

Training And Development Program of Disease Prevention and Control in Mother Tongue-based Bilingual Setting Designed For Early Childhood Education Teachers)

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Abstract

Implementation of Community Service is done in the form of training activities, workshops and field assistance which is divided into four stages in a systematic and sustainable way. The material given in phase I to the early childhood education teachers that include: *Disease Prevention and Control* equipped with lesson plan preparation techniques about bullying using poster, materials, role-play puppet, story times, and classroom rules. Phase II is the training of preparing lesson plan about *Disease Prevention and Control*. Phase III is Practice Peer Teaching and Phase IV is the implementation of Classroom Practice. The last is phase V that is Discussion and Self-reflection stage).

The main purpose of this Service is that early childhood education teachers can conduct and implement bilingual education programs of *Disease Prevention and Control* education in their respective schools so that teachers can provide healthy life choices while teaching children to make healthy choices for them.

The methods used in the implementation of this program include training, lectures, frequently asked questions, and discussions, teaching practices and worksheets that are the participants' outputs from this training.

Keywords: Learning, Bilingual, Lesson Plan, *Disease Prevention and Control* , Mother Tongue.

INTRODUCTION

Children are individuals who have not matured physically mentally or socially. In other words, children are creatures that are still growing and developing. Therefore the condition of the child is still vulnerable and still dependent on adults. The development of a nation's society, especially the role of human resources is to create harmony, welfare of life, and many families, because of various factors, are unable to independently meet the needs and care of children. In addition various laws and regulations have shown that the state protects every citizen and guarantees the rights of children to grow and participate according to their ability to grow (Van Roekel, 2008).

Learning is an active process and children will be able to learn at the best moments through learning that is directly related to life experiences. All children must have the opportunity to learn. However, the capacity for

success is reduced if students are absent or impaired by health problems caused by unhealthy behavior or dangerous situations. Therefore health education has a very significant role to form a healthy person. Health education will work well if it is implemented through the process of collaboration between family, school, and society (Feinstein, L. Et.al. 2006). Students who receive health education will have the capacity to obtain, interpret, and use health information and basic skills to improve individual health. Health instruction in the implementation of health education in schools must focus on the health and well-being of students and must be an integral and consistent part of the total school program (Chen & Li, 2009). Instructions that begin when children are young, starting from the level of early childhood education or early childhood education and continuing into teenage life will

strengthen positive behaviors that must be maintained throughout adulthood.

Imagine a school where all students are fit, healthy, and ready to learn; Where all students have important skills to maintain and improve the quality of healthy life and productive life. Imagine that young people succeed in applying the skills they learn through health education and they apply it in real life, namely challenging situations throughout their adolescence and adulthood. At a time when a lot of power is pressing students to make decisions that can jeopardize their well-being, health-related skills and knowledge become an important part of making sure every child is ready for success. To clearly identify what students should know and be able to do to identify correctly and lead healthy lives, it is important to design health learning models for early childhood that can be integrated with language learning to improve communication skills as well as children's social skills (Evers, 2011).

Health education for early childhood must be implemented in the form of learning that involves or directly relates to children's experiences. In this case learning about health must be delivered in a way that students or children can obtain, interpret, and apply basic health information in their daily lives so as to improve their personal health. In order to become a literate child about the importance of health, students must be encouraged to become independent learners where at the same time they also learn how to understand how to maintain health and how to prevent illness. Children should be encouraged to be able to use literacy, numeracy skills, and critical thinking skills to collect, collect, and apply health information because their needs and priorities will always change throughout their lives. They also need to be taught how to use social skills and communication in a relationship with one another so that they will learn how to learn about others and from others (UNESCO, 2014).

With health literacy, healthy self-management skills and health promotion, comprehensive health education will teach basic health concepts, promote habits and behaviors that improve health and well-being, and guide efforts to build healthy families, relationships, schools and communities (Driscoll, 1999)

Therefore PAUD teachers need training in learning related to the area of health education in the form of a framework for early childhood learning. The training will provide a variety of learning activities where students will gain knowledge and learn how to develop behaviors, positive attitudes and skills that are very important for developing critical health decision-making abilities related to the ability to apply responsibilities throughout life where health skills are developed is needed to improve the quality of life (Tominey, 2012).

Language is the main key in communication and understanding in the classroom. Learning in class that is delivered bilingually based on mother language will make it easier for teachers and students to interact naturally and negotiate shared meaning, creating participation in a conducive learning environment towards cognitive learning along with the development of children's linguistic abilities (Benson, 2005). Bilingual learning uses Mother language as the basis for the learning process because mother tongue is a tool to develop the quality of education by building knowledge and experience of both teachers and students. Whereas bilingual learning itself is important because it is a tool to promote gender and social equality and as a key element of society that has a variety of languages (Ball, 2011).

Training programs and development of health learning for early childhood are designed and packaged in the form of bilingual learning because bilingual learning that starts at an early age shows many benefits. The first is that children who have bilingual language skills will find it easier to understand Mathematical concepts, and Mathematical story problems (Zelasko & Antunez, 2000). Furthermore,

children who have bilingual skills will also be easier to develop thinking skills that are very strong (Kessler & Quinn, 1980). Furthermore, children will also be able to use their logic skills more maximally (Castro, Ayankoya, & Kasprzak, 2011). And more important is that the ability of bilingual language will train children to improve their ability to make decisions, focus on various things, and the ability to remember (Bialystok, 2001). Therefore, the dedication team formulated a community partnership program in the form of mother tongue language training and development of bilingual learning for Health for PAUD teachers in the city of Semarang. Based on the language of the mother, the team also wants to maximize the ability of children in communication using the mother tongue that can directly or indirectly help children in mastering their bilingual language.

Implementation Method

Devotion to Ibm society will be done in the form of training, workshop and field assistance which is divided into 5 (five) stages systematically and continuously. Each stage will be followed by teachers of TK Islam Tunas Melati Semarang and TK Amanah Al Kafalah Semarang with the number of participants 12 teachers and staffs.

Stages of activities will take place as follows:

1. Phase I (Material Submission Stage)

At this stage will be submitted material that includes “Disease Prevention and Control” in their respective schools followed by Lesson plan preparation techniques about English for Health especially about “Disease Prevention and Control” that can be applied during the learning process for approximately 30 minutes, at least once a week using poster material, role-play puppet, story times, and classroom rules.

The material is delivered in the form of lectures, questions and answers, training, and ending with the assignment of lesson plan preparation of about English for Health especially about “Disease Prevention and Control” and peer teaching as a simulation and simultaneously as the implementation of lesson plan about English for Health in the content area of “Disease prevention and Control” that has been compiled. This activity will be held at the campus of TK Islam Tunas Melati Semarang and also TK Amanah Al Kafalah Semarang.

2. Phase II (Training Stage)

At this stage, the participants practice preparing lesson plan on about English for Health especially about “Disease Prevention and Control” as a follow-up of the first phase. It is expected that in this training, teachers can generate lesson plan about bullying which then for the implementation of lesson plan about about English for Health especially about “Disease Prevention and Control” can be applied in peer teaching practice.

3. Phase III (Peer Teaching Practice Stage)

Every teacher at this stage engages in about English for Health especially about “Disease Prevention and Control” learning practices with their peers in the form of peer teaching. Mentoring and mentoring techniques are conducted to determine the level of understanding of teachers on how the application of lesson plan about English for Health especially about “Disease Prevention and Control” is applied in the form of learning about English for Health especially about “Disease Prevention and Control” that is integrated in the process of teaching in the classroom through peer teaching.

4. Stage IV (Classroom Practice Practice Stage)

Each teacher at this stage is a continuation of the previous stage where the teacher practices

English for Health about “Disease Prevention and Control”g learning with their own colleagues in their own class. Counseling and mentoring techniques are conducted to determine the level of teacher understanding of how the application of lesson plan on bullying is applied in the form of learning about bullying that is integrated in the process of teaching in their own schools, namely in the form of:

- A) Implementing team of community service to monitoring and evaluation to schools where the teachers will practice how to apply learning about English for Health especially about “Disease Prevention and Control”,
- B) Guiding and mentoring outside the school such as by phone and e-mail,
- C) Teachers may consult with the implementing team (instructor) on the campus of Universitas PGRI Semarang if required,

5. Stage V (Discussion & Self-Reflection Stage)

At this stage, it is the stage of discussion and self-reflection as well as sharing of each teacher about the advantages and also the lack of learning English for Health especially about “Disease Prevention and Control” as part of the training and development of English for Health lessons applied in their schools. Guidance and mentoring at this stage is done at the campus of TK Islam Tunas Melati Semarang and also the campus of TK Amanah Al Kafalah Semarang.

Discussion

The problems faced by early childhood education teachers and staffs in Semarang are the lack of understanding about the activities in the classroom practice of English for Health especially about “Disease Prevention and Control”. They need to learn more examples of what have happened if English for Health especially about “Disease Prevention and Control” is implemented in school. Because of that, the team of community service from Universitas PGRI Semarang provides them with more information, more articles about the effects of bullying until the variety of English

for Health especially about “Disease Prevention and Control” that are designed for early childhood education.

In this kind of training program, the early childhood education teachers and staffs will practise how to explain health habits that prevent the spreading of germs to the students. They will get some quizzes from the team and together we will discuss the matters one by one and open the discussion so that each teacher will get the same opportunity to express their ideas about how to explain to the students all different kinds of germs, tell students that there are many ways germs are passed, etc. Through the quizzes given they learn new and effective strategies on how to prevent disease and there will be role –playing to make the process of training became more interesting and alive. Early childhood education teachers also practise how to set up and role play a situation where students are asked if someone would like to share a half-eaten cookie; drink a cup after the teacher takes a drink; use the teachers’ toothbrush, etc. There are some pictures and videos that are shown to the teachers so that they get the illustration what happen to the spread of disease, how can it happen, what will happen next and what possible solution can be taken.

The most important thing in this training is teaching the children how everyone can help, prevent and stop disease spread and control infections. The early childhood education teachers are required to give ideas how to train their students to prevent disease and control infections. Teaching children to control infections such as how to wash hands before meals, cover mouth when coughing or sneezing, wash hands before preparing food, stay home home when sick, dry feet after taking a shower, not to drink untreated water, not to eat uncooked meat, wash hands after touching animals, wash hands after going to the bathroom, is one of the anticipation to avoid disease and to control infections. It is very significant to teach students to have infection

control measures that are the measures that one person can take to prevent getting or giving a communicable disease to another person. The other things that can be done by the early childhood education teachers is by showing or watching videos about how to demonstrate proper care of personal injuries involving blood together with children will help the to get the understanding how to treat a scrape, small cut, or bloody nose.

The training program also give some examples of precautions for giving First Aid. . Teachers and staffs learn how to teach students about when giving first aid to someone with a bleeding injury in which steps should be taken to avoid direct contact with blood. These precautions apply to giving first aid to anyone, not just persons who are known to have an infection. There will be some videos and quizzes that can enhance more ideas about preventable steps that can be taken and implemented in school. There are also some role-playing how students should seek help from an adult before giving first aid.

Early childhood education teachers and staffs practice how to empower themselves and children to assist another student who is bleeding and comes into contact with that student's blood. In this situation, the helping student or teacher should immediately wash his or her soiled skin with soap and running water. If the helping student or teacher has blood from another student on his or her clothing, it is recommended that every attempt be made to obtain clean clothing for them. They will implement some materials in the training program, will give the activities to the students in the forms of game that are related to the topics of English for Health in the content area of "Disease Prevention and Control" program.

Conclusion

Knowledge, attitudes and behavior are the three areas of learning that must be addressed in English for Health in the content area of "Disease Prevention and Control" Education. Information should be directed toward the

knowledge of risk behaviors associated with English for Health in the content area of "Disease Prevention and Control" Education. Classroom instructions and activities should be based upon the evaluation of student needs and readiness (Oregon Department of Education, 2006).

English for Health in the content area of "Disease Prevention and Control" Education lessons designed and trained to the Early Childhood Education teachers are based upon the concept of critical thinking skill. These lessons provide the student a chance to judge and evaluate information, define or develop personal attitudes about disease prevention, control, and education. The provided lesson plans also include scenarios and situational dramas which require students to use risk-reducing behaviors and responsible decision-making skills (Oregon Department of Education, 2006).

It is our primary obligation of the educational system to provide opportunities for students to develop skills necessary to be responsible for choosing and practicing healthy behaviors. Because of that, English for Health in the content area of "Disease Prevention and Control" program is designed and implemented for Early Childhood Education teachers so as for them to be able to give more learning environment to the students to develop skills and attitudes that will lead them to make healthy decisions.

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