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ORIGINAL ARTICLE

HEALTH PROMOTION OF FAMILIES AND “PAUD” TEACHERS IN IMPROVING COGNITION, COMMITMENT AND BEHAVIOR TO PREVENT COVID-19 TRANSMISSION IN CHILDREN

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ABSTRACT

Introduction: Indonesia was entering the Covid-19 emergency response periods and is indicated by the increase in Covid-19 cases and the risk of transmission in high risk groups, one of which is children. The increase in Covid-19 cases have not been followed by compliance with Covid transmission prevention behavior in the community, especially children. This research aims to improve the cognition, commitment and behavior of Covid 19 prevention during the Covid emergency through the Health Promotion of families and kindergarten teachers.

Method: The research design used is Quasy Experiment, with a large sample of 100 pre-school age children divided into 2 groups, simple sampling techniques random sampling, Independent variables: Health promotion of families and teachers using pocketbook media, children's AKB Logbook, Educational Videos and Varibel dependents: cognition, commitment and preventive behavior of Covid 19 in pre-school children. The instrument used is a questionnaire, Statistical test using Wilcoxon Rank Tesy, Pair T Test, Mann Whitney.

Results: The results of the study found that health promotion using pocketbooks, AKB logbooks and Whatsapp Group media and Educational videos was able to improve cognition, commitment and behavior of Covid 19 prevention because it provides information directly to families and teachers. For 7 days the child under the supervision, assistance and facilitation of teachers perform Prokes in school and through the help of parents carry out the process at home. This is what helps children get used to the adaptation of new life in the Covid emergency.

Conclusion: there is an improvement in cognition, commitment and preventive behavior of Covid 19 in children after being given Health Promotion

Keywords: promotion, health, Covid-19, child

1. Introduction

World Health Organization (WHO) declared the outbreak of coronavirus in January 2020 to be an international public health emergency. WHO stated that there is a high risk of spreading COVID-19 to other countries in the world. In March 2020, WHO declared COVID-19 a pandemic. Global cases as of July 20, 2020 reached 14,508,892, while domestic cases in Indonesia confirmed cases 88,214 (Jaji, 2020). WHO has reported more than 2 million cases of Covid-19 in more than 210 countries and territories resulting in 195,755 deaths (Nakoe, S Lalu and Mohamad, 2020). Statistically as of May 17, 2020 there were 4,535,731 (four million five hundred and

thirty-five thousand seven hundred and thirty-one) positive cases of Covid-19 and as many as 307,537 (three hundred thousand five hundred and thirty-seven) died worldwide (WHO, 2020) the Indonesian Pediatricians Association (IDAI, 2020) mentioned 3,324 children who were patients in the hospital. Supervision (PDP) until May 18, 2020. Of these, 129 children with PDP status died, while the number of children who have been confirmed positive for Covid-19 amounted to 584 children. 14 of them died with a positive status of coronavirus.

WHO, UNICEF, and IFRC in Key Messages and Actions for COVID-19 Prevention and Control in Schools, a basic principle that can help keep students, teachers, and staff safe in schools and help stop the spread of this disease. The activities that schools should enforce regular such as hand washing with clean water and soap, maintain distance, cough and sneeze ethics, use masks (WHO, 2020). Maintaining distance can stop the transmission of the virus, and using a mask can avoid the virus entering the respiratory tract (Rahmawati, Utomo and Ahsanah, 2020). In Indonesia, the implementation of hand washing using soap, maintaining distance, using masks, the ethics of coughing and sneezing during pandemics is often still seen as one eye or considered a trivial thing. Though this action is an attempt to break the chain of microorganisms including viruses as a source of disease (Tabi'in, 2020). Based on the results of a preliminary study of 10 mothers conducted at Anna Husada Madura Bangkalan kindergarten on February 1, 2021, 5 children (50%) had less behavior in the prevention of Covid-19, 2 children (20%) had sufficient behavior in the prevention of Covid-19, and 3 children (30%) had good behavior in prevention. Covid-19, Low behavior of children in the prevention of Covid-19 in children is characterized by children not knowing the 6 steps of proper hand washing, children do not use masks properly when outside, children do not wash their hands properly after activities outside the house, children do not bring hand sanitizer when outside the house, children do not keep a distance when outside the house. Based on the results of the preliminary study above shows the problem in this study is still low behavior of children in the prevention of Covid-19.

The impact of early childhood health behavior problems (4 - 6 years) will increase the high risk of children being exposed to and contracting Covid-19 (Tabi'in, 2020). During the Covid-19 pandemic, parents need support from the workplace, home environment and where children are educated. Parents need health education about good home learning and supporting child development. Parents need the support of health workers in caring for children's health at home, parents also need information from education personnel in the place where children attend school about learning methods and media while at home (Rahmawati, Utomo and Ahsanah, 2020).

Health promotion in families and teachers is one of the efforts that can be done to provide physical, psychological and social health support in improving Covid-19 prevention behavior in children. Two basic concepts in family-centered care are empowering and empowering or involving parents in their child's care (enabling). Enabling families by creating opportunities for all family members to demonstrate their latest abilities and competencies and to gain abilities and new competencies to meet the needs to the children and families (Wong et al, 2008). This research aims to improve cognition, commitment and behavior to prevent the transmission of Covid-19 in children through health promotion using pocket book media, offline health counseling, Educational Videos through WhatsApp Group and Logbook. The results of this study are expected to provide information for early childhood education

institution managers, health workers, the general public and stakeholders in providing efforts to prevent the transmission of Covid-19 in children.

2. Research Methods

The research design used is quasy experiment research. The design seeks to reveal causal relationships by involving control groups in addition to experimental groups. The variables in this study are:

- a. Independent Variables: Health Promotion of Teachers and Parents using pocketbook media and Audio Visual Media, Logbook
- b. Family behavior in the prevention of Covid transmission in children
 - 1) Cognition of prevention of Covid-19 transmission in children
 - 2) Commitment to prevent the transmission of Covid-19 in children
 - 3) Preventive measures for transmission of Covid-19 in children

The population in this study was IGTKI Teacher of Bangkalan Regency, and Parents who had children aged 4-6 years who were registered in 6 kindergartens in the Bangkalan Cluster region. The size of the sample in this study as many as 100 divided into 2 groups, namely 50 treatment groups (Kindergarten Anna Husada Madura and TK Raudhatul Islam and TK Tunas mekar) and 50 control groups (TK Muhibin and Kindergarten Syafinda and Kindergarten Aulia), sampling technique: Simple random sampling with lotrey technique that we make a list of the names of all kindergarten students who qualify as many as 234 students and then we take the name lotrey as many as 50 treatments and 50 controls. Research instruments used for health promotion variables use the Covid 19 Prevention PocketBook in Children and Audio Visual (Educational Video). Variables of cognition, commitment and prevention of Covid-19 transmission in children Using questionnaires as many as 3 types, namely cognition questionnaire (8 questions measurement results in the form of total score), commitment questionnaire (10 questions with measurement results in the form of total score) and observation sheet of Covid19 preventive behavior (10 items with total score results).

Parents and Teachers in the treatment group get educated by hybrid learning (Offline and Online) with the media PocketBook "Guidelines for preventing the transmission of Covid in children in the Covid-19 Emergency Response Period" which was given at the first meeting and explained directly in kindergarten. Parents and Teachers are also gathered in WhatssApp Groups to get education assisted by The class teacher becomes a facilitator. Group WA became a medium to send educational videos and have discussions for 21 days with classroom teachers and parents about Covid-19 in children. The family also gets an AKB (New Habit Adaptation) logbook containing about Habituation of Covid-19 Transmission Prevention Behavior in children that must be filled out every day for 21 days. aimed at familiarizing children and families in transmission prevention behaviors in accordance with the Health Protocol. Statistical tests used after the Data Normality Test as follows:

- a. Test the difference in Cognition between before and after (treatment group), Test the commitment difference between before and after (treatment group) using the

- behavioral difference test between before and after (treatment group): Wilcoxon Signed Rank Test
- b. Test the difference in Cognition between before and after (Control group) and Test the Commitment difference between before and after (Control group): Wilcoxon Signed Rank Test
- c. Test the difference in Behavior between before and after (Control group): Paired T Test
- d. Test Differences in Cognition, Commitment and Behavior between treatment and control groups using: Mann Whitney.

3. Results and Discussion

Table 1 Characteristics of Respondent

Characteristics of Respondent	Treatment Group		Control Group	
	N	%	N	%
Age				
20-30	21	42	19	38
31-40	26	52	30	60
41-50	3	6	1	2
Education				
Magister	3	6	4	8
Bachelor or Diploma	8	16	14	28
High School	19	38	12	24
Junior High School	9	18	8	16
Elementary School	8	16	10	20
Not School	3	6	2	4
Work				
Housewife	20	40	19	38
Entrepreneur	16	32	17	34
Teacher or Lecturer	9	18	10	20
Farmer	5	10	4	8
Gender of child				
Male	21	42	19	38
Woman	29	58	31	62
Number of children				
1-2	26	52	29	58
3-4	12	24	11	22
5-6	12	24	10	20

Table 2 Tests Differences in Treatment and Control Groups

Variable	P-value
1. Cognition Difference Test between treatment and control groups	P Value : 0,000
2. Test Commitment Differences between treatment and control groups	P Value : 0.001
3. Behavioral Differences Test between treatment and control groups	P Value : 0.003

Differences in Cognition between treatment and control groups

Based on the results of the study found that there are differences in cognition between the treatment group and the control group. Family health promotion is one of the effective and efficient efforts to improve behavior, especially parental cognition. This is relevant to the philosophy of child nursing, the philosophy of family-centered care shows the family is constant in the child's life. Service and personal systems must support, appreciate, encourage and enhance the strength and competence of families through the empowerment of effective approaches and assistance (Duns and Trivette, 1996 in Wong et al, 2008). Families are supported in natural care delivery roles and decision-making roles by building their unique strengths as individuals and families. Two basic concepts in family-centered care are enabling and empowering. Empower or involve parents in the care of their children (enabling). Nurses enable families by creating opportunities for all family members to demonstrate their latest abilities and competencies and to acquire new abilities and competencies necessary to meet the needs of children and families (Wong et al, 2008). Through this health promotion parents experience improved cognition as a basis for making decisions or building commitment into a habit or consistent preventive measure.

The results showed that cognition in the treatment group was better compared to the control group with a Mean score: 7.15 in the treatment group and 5.16 in the control group. This is influenced by the activities that parents participate in and accompanied by the class teacher. Information received directly through pocketbooks and Educational Videos provides information to parents and Teachers about the importance of Covid 19 prevention in the Covid Emergency. The direct impact of family empowerment activities through health education is that families are able to increase understanding of the importance of preventive measures in children. It is like the concept of health promotion model (Nolla J Pander) that human cognition will see the benefits of action, see obstacles to action that can inhibit health behaviors and see self efficacy, is a person's ability to decide to use or avoid health promotion behaviors that will be done. Self efficacy affects the resistance to an action, so that high self efficacy has an impact on low resistance and vice versa (Alligood, 2017). Health education conducted to parents and teachers will help parents understand how to prevent the transmission of Covid 19 in homes and schools. This is supported by the results of the study (Pradana et al., 2021) that the knowledge of respondents before health education the majority of knowledge is sufficient 56.7% and after health education the majority becomes good knowledge 73.3%.

Differences in Parental Commitment in the prevention of Covid 19 Transmission in children between treatment and Control groups

Based on the results of the study found that there was a significant difference between parental commitment in the treatment group and the control group with P Value: 0.001 with a mean value of the treatment group 25.5 and the mean control group 19.5. This showed significant differences and high commitment of parents who received interventions. Parents who get an explanation when meeting offline in kindergarten continued by reading independently Pocket Books that have been submitted to parents make parents more understanding about the prevention of covid prevention in children. Parents who understand the benefits of prokes and understand the obstacles and abilities of self make parents sure to do Prokes prevention of Covid in children. It is as in the concept of Nolla J Pander that commitment to the plan, is the intention and purpose of a person to create a planning

strategy in order to implement health behaviors optimally. It is relevant to the results of the study (Nofrita et al., 2020) that commitment will increase when given health education in schools about the prevention of Covid 19. (Kurniati, Nur Alfaeni and Andriani, 2020). The role of parents is very important in increasing commitment in the prevention of Covid 19, so it requires the active participation of parents in health education. One of the things parents can do is read stories about Covid 19 to children (Sulastri, Maharani and Sarilah, 2020)

The increase in parental commitment in the prevention of Covid-19 transmission is in line with the results of Syah's research, Utari (2020), that TPQ Awalulmu'minin teachers are committed in the implementation of learning activities obliging to implement health protocols prevention of Covid 19 transmission in schools. This is because teachers experience an increased understanding of Covid-19 prevention in children after getting health education. Teachers understand the dangers of Covid-19 in children, understand how to effectively prevent the transmission of Covid-19 in children. This understanding affects the teacher's confidence and commitment to actively participate in the prevention of Covid 19 transmission in children..

25 The high commitment of parents who get health education due to the increased understanding of parents about the importance of prevention, the dangers of Covid in children, obstacles in the implementation of Prokes that they get after getting health education directly, reading pocket books, listening to educational videos, discussions in WA groups and accompanying children for 21 days implementing 10 AKB. Parents who understand the importance of Covid 19 prevention in children will increase the confidence and commitment of parents in helping, facilitating and supervising children implementing Prokes at home and school.

Differences in children's behavior in the prevention of Covid-19 transmission between treatment and control groups

Based on the results of the study found that there is a significant difference between the behavior of children in the prevention of Covid 19 transmission between the groups given treatment and those who are not. Families and Teachers get pocketbooks and educational activities online through Educational Videos and Discussions on Whatsapp Group, while children get a 21-day activity logbook containing about 10 New Life Adaptation (AKB) activities that must be done by children at home and at school in carrying out the Covid 19 Prevention Health Protocol. For 21 days the child gets help, supervision, and facilitated by the family and teachers in carrying out 10 AKB activities. Improved cognition scores and commitment to the treatment group impacted the behavior of the Covid 19 Prevention health protocol.

Families and teachers who better understand the importance, benefits and barriers of Prokes in children will be more confident in taking a stand and have a direct impact on their behavior in everyday life. As the results of the study, (Rizki, Putri and Pati, 2021) It is also relevant to the results of research conducted by (Kurniati, Nur Alfaeni and Andriani, 2020) that the role of parents is positively correlated to the behavior of children in the implementation of Prevention Prokes in the Covid pandemic. (Ausrianti et al., 2020) said that education to prevent Covid 19 transmission is effective in improving the behavior of pre-school children. Relavan with the results of the study (Wiliyanarti, Putra and Annisa, 2020) that health education is able to improve children's compliance in treatment compliance.

Children's behavior in the prevention of Covid-19 transmission experienced a significant increase in the treatment group because for 21 days received parental assistance, supervision and support to implement health protocols at home and assisted teachers while at school. Children get rewarded according to the agreement of parents when applying 10 New Habit Adaptation (AKB) for 21 days. Children feel motivated, reminded, facilitated during carrying out 10 AKB at school and at home. Children feel happy because they get rewards from parents because of changes in behavior for 21 days. After 21 days of applying the next 10 AKBs children get reassessment and the results satisfy children without being scolded, reminded by teachers and parents are used to using masks every time they go out and interact with others, used to wash their hands after activities outside the house / outside the classroom, children are used to using handsanitizer when there is a place to wash hands, Children are used to nose and nose when coughing or sneezing, children are easy to accept when asked at home and do not come to crowded places.

4. Conclusion

Hybrid Learning Health Promotion with PocketBook media, Educational Videos and Discussions via Whatsapp Group and LOOGBOOK AKB is able to improve cognition, commitment and Family Behavior, Teachers and Pre-School Children in Covid 19 Prevention Prokes in the Covid 19 Emergency. Improving family and teacher understanding will empower families and teachers in improving children's behavior in Covid 19 Prevention. Teachers will help facilitate, support and ensure the child's prokes behavior while at school and the family ensures child prokes while at home.

5. Ethics approval and consent to participate

This research has passed the ethics of research through the Health Research Ethics Commission of STIKes Ngudia Husada Madura on August 21, 2021 with the Number 1098/KEPK/STIKES-NHM/EC/VIII/2021.

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