, Ebeling, & Sprague, 2000; Friend & Bursuck, 2006; Wood, 1998).

Interaction of teachers with students creates motivation within the students to learn better. This interaction helps the students to come out with their strengths and weaknesses (Buli-Holmberg & Jeyaprabhan, 2016). In turn, the teacher can adapt the teaching procedures and instructional materials according to the students' ability level (Bateman & Bateman, 2002; Hitchcock, Meyer, Rose, & Jackson, 2002).

Support from special teacher is vital for students with special needs and require specific assistance and adaptation in the instructional procedures and the students activities (Hitchcock, Meyer, Rose, & Jackson, 2002).

The students with special needs require adaptation in the learning material to suit to their current ability level and achieve mastery in learning. These adapted learning materials will make the students with special needs to feel at ease in learning environment (Bateman & Bateman, 2002; Hitchcock, Meyer, Rose, & Jackson, 2002).

Parents and Communities' Roles

Parents play an important role in the development of successive inclusion programmes and hence many countries provide guidelines for the active participation and involvement of parents in their children's education (Leyser & Kirk, 2011). Many educators, parents, and individuals with special needs welcome the fact that regardless of their special needs, pupils can attend school together with their peers (Beacham & Rouse, 2012; Krahe & Altwasser, 2006).

The teacher-parent collaboration will optimize students' monitoring and learning which leads them to achieve their full potential and achievement (Lee, Harrington, Louie, & Newschaffer 2008; Reed, Osborne, & Waddington, 2012). Involving parents and

the community is an important principle of quality, both in and out of the classroom. Schools, by involving parents and the community, tend to establish better reputations in the community (Sergio Meresman, 2014).

For children with disabilities to be fully integrated into and succeed in school and life, they need opportunities to do develop positive social-emotional skills including social relationships; and acquire and use knowledge and skills including early language or communication and early literacy skills (Sarika, William, & Megan, 2014). It seems equally important, then, that children with disabilities are given opportunities to interact with higher functioning peers (Wiener & Tardiff, 2004).

The teacher needs to adapt their teaching methods to meet the needs and abilities of children with special needs. The effective teaching of diverse learners requires different instructional methodology (Bateman & Bateman, 2002; Hitchcock, Meyer, Rose, & Jackson, 2002).

Self-Confidence

Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability (Article 24, 2008). Appropriate integration may help to successfully solve social and education problems of children with disabilities, as well as achieve their equal rights and possibilities to participate in school community (Irena & Angelo, 2012). Self-confidence may be expressed verbally (oral speeches, humor) or non-verbally (movement, facial expressions, body language) (Khan, Fleva & Qazi, 2015).

There are several benefits of outdoor activity and education for all children, including students with special needs (Farnham & Mutrie, 1997). Time spent outdoors can be therapeutic in some cases. Louv (2005) says "several of these studies suggest that thoughtful exposure of youngsters to nature can even be a powerful form of therapy for attention-deficit disorders and other maladies" A study found that a walk in the park, as opposed to a city, helped students with ADHD concentrate (Taylor & Kuo, 2009).

METHODOLOGY

Study Design

This study employed a mixed-methods approach to sequential explanatory design (Creswell & Plano Clark, 2011), which is a combination of quantitative and qualitative methods. Qualitative and quantitative methods have different strengths and different weaknesses. The quantitative part could be used for generalization of qualitative findings (Lobe, 2008). First, qualitative data were gathered using in-depth interview; this was followed by a collection of quantitative data using questionnaires. Collins, Onwuegbuzie, & Sutton, (2006) reasoned that mixed-methods research may enrich the data and augment the interpretation of isolated experiences. Researchers often use the qualitative and quantitative material to complement each other. Sometimes a qualitative study is conducted to follow up on findings from quantitative data and help us to understand what the figures actually mean. Sometimes a quantitative study is conducted to follow up on findings from qualitative data. A third way is to design a study where qualitative and quantitative data are collected and analysed at the same time (Lobe, 2008; Creswell, (2008).

Population and sample

Sample

There were 7 *Doktor Muda* with special needs, 10 peers with special needs, 13 teachers from special needs class, 9 parents (representing 7 *Doktor Muda* with special needs and 2 peers) and 9 community leaders are from Kg. Benta, SK Serandu, and SK Pekan Jaya as a sample for this study.

Instrument

Instrument use in this research consist of semi structured interview questionnaire (7 questions), observation checklist (10 items) and self-administered questionnaire (7 questions).

An interview session and observation were conducted with 7 *Doktor Muda* with special needs. An interview session also was carried out with 10 peers with special needs. These peers were selected based on regular attendance to *Doktor Muda* activities.

A set of questionnaire was administered to 13 teachers from special needs class, 9 parents (representing 7 *Doktor Muda* with special needs and 2 peers) and 9 community leaders are from Kg. Benta, SK Serandu, and SK Pekan Jaya. The instrument for this study consists of seven constructs which are concerning acceptance of *Doktor Muda* with special needs activities, the activities run managed to benefit the special needs *Doktor Muda* in terms of appearance, knowledge regarding a healthy lifestyle, self-confidence and act as health agents to their peers. The instrument consists of 7 items using a five Point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree).

Sampling Technique

Purposive sampling is used for this study. Purposive sampling represents a group of different non-probability sampling techniques. Also known as judgmental, selective or subjective sampling, purposive sampling relies on the judgment of the researcher when it comes to selecting the units that are to be studied. Usually, the sample being investigated is quite small, especially when compared with probability sampling techniques (Laerd Dissertation, 2012).

Inclusion and Exclusion Criteria

i. Doktor Muda with special needs

Inclusion Criteria:

- *Doktor Muda* with special needs students, get consent from parents to involve in the study and willing to participate in data collection session.

Exclusion Criteria:

- *Doktor Muda* mainstream students, do not get consent from parents to involve in the study or absent during data collection.

ii. Peers with special needs

Inclusion Criteria:

- Regular attendance at *Doktor Muda* activities, get consent from parents to involve in the study and willing to participate in data collection session.

Exclusion Criteria:

- Peers of *Doktor Muda* mainstream students.

iii. Teachers from special needs class

Inclusion Criteria:

- Special education teachers and willing to participate in data collection session.

Exclusion Criteria:

- Mainstream classroom teachers.

iv. Parents

Inclusion Criteria:

- Parents of *Doktor Muda* with special needs, parents of special needs students and willing to participate in data collection session.

Exclusion Criteria:

- Parents of mainstream students.

v. Community Leaders

Inclusion Criteria:

- Involve in *Kelab Doktor Muda with special needs* community projects and willing to participate in data collection session.

Data Collection

The study was conducted in SBT SK Seri Biram, Pekan, Pahang from February to October 2017.

Data collection has been gathered by using interview, observation, and questionnaire method. *Kelab Doktor Muda with Special Needs Module* and report document were used as secondary data.

The interview session was conducted in *Doktor Muda's* room. The session was conducted by the coordinator (special needs teacher) using a set of the questionnaire consisting of 7 questions for *Doktor Muda* with special needs. Meanwhile, the session was conducted for peers using a set of the questionnaire consisting of 2 questions.

The observation session was conducted in the school canteen, Class 1 Pintar SBT SK Seri Biram, Pekan, and Kg. Benta, Pekan. *Doktor Muda* with special needs was observed when delivering messages on brushing teeth, healthy eating and search and destroy *Aedes* breeding places. The session was conducted by coordinators (special needs teachers) and researchers using a set of the questionnaire consisting of 10 questions.

The questionnaires were distributed to all selected teachers, parents, and communities. The questionnaires consist of a series of Likert type questions that when combined measures a particular trait (Boone & Boone, 2012). Descriptive statistics consisting of mean scores were used to analyze data. The interpretation of the level of collaboration was based on the following set of descriptors: 1.00–2.40 (low level of agreeing to the Doktor Muda activities manage to develop self-confidence to special needs students); 2.41–3.80 (moderate); and 3.81–5.00 (high). Data were analyzed descriptively.

Data Analysis

Qualitative data were analyzed by nVIVO version 11. On the other hand, observation and questionnaire data were analyzed by SPSS version 22.0.

Table 2: Mean Score Level of Observation and Questionnaire

Level	Score
High	3.81–5.00
Moderate	2.41–3.80
Low	1.00–2.40

RESULTS

Qualitative research: Doktor Muda with special needs

Table 3: Question 1

Question	Answers
How do you feel being a Doktor Muda?	R1: I like to be Doktor Muda. R2: I'm very happy. R3: I'm proud to be Doktor Muda.

Table 4: Question 2

Question	Answers
Why do you want to become Doktor Muda?	R1: I can teach hand washing, teach my friends and family to throw rubbish in a proper way and massaging. R2: I can search and destroy aedes breeding places, throw rubbish in a proper way, can deliver health messages to my friends, and I can meet new people. R3: I can share information, examine my friend's personal hygiene, massage others.

Table 5: Question 3

Question	Answers
Where do you get the health messages?	R1: Module, internet, teachers, books in the library. R2: Websites, teachers, friends, library, magazines. R3: Mainstream Doktor Muda, Doktor Muda's room.

Table 6: Question 4

Question	Answers
What do you do with the health messages?	R1: I can deliver info in the room, info with parents, and I can teach my friends to brush teeth the proper way. R2: I get info from books about teeth, I can demonstrate, I join the exhibitions. R3: I can give advice to my friends and family.

Table 7: Question 5

Question	Answers
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<i>To whom do you deliver the health messages?</i>	<i>R1: I can deliver info in the Young Doctor room, give info to my parents, and teach my friends to brush teeth the proper way.</i> <i>R2: I get info from websites about healthy eating.</i> <i>R3: I give advice to friends and family.</i>
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Table 8: Question 6

Question	Answers
<i>Where do you deliver the health messages?</i>	<i>R1: I do it at SK Serandu, orphanage home at Kuala Lumpur.</i> <i>R2: I do it at orphanage home at Kg Benta, at SK Pekan Jaya, at SK Serandu.</i> <i>R3: I do it at Class 1 Pintar and at Doktor Muda's Room.</i>

Table 9: Question 7

Question	Answers
<i>How do you feel when you deliver the health messages?</i>	<i>R1: I'm confident to show hand washing technique.</i> <i>R2: I'm not afraid to talk to people.</i> <i>R3: I am brave to give a talk, meet new friends at SK Serandu and involve in exhibition at Pekan Public Library.</i>

Qualitative research: Peers with special needs

Table 10: Question 1

Question	Answers
<i>What health messages delivered by Doktor Muda?</i>	<i>R1: Brushing teeth, hand washing</i> <i>R2: Personal hygiene, hand washing</i> <i>R3: Search and destroy aedes breeding places, throw rubbish in proper way</i>

Table 11: Question 2

Question	Answers
<i>What do you practice after receiving the messages</i>	<i>R1: I brush my teeth twice a day</i> <i>R2: I wash my hand before and after eating.</i> <i>R3: I throw rubbish in the dustbin.</i>

Observation

Table 12: Mean Score Level of Doktor Muda Observation

Subjects	Mean	Level
Ability to deliver health messages.	4.00	High
Knowledgeable on health messages.	4.00	High
Able to demonstrate.	4.00	High
Manage to deliver health messages to peers.	4.00	High
Respect the audiences.	4.57	High
Obeys to teachers instructions.	4.57	High
Self-confidence.	4.57	High
Manage to interact with audience.	5.00	High
Capable to attract the audiences.	5.00	High

Self-appearance.	5.00	High
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Questionnaire

Table 13: Mean Score Level of Teachers (N=13)

Subjects	Mean	Level
Acceptance on <i>Kelab Doktor Muda</i> With Special Needs Module.	4.28	High
<i>Kelab Doktor Muda</i> With Special Needs Module helps coordinators in learning sessions.	4.56	High
<i>Kelab Doktor Muda</i> With Special Needs activities increase healthy lifestyle knowledge among <i>Doktor Muda</i> with special needs.	4.56	High
The activities can develop communication skills among <i>Doktor Muda</i> with special needs.	4.33	High
The activities can develop self-confidence among <i>Doktor Muda</i> with special needs.	4.67	High
<i>Doktor Muda</i> with special needs becomes health agents to peers.	4.56	High
The activities expose <i>Doktor Muda</i> with special needs in the community.	4.61	High

Table 14: Mean Score Level of Parents (N=9)

Subjects	Mean	Level
Acceptance on <i>Kelab Doktor Muda</i> With Special Needs Module.	4.00	High
The activities help <i>Doktor Muda</i> with special needs have better appearance.	4.44	High
<i>Kelab Doktor Muda</i> With Special Needs activities increase healthy lifestyle knowledge among <i>Doktor Muda</i> with special needs.	4.78	High
The activities have develop communication skills among <i>Doktor Muda</i> with special needs.	4.44	High
The activities have developed self-confidence among <i>Doktor Muda</i> with special needs.	4.56	High
<i>Doktor Muda</i> with special needs becomes health agents to peers.	4.33	High
The activities expose <i>Doktor Muda</i> with special needs in the community.	4.67	High

Table 15: Mean Score Level of Community Leaders (N=9)

Subjects	Mean	Level
Acceptance on <i>Kelab Doktor Muda</i> With Special Needs Module.	4.56	High
The activities help <i>Doktor Muda</i> with special needs have better appearance.	4.67	High
<i>Kelab Doktor Muda</i> With Special Needs activities increase healthy lifestyle knowledge among <i>Doktor Muda</i> with special needs.	4.33	High
The activities have developed communication skills among <i>Doktor Muda</i> with special needs.	4.22	High
The activities have developed self-confidence among <i>Doktor Muda</i> with special needs.	4.78	High
<i>Doktor Muda</i> with special needs becomes health agents to peers.	4.78	High
The activities expose <i>Doktor Muda</i> with special needs in the community.	4.56	High

DISCUSSION

Objective 1: To measure special needs students' knowledge towards a healthy lifestyle.

The process of knowledge sharing between individuals involve the conversion of the knowledge held by an individual into a form that can be understood, absorbed and used by other individuals (Ipe, 2003). It is basically a mechanism by which knowledge is transferred from one individual to another. Knowledge sharing takes place when information or knowledge is shared by individuals within a group and during the process the information or knowledge will also be negotiated and refined until it becomes common knowledge to the group (Yang, 2004).

The finding shows that *Doktor Muda* with special needs who have been trained through the *Doktor Muda* with Special Needs Module is knowledgeable about the health issues such as personal hygiene, environmental health, and healthy eating. It is proven through the interviews that they can deliver health knowledge to peers, family members and perform health activities at school.

The health messages delivered to peers such as searching and destroying aedes breeding places, personal hygiene, the right technique of brushing teeth and relaxation techniques.

R1: I can teach hand washing, teach my friends and family to throw rubbish in a proper way and massaging.

R2: I can search and destroy aedes breeding places, throw rubbish in a proper way, can deliver health messages to my friends, and I can meet new people.

R3: I can share information, examine my friend's personal hygiene, massage others.

Besides that, they also get information from the various source.

R1: Module, internet, teachers, books in the library

R2: Websites, teachers, friends, library, magazines

R3: Mainstream Doktor Muda, Doktor Muda's room

Observation finding shows high scoring level which *Doktor Muda* with special needs able to deliver health messages (Mean = 4.00), knowledgeable on health messages (Mean = 4.00) and manage to deliver health messages to peers (Mean = 4.00). High level of scores also shows the finding of the questionnaire on teachers, parents and community leaders.

Such behavior is beneficial for the special needs students because these students are learning and having social interactions with others of their age. It is also valuable for the other children because it allows them to better understand the material and gain experience through teaching. An additional strategy is to create an activity schedule that shows students everything they need to do that day with prompts to encourage them to complete these activities (Milley & Machalicek, 2012). This strategy allows students freedom in moving from activity to activity and can reduce dependency.

Honisett, Woolock, Porter, & Hughes (2009) had made a research in order to identify the best way to engage, motivate and support early childhood services and primary school to create policy and practices changes to promote healthy eating and physical activity. In this research, it can be seen that the effectiveness of *Kelab Doktor Muda* with Special Needs Module in helping the members develop knowledge of a healthy lifestyle. School setting helps them to gain the knowledge and give them an opportunity to share and practice the knowledge.

Objective 2: To identify their own skills in developing self-confidence

The findings show that *Doktor Muda* with special needs are able to carry out self-skills such as proper hand washing skills, brushing teeth demonstrations and relaxation techniques. This is proved by demonstrations among peers in the Young Doctor's Room and community-based projects.

R1: I can deliver info in the room, info with parents, and I can teach my friends to brush teeth in a proper way

R2: I get info from books about teeth, I can demonstrate, I join the exhibitions.

R3: I can give advice to my friends and family.

The observation finding regarding the *Doktor Muda* ability to do a demonstration shows high scoring level (Mean = 4.00). High level of scores from the questionnaires answered by teachers also showed that the activities can develop communication skills among the *Doktor Muda* with special needs (Mean = 4.33). The results are similar to the questionnaires answered by parents (Mean = 4.44) and answered by the community leaders (Mean = 4.22).

Such behavior is beneficial for the special needs students because these students are learning and having social interactions with others of their age. An additional strategy is to create an activity schedule that shows students everything they need to do that day with prompts to encourage them to complete these activities (Milley & Machalicek, 2012). This strategy allows students more independence in moving from activity to activity and can reduce dependence on an aide overall.

In this research, *Kelab Doktor Muda* with special needs activities manages to provide an opportunity for them to build their talents such as how to communicate and convince their friends in practicing good health. Teachers play important roles to dig their talents and give them chances to practice it. Support from parents also strengthens their talents.

Objective 3: To empower them as health agent among peers at school.

The findings show that most of *Doktor Muda* with special needs are happy and proud to be a *Doktor Muda*. Through the activities, they can deliver health messages to their family and friends. For examples, proper hand washing, dispose of rubbish properly, healthy eating, search and destroy aedes breeding places.

R1: I can deliver info in the Young Doctor room, give info to my parents, and teach my friends to brush teeth in a proper way.

R2: I get info from websites about healthy eating.

R3: I give advice to friends and family.

Findings from the interview show that they are also the confidence to deliver health messages to peers.

R1: I'm confident to show hand washing technique.

R2: I'm not afraid to talk to people.

R3: I am brave to give a talk, meet new friends at SK Serandu and involve in exhibition at Pekan Public Library.

This is supported by the statements given by peers on what they practiced after receiving the messages.

R1: I brush my teeth twice a day.

R2: I wash my hand before and after eating.

R3: I throw rubbish in the dustbin.

Observation finding shows high scoring level; *Doktor Muda* with special needs manage to deliver health messages to peers (Mean=4.00), respect the audiences (Mean=4.57) and obeying teachers' instructions (Mean=4.57).

High score level was also obtained from the finding of the questionnaires that were answered by the teachers. The data gained showed that the activities can develop self- confidence among *Doktor Muda* (Mean=4.67) and become health agents to peers (Mean=4.56). Similarly, the questionnaires that were answered by the parents also acquired high score level (Mean = 4.56).

Students with special needs can offer educational knowledge to their peers; if the students learn that they can teach others and learn from others, and then they will feel a sense of belonging, pride, and responsibility (Lampton, Graves & Ward, 2012). This research found that children with special needs who interact with peers, teachers, parents, and community often imitate good health practices. They can attract others to participate with them. *Doktor Muda* plays an important role in order to assist their peers in practicing good personal hygiene (Suhaili Samsudin, Mat Yusof Mat Jelani & Salmah Saad, 2016).

Objective 4: To identify their roles in the community.

The finding shows that *Doktor Muda* with special needs is able to perform demonstrations on health.

R1: I do it at SK Serandu, orphanage home at Kuala Lumpur.

R2: I do it at orphanage home at Kg Benta, at SK Pekan Jaya, at SK Serandu.

R3: I do it at Class 1 Pintar and at Young Doctor's Room.

The observation finding regarding *Doktor Muda* with special needs on their ability to perform health demonstration shows high scoring level (Mean=4.00). High score level was also obtained from the finding of the questionnaires done by the teachers (Mean=4.61). The questionnaires were given concerned about the activities exposed to *Doktor Muda* with special needs in the community. Similarly, questionnaires pertaining to the same aspect done on the community shows high-level scoring (Mean=4.56) and the same goes for the survey done on the parents (Mean=4.67).

Outdoor locations can allow students to excel in ways they normally do not when learning in a classroom. Being outdoors can lead to increased confidence, motivation, and positive attitudes toward learning (Cooper, 2012). This research also shows that communities do welcome *Doktor Muda* with special needs when they involve in the community program. The community accepts them because of their well appearance and confidence when delivering the health messages.

Self-Confidence among *Doktor Muda* with Special Needs

Most people with disabilities have come to believe that they are less capable than a non-disabled person (Levin, 2006). They need to have confidence in delivering such health messages (Suhaili Samsudin, Mat Yusof Mat Jelani & Salmah Saad, 2016). However, this does not mean that they are less capable but merely perceive themselves as so. The results of the study show that *Doktor Muda* With Special Needs Module has the capability to transform *Doktor Muda* with special needs to be; (i) knowledgeable in health, (ii) able to carry out health demonstration, (iii) able to deliver health messages to peers and (iv) able to engage in community programs. These four elements complement each other's to form the *Doktor Muda* with special needs self-confidence. This is in line with the results of the study and previous findings.

Significant Impact of the Study

Based on the results of the study showed high mean scores between 3.81-5.00 in observation and questionnaire. It can be suggested to the Ministry of Education Malaysia and Ministry of Health Malaysia to:

- i. Add variables on maximizing student outcomes in the monitoring and evaluation format in *Kelab Doktor Muda* with special needs program.
- ii. Extend *Kelab Doktor Muda* with special needs program at other schools.

CONCLUSION AND RECOMMENDATION

Doktor Muda with special needs can increase their knowledge on a healthy lifestyle through the activities. Furthermore, school setting helps them to share and practice the knowledge they gain with peers. They can develop communication skills and

influence peers in practicing a healthy lifestyle. Teachers, parents and communities involvement also play an important role in supporting them.

Kelab Doktor Muda with special needs activities manages to develop self-confidence among *Doktor Muda* with special needs. It shows that *Kelab Doktor Muda* with Special Needs Module has the capability to transform *Doktor Muda* with Special Needs to be: (i) knowledgeable in health, (ii) able to do health demonstration, (iii) able to deliver health messages to peers and (iv) engage in community programs. These four elements complement each other's to form the *Doktor Muda* with special needs self-confidence. This is in line with the results of the study and previous findings.

Recommendation from this study is the same research should be conducted at another three school that also run *Kelab Doktor Muda* with special needs program in Pahang. The schools are SK Sulaiman, Bentong, SK Seri Terentang, Pekan and SK Purun, Bera. The research study will be presented at the technical meeting in the Ministry of Health and Ministry of Education.

The limitation of the study is researcher needs full commitment from the special needs teachers to conduct a session in the classroom or community when obtaining the data. This study uses the interview method on *Doktor Muda* with special needs to obtain the data by taking into account the student's ability factor. The interview session cannot be conducted over a long period of time. The mood of the students should be taken into account.

This study cannot be generalized due to the research is only conducted at SK Seri Biram, Pekan. Besides, types of student's disabilities are different in each school. The implementation of *Doktor Muda* with special needs activities is also carried out differently in each school. Therefore, it is recommended that this study can be conducted at other *Kelab Doktor Muda* with special needs schools.

REFERENCE

- Annual Report of SBT SK Seri Biram, Pekan. (2017). *Pupils according to types of disabilities*.
- Bandura, A. (1977). Self-efficacy: toward a unifying theory of behavioural change. *Psychological Review* 84(2):1991-215.
- Bateman, D., & Bateman, C. F. (2002). *What does a principal need to know about inclusion?* ERIC Digest. Arlington, VA: ERIC Clearinghouse on Disabilities and Gifted Education. (ERIC Document Reproduction Service No. ED473828).
- Beacham, N., & Rouse, M. (2012). *Student teachers' attitudes and beliefs about inclusion and inclusive practice*. Journal of Research in Special Educational Needs, 12(1), 3-11.
- Boone, H. N., & Boone, D. A. (2012). Analyzing likert data. *Journal of Extension*, 50(2), 1-5.
- Brinckerhoff, L. (1994). *Developing effective self-advocacy skills in college-bound students with learning disabilities*. Intervention in School and Clinic, 29, 229-237.
- Buli-Holmberg, J., Guldahl, T., & Jensen, R. (2007). *Reflection about learning in a learning style perspective. (Refleksjon om læring i et læringsstilperspektiv.)* Oslo: Damm.
- Buli-Holmberg, J. & Ekeberg, T.R. (2009): *Equal and inclusive education*. Oslo:Universitetsforlaget.
- Buli-Holmberg, J. & Jeyaprabhan, S. (2016). *Effective practice in inclusive and special needs education*. International Journal of Special Education 31(1): 119-134.
- Chemers, M.M., Watson, C.B., May, S.T. (2000). *Dispositional affect and leadership effectiveness: a comparison of self-esteem, optimism, and efficacy*. Personality and Social psychology Bulletin 26(3): 267-277.
- Clark, R.A., Goldsmith, R.E. Goldsmith, E.B. (2008). *Market mavenism and consumer self-confidence*. Journal of Consumer Behaviour 7(3): 239-248.
- Cole, S., Horvath, B., Chapman, C., Deschenes, C., Ebeling, D. G., & Sprague, J. (2000). *Adapting curriculum and instruction in inclusive classrooms* (2nd ed.). Bloomington, IN: The Center on Education and Lifelong Learning.
- Collins, K. M. T., Onwuegbuzie, A.J., & Sutton, I. L., (2006). A model incorporating the rationale and purpose for conducting mixed methods research in special education and beyond. *Learning Disabilities: A Contemporary Journal*, 4, 67-100.
- Cooper, G. (2012). *Outdoor learning, environment and sustainability*. Environmental Education, 100, 28(4).
- Creswell, J. W. (2008). *Research design: qualitative, quantitative, and mixed methods approaches*. Thousand Oaks: Sage.
- Creswell, J. W., & Plano Clark, V. L. (2011). *Designing and conducting mixed methods research*, 2nd ed., Thousand Oaks, CA: Sage Publications, Inc.

- Dalien, S. (2014). *5 tips for building self-esteem in children with special needs*. Retrieved from <https://specialedresource.com/.../5-tips-building-self-esteem-children-special-needs>
- Department of Developmental Services. (2015). *State leadership accountability act (SLAA) report*. Retrieved from [http://www.dds.ca.gov/Transparency/docs/External Audits/SLAAReport.pdf](http://www.dds.ca.gov/Transparency/docs/External%20Audits/SLAAReport.pdf)
- Durlack, C. M., Rose, D., & Bursuck, W. D. (1994). *Preparing high school students with learning disabilities for the transition to postsecondary education: Teaching the skills of self determination*. *Journal of Learning Disabilities*, 27(1), 51–59.
- Farnham, M., & Mutrie, N. (1997). *Research section: the potential benefits of outdoor development for children with special needs*. *British Journal of Special Education*, 24(1), 31– 38.
- Field, S. (1996). *A historical perspective on student involvement in the transition process: A tool toward a vision of self-determination for all students*. *Career Development of Exceptional Individuals*, 19, 169– 176.
- Friend, M., & Bursuck, W. (2006). *Including students with special needs: A practical guide for classroom teachers*. Boston: Pearson Education.
- Hitchcock, C. Meyer, A., Rose, D., & Jackson, R. (2002). *Providing new access to the general curriculum: universal design for learning*. *Teaching Exceptional Children*, 35(2), 8–17.
- Honisset, S, S.Woolock, C.Porter & I.Hughes (2009). *Developing and award program for children's setting to support healthy eating and physical activity and reduce the risk of overweight and obesity*. *BMC Public Health*, 9:345-345. http://www.who.int/mental_health/evidence/en/promoting_mhh.pdf
- Ipe, M.(2003). *Knowledge sharing in organizations: A conceptual framework*. *Human Resource Development Review*, 2, 337-359.
- Irena Lelinjgieno & Angelo Kaušylienė. (2012). *Integration of children with disabilities into school community*. Lithuanian University of Educational Sciences,Lithuania.
- Janiga, S. J., & Costenbader, V. (2002). *The transition from high school to post secondary education for students with learning disabilities: A survey of college services coordinators*. *Journal of Learning Disabilities*, 35, 462–468.
- Khan, A., Fleva, E. & Qazi, T. (2015). *Role of self-esteem and general self-efficacy in teachers' efficacy in primary schools*. *Psychology*, 6, 117-125.
- Krahé, B., & Altwasser, C. (2006). *Changing negative attitudes towards persons with physical disabilities: an experimental intervention*. *Journal of Community & Applied Social Psychology*, 16(1), 59-69.
- Lamport, M.A., Graves, L., & Ward, A. (2012). *Special Needs Students in Inclusive Classrooms: The impact of social interaction on educational outcomes forlearners with emotional and behavioral disabilities*. *European Journal of Business and Social Sciences*, 1(5), 54-69.
- Laerd Dissertation. (2012). *Purposive sampling*. Retrieved from <http://dissertation.laerd.com/purposive-sampling.php>
- Lee, L. C., Harrington, R. A., Louie, B. B., & Newschaffer, C. J. (2008). *Children with autism: quality of life and parental concerns*. *Journal of Autism and Developmental Disorders*, 38(6), 1147-1160.
- Levin, D. M. (2006). *Magic arts counseling: The tricks of illusion as intervention*. *Georgia School Counselor Association Journal*, 14-23. Retrieved from http://www.gaschoolcounselors.com/associations/8213/files/GSCA_JOURNAL_2006.pdf
- Leyser, Y. & R. Kirk (2011): *Parents' perspectives on inclusion and schooling of students with angelman syndrome: suggestions for educators*, *International Journal of Special Education*, 26(2), 79-91.
- Lobe, B. (2008). *Integration of online research methods*. Information Technology/Social Informatics collection. Faculty of Social Sciences Press.
- Louv, R. (2005). *Last children in the woods: saving our children from nature –deficit disorder*. Algonquin Books of Chapel Hill.
- Milley, A., & Machalicek, W. (2012). *Decreasing students' reliance on adults a strategic guide for teachers of students with autism spectrum disorders*. *Intervention in School and Clinic*, 48(2), 67–75.
- Ministry of Health Malaysia. (2015). *Modul Latihan Kelab Doktor Muda Sekolah Rendah Pendidikan Khas*, Edisi 1.
- Ministry of Health Malaysia. (2016). *Monitoring Reports on the Implementation of Doktor Muda with Special Needs Program*.

- Reed, P., Osborne, L. A., & Waddington, E. M. (2012). *A comparative study of the impact of mainstream and special school placement on the behaviour of children with Autism Spectrum Disorders*. British Educational Research Journal, 38(5), 749-763.
- Rodríguez, I.R., Saldana, D. & Moreno, F.J. (2012). *Support, inclusion and special education teachers' attitudes toward the education of students with autism spectrum disorders*. Autism Research and Treatment, 1, 1-8.
- Sarika S. Gupta, William R. Henninger, IV and, Megan, E., (2014). *First steps to preschool inclusion: how to jumpstart your program wide plan*. Brookes Publishing.
- Scanlon, D., & Mellard, D. F. (2002). *Academic and participation profiles of school-age dropouts with and without disabilities*. Exceptional Children, 68, 239–258.
- Sergio Meresman. (2014). *Parents, Family and Community Participation in Inclusive Education*. Webinar 13 - Companion Technical Booklet. United Nations Children's Fund (UNICEF).
- Suhaili Samsudin, Mat Yusof Mat Jelani & Salmah Saad. (2016). *Peranan murid inklusif dalam program cakna rakan (procara) untuk mengatasi masalah pergigian dalam kalangan murid-murid pendidikan khas*, International Conference on Special Education in Southeast Asian Region, 6th Series.
- Taylor, A.F., & Kuo, F.E. (2009). Children With Attention Deficits Concentrate Better After Walk in the Park. *Journal of Attention Disorders*. 12(5): 402-409.
- Webster's New World College Dictionary. (2010). *Definition of self-confidence*. 4th Edition.
- Wenger, E. (1998). *Communities of practice; learning, meaning and identity*. Cambridge: Cambridge University Press.
- Wiener, J., & Tardif, C.Y. (2004). *Social and emotional functioning of children with learning disabilities: Does special education placement make a difference?* Learning Disabilities Research and Practice, 19, 20–32.
- Wood, J. W. (1998). *Adapting instruction to accommodate students in inclusive settings*. Upper Saddle River, NJ: Prentice-Hall.
- Yang, J. T. (2004). *Job-related knowledge sharing: Comparative case studies*. Journal of Knowledge Management, 8 (3), 118-126.

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