

To Form Children Health Behaviour During the Covid-19 Pandemic: Teacher's Strategy and Obstacle

*(Membentuk Perilaku Sehat Anak Semasa Pandemi Covid-19: Strategi dan Hambatan
pada Guru)*

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Abstract

The Covid-19 pandemic is forcing everyone to change their behaviour to become more concerned about their health. This study aimed to illustrate the teachers' strategy and the obstacle in shaping health behaviours of children in school. By using a qualitative approach, the data was collected through in-depth interviews involving 9 participants (6 teachers and 3 parents). The results showed that to shape health behaviour, the teachers formed a conducive environment through a commitment with parents to implement a healthy lifestyle. This health behaviour campaign was carried out through creative means such as using stories and singing regularly and consistently. The teacher also engages other pupils to reprimand the child who committed the offence. This conducive environment will support the formation of health behaviours. Conversely, incompatible environments such as lack of facilities and the parent's inconsistency in at home intervening behaviour will damage the habits that have been established at school.

Keywords: behaviour formation, health behaviour, health protocols *Perilaku 3M*, the Covid-19 pandemic,

Abstrak

Pandemi Covid-19 memaksa setiap orang untuk mengubah perilaku agar menjadi lebih peduli terhadap kesehatan. Penelitian ini bertujuan untuk melukiskan strategi dan hambatan guru dalam membentuk perilaku sehat anak di sekolah. Dengan menggunakan pendekatan kualitatif, data dikumpulkan melalui wawancara mendalam dengan melibatkan 6 partisipan dan 3 orang informan. Hasil penelitian menunjukkan bahwa perilaku sehat dibentuk dengan menciptakan lingkungan yang kondusif melalui Kerjasama orang tua dan melalui kegiatan yang kreatif secara konsisten dan teratur. Sementara lingkungan yang tidak kompetibel seperti kurangnya fasilitas di sekolah dan ketidakkonsistenan orang tua di rumah untuk membentuk perilaku akan menghancurkan kebiasaan di sekolah.

Kata Kunci: pembentukan perilaku, perilaku sehat, protokol kesehatan, *Perilaku 3M*, pandemic Covid-19

INTRODUCTION

After being announced as a worldwide pandemic, SARS-CoV 2—well known as Coronavirus Disease 2019 (Covid-19)—

continues to have quite severe effects in many walks of life. (Rathi & Kumar, 2020) . The spread has a massive impact, attacking the health sector and economy, but also has

an impact on the field of education, (De, 2020), including Indonesia.

World Health Organization (WHO) reports that the virus is spreading fast. The virus moves from one human to another through droplet transmission and direct physical contact (World Health Organization, 2020a). That is, to prevent the spread of this virus, interhuman contact should be minimized wherever possible. Besides, the virus also spreads very quickly. Since the first cases found in Indonesia in early March 2020 (Nuraini, 2020) to the end of November 2020, there have 538,883 cases been reported (Okenews, 2020). It means that there are additional 59,876 new cases each month.

In the field of education, pandemics affect changes and adjustments to teaching and learning activities. Some of the adjustments made are learning from home with an online system (Pramana, 2020) or for regions where positively confirmed cases are relatively controlled can conduct direct learning by implementing strict health protocols. By the Indonesian government, prevention efforts through minimizing physical contact are formulated through the "*Perilaku 3M*", namely: 1) *Mencuci tangan* (Washing hand), 2) *Menggunakan masker* (Wearing mask), and 3) *Menjaga jarak* (Keeping distance) (Listina et al., 2020). This movement is massively campaigned through various information channels throughout Indonesia and targeted to all levels, including early childhood. In terms of preventing the spread of the virus, early childhood needs to get special attention. It was because children are a very vulnerable group to disease, considering their immunity is not as optimal as adults (Mardhianti, 2019). Furthermore, the pandemic also has implications for the

declining quality of nutrition and health in children (Akseer et al., 2020).

For dealing with that, children are required to be able to modify their behaviour radically and quickly. As a vulnerable group, the effectiveness of changing children's behaviour seems to be competing with the growth of reactive rates of Covid-19 patients. In order to prevent this pandemic attack, creative adaptation becomes an alternative that can be taken to compensate for the transposition that occurs so that increasingly complex problems can also be resolved (Surya, 2018).

The study on the habituation of new behaviours in early childhood during pandemics has been conducted several times. Safitri and Harun (2020) reviewed the efforts made by early childhood educators in implementing a clean and healthy lifestyle during the pandemic. Tabi'in (2020) highlighted the habituation of healthy living behaviours in order to prevent the spread of the virus. Nugroho and Yulianto (2020), through their article, encouraged the establishment of a *PAUD Sehat* (healthy school) program that adheres to health protocols to reduce the impact of outbreaks. This study aims to find out the patterns of strategies carried out by teachers as well as the obstacles experienced in dealing with the adaptation of new normality in early childhood through habituation of behaviour. The health behaviours that are put forward as a new form of normality adaptation discussed are focused explicitly on the "*Perilaku 3M*".

METHOD

This research was conducted using a qualitative approach with a case-study research, namely dive into specific

problems and contexts in depth through complex information in order to describe the unique problem variants of the selected locus (Creswell, 2013). This type of research was chosen because researchers wanted to comprehensively identify and explore strategies by kindergarten teachers for behavioural habituation of the "*Perilaku 3M*". This research involved subjects that were directly related to the process of forming the "*Perilaku 3M*" at schools, namely students, teachers, and principals. In addition, to deepen the research findings, information from parents was needed.

The primary data of this study involved 6 teachers (AS, DT, RD, ST, SU, and ZR) in Langsa, Aceh, Indonesia. Then, to enrich the study findings, the researchers also involved 3 parents of students (MA, NT, and RB). Research data collected through an in-depth interview to all research subjects between September-October 2020. Furthermore, researchers conducted nonparticipant observations to confirm the findings of the interview. The collected data was then analysed by Miles and Huberman's (1994) techniques as described by through the stages of reducing the findings that have been collected, and presenting information and data for verification and withdrawal of conclusions.

FINDINGS AND DISCUSSION

The formation of the "*Perilaku 3M*" in early childhood is preceded from providing correct information on what a pandemic is. Most of the children know about Covid-19 from various sources of information. Public service advertisements that are regularly aired on television, information distributed through posters and banners, as well as leaflets that are

widely distributed in the neighbourhood where they live, have provided them with sufficient information about Covid-19 and its prevention efforts. That is, children are cognitively already equipped with enough information about the virus as a new entity among them. A good understanding of this pandemic implies an understanding that the presence of the virus causes them not to be located or create crowds.

It has confirmed that Hernawati and Palapah (2011), stating that television becomes a mouthpiece of information for early childhood in shaping behaviour and character. This finding also reinforces the findings of Robinson et al. (2014), which prove the effectiveness of communication media to campaign for health behaviour.

Efforts to shape the behaviour of using masks are a challenge. To familiarize the masks, the headmaster made a regulation that on the way from home to school, parents are asked to wear masks on children. Arriving at school, the teacher replaced his mask with a face shield in front of the school gate. Active participation from parents is required to enforce these established regulations. However, the implementation did not go smoothly. The use of masks is considered more challenging to apply in early childhood, given the high activity of children's movements.

Furthermore, children feel that masks make it difficult for them to breathe. Therefore, the headmaster took the decision not to require the child to wear a mask. This strategy is not contrary to WHO recommendations that do not recommend the use of masks when exercising or doing high-intensity activities (World Health Organization, 2020b). Instead, the headmaster took the initiative to replace the mask with a face shield. To be more

compatible with the children, the face shield used is also modified so that it is easier to use and not easily removed when children play. In addition to avoiding droplet transmission from others, a face shield is also useful to reduce the frequency of children touching T-areas on the face. Face shield that will be used by children is prepared by the school and written the name of each child. The findings above show that engagement and cooperation between teachers and parents play a central role in shaping a child's behaviour. Habituation of new behaviours carried out in schools should also get a positive response from parents as the main actors at home. These findings reinforce previous studies that have shown that the role of parents and families is a significant predictor of behavioural formation (Falhatunnisa & Santika, 2020; Prasanti & Fitriani, 2018).

To teach handwashing behaviour, teachers implement several strategies. First, the teacher explained the behaviour of the virus that quickly moves through the touch of the hand. The explanation is done using easy-to-understand sentences and through stories. This pattern reinforces previous studies (Aisah, 2012; Hamdalah, 2013; Rachmayani et al., 2018) which refer to the effectiveness of using stories to promote the transformation of healthy living behaviours in children.

Second, children are taught to wash their hands using soap by giving examples of proper handwashing patterns to imitate. For children who seem to be reluctant to be actively involved in impersonation, teachers mentored directly. Sometimes, to ensure that the child is accustomed to the behaviour of washing hands with soap, the teacher tests by not giving soap. The kid asked, "Where is the soap, Ma'am?" This

response indicates that the modelling that teachers give to children has effectively shaped new behaviours. It is due to the tendency of early childhood to imitate (Ismaniar & Utoyo, 2020). Similarly, Nielsen & Blank (2011) explained children's ability to replicate adult behaviour easily.

To support the distance-keeping campaign, the headmaster implemented learning with a shift system in turn. For each shift in one class, a maximum of 8 students are filled. In the classroom, repeated information to students causes them to get used to keeping their distance in the classroom. During the observation, it was seen that when approached by his friend, the children said, "Do not go near it, the virus will come." The unique thing was when children queued when they wanted to wash their hands. When a friend of his was standing in line at close range, the children shouted, "Stop! Two boxes, please." It means that the child wants his friend to keep his distance from him as far as two tile boxes measuring 60x60 cm.

Furthermore, when his friend's son did not obey the instructions, he complained to the teacher that there was a friend who did not want to stand as far as two boxes. Then, the teacher gave an affirmation with the word "Watch out the virus, dear!". On arrival, they immediately kept their distance. Another strategy used by teachers to remind students of crowding is to deliver instructions through singing. Another unique strategy that teachers use to remind children is to ask questions to other students such as, "Who does not wear a face shield? Who knows what the Covid-19 is? What happens if we do not wear face shields?" The question is asked to get a response from his friend so that the child who broke the rules will immediately realize his mistake. It means that teachers

use peer mentorship systems in early childhood to explain health protocols.

To conclude, the role of the headmaster as a leader is also crucial in the enforcement of discipline. The headmaster did not seem reluctant to reprimand anyone who did not comply with health protocols within the school area. The headmaster instructed the teachers to facilitate healthy living behaviours in the school area, such as sinks and soap. These findings reinforce research that mentions the strategy (Sudrajat et al., 2020), the leadership (Hadi, 2020), and the creativity (Khairuddin, 2020) that the headmaster has played a vital role in the process of behavioural adaptation during the pandemic. The headmaster's understanding of his responsibility to maintain health in the school environment has implications for the teacher's understanding of a healthy lifestyle. This good teacher's understanding affects the appearance of the good habits of the child.

The transformation of new behaviour is not an easy thing. Its implementation will always face various obstacles. Similarly, the implementation of the "*Perilaku 3M*" also faces obstacles. Several things are obstacles to the implementation of this behaviour. The fundamental thing is the lack of facilities available. In the locus of the research, the obstacles arose due to limited handwashing facilities. This limitation causes children to have to wait in line for long to wash their hands, thus provoking their impatience and making the children rowdy. Another obstacle that arises is because there are still parents who do not believe in the coronavirus. The inequality of perception between teachers and parents has implications for the lack of adequate education from the family environment so that when at home,

children do not apply 3 M behaviour consistently. To add, their playmates at home are also not used to implementing health protocols properly. This accumulation of disturbances from their home environment damages well-formed habits. This study corroborates Sallis & Owen's research (2015) that environmental factors they refer to as ecological models or which by Green (1980) is referred to as reinforcing factor is crucial in shaping health behaviour.

CONCLUSION

Conclusively, to shape health behaviour, the teachers formed a conducive environment through a commitment with parents to implement a healthy lifestyle. This health behaviour campaign was carried out through creative means such as using stories and singing regularly and consistently. The teacher also engages other pupils to reprimand the child who committed the offence. This conducive environment will support the formation of health behaviors. Conversely, incompatible environments such as lack of facilities and the parent's inconsistency in at home intervening behaviour will damage the habits that have been established at school. This study involved only 6 participants. Thus, the complexity of health behaviour formation will be more profound if it involves more participants and can give a more holistic draw.

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