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VIDEO "MANOLA" (AMAN DI SEKOLAH) ON KNOWLEDGE AND ATTITUDES TO PREVENT COVID-19 TRANSMISSION IN PRIMARY SCHOOL STUDENTS

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ABSTRACT

Children are one of the vulnerable groups to Covid-19 transmission because they have not been able to understand health protocols properly. Schools are at risk for an increase of Covid-19 cases when they reopen, this is evidenced by the increase in the number of school transmission cases from 2% to 23% in June 2020, to 70% in July 2020 and then to 90% in September 2020. This research was aimed to determine the effect of the "MANOLA" video on the knowledge and attitude of preventing the transmission of Covid-19 in primary school students. This research was a quasi-experimental type with one group pretest posttest design. The research was carried out at Primary School of 002 Tanjungpinang Timur. The population of this research were all fifth-grade students. Based on the calculation of the sample size, the number of samples was 33 respondents. The sampling technique in this research used non-probability sampling- purposive sampling. The data were analyzed using the Parametric Paired Sample T-test. The results showed that the average knowledge of students increased by 1.12 with a p value of 0.001 and the average attitude increased by 1.73 after being given an intervention in the form of a video "MANOLA" with a p value of 0.000. This research concluded that the video "MANOLA" can effectively increase knowledge and attitudes to prevent transmission of Covid 19 in primary school students because it attracts attention and interest so it can be easily understood. It is expected that this "MANOLA" video can be recommended as a method of health education for primary school students.

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1. INTRODUCTION

Coronaviruses are a large family of viruses that cause illness ranging from mild to severe symptoms. There are at least two types of corona virus that are known to cause disease that can cause severe symptoms such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) [1]. Coronavirus Disease 2019 (Covid-19) is a new type of disease that has never been previously identified in humans. The virus that causes Covid-19 is called Sars-CoV-2. Until now, the Covid-19 situation at the global and national level is still at very high risk [2]. While vaccine development is still in progress, the world is faced with the reality of preparing to coexist with Covid-19. Therefore, guidelines are needed to prevent and control Covid-19 based on WHO recommendations that are adapted to the development of the Covid-19 pandemic, and the provisions of the legislation currently in force known as Adaptation of New Habits (IMR)[3]

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Adaptation to New Habits (IMR) is a community effort to adapt to the environment, in the form of changing self-behavior to become more disciplined, maintain cleanliness, and obey health protocol regulations. So people stay productive while staying safe from Covid-19. The implementation of IMR is increasingly being prepared and socialized. A new lifestyle and discipline will be one of the keys. The habit of living in an orderly manner, queuing in public places, keeping a distance, and having a healthy lifestyle, then wearing a mask, washing hands with soap and running water, are examples of new things that make people have to adapt to the new rules of life. [4]

Socialization to the community must be carried out massively, especially regarding a number of health protocols that must be followed such as using masks, maintaining distance, washing hands, avoiding crowds, to maintaining body immunity, one of them is in schools. School is a place to interact, study and work, a place to learn for students, a place to work for teachers and school employees, and a place to interact among all school members. During the COVID-19 pandemic, schools were one of the most affected institutions because they had to be completely closed in order to control the spread of cases. Schools really need the implementation of health protocols, as we know the health protocol is a rule that is made to be a guide or procedure for early childhood and teachers in schools to maintain safety and cleanliness while studying at school [5].

Children are one of the groups that are vulnerable to Covid-19 transmission because they have not been able to understand health protocols properly. Not only vulnerable to Covid-19 transmission, but children also have the potential to transmit the virus. This is in line with research conducted by Leeb (2020) which states that children <10 years old can transmit this virus in the school environment [6]. According to Panovska-Griffiths (2020), schools are a place at risk of an increase in Covid-19 cases when they reopen, this is evidenced by the increase in the number of school transmission cases from 2% to 23% in June 2020, to 70% in July 2020 and then to 90% by September 2020 [7].

Based on data from the Task Force for the Acceleration of Handling Covid-19 (2020), Covid-19 cases in children totaled 19,196 people on May 22, 2020 with details of 954 People Without Symptoms (OTG), 10,376 People Under Monitoring (ODP), 7,512 Patients In Surveillance (PDP), and 715 confirmed cases. The total number of children who died was 452 children, 4,438 recovered, 4,157 were treated and more than 450 children were referred to better health care facilities [8] Most of the positive Covid-19 children usually have general or mild symptoms such as fever, dry cough and fatigue or without symptoms. Therefore, it is important for children to have knowledge regarding Covid-19 prevention measures through the application of good and correct health protocols in the school environment [9].

Based on the background described, researcher is interested in conducting research using the animated video media “MANOLA” (Aman di Sekolah). This research found out the influence of animation “MANOLA” video media tooward knowledge and attitude in avoiding the transmission of COVID-19 to primary school students of 002 Tanjungpinang Timur

2. RESEARCH METHOD

This type of research was a quasi-experimental with one group pre and post-test design, observations was conducted before and after being given treatment to respondents. The treatment given to the respondents was in the form of a “MANOLA” (Aman di Sekolah) video to find out changes in knowledge and attitudes before and after being given the “MANOLA” video. The research was conducted at Pimary School of 002 Tanjungpinang Timur. The population of this research were all fifth-grade students. Based on the calculation of the sample size using the WHO sample size application, the number of samples was 33 respondents. The sampling technique in this research used non-probability sampling- purposive sampling, a type of method in which researcher selected respondents based on subjective considerations, so these respondents could provide adequate information to answer questions [10]. The criteria included in this research are: 1) students who had smartphones and 2) willing to be respondents. The independent variable was the “MANOLA” video while the dependent variable was the knowledge and attitudes of primary school students, the external variables were gender and parental education. The data collection method was carried out twice, during the pre-test and post-test with a span of 2 weeks. The instrument used in the data collection process was a structured questionnaire to determine the respondent’s characteristics, knowledge and attitudes. The data were analyzed by using parametric dependent samples T-Test / Paired T-Test since the data were normally distributed.

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3. RESULTS AND ANALYSIS

Table 1. Distribution of Respondents Characteristics Based on Gender and Parent's Education

Characteristics	Frequency (n)	Percentage (%)
Gender		
- Male	9	27.3
- Female	24	72.7
Parents' Education		
- Low (Primary/ Middle School Graduated)	13	39.4
- High (High School/ College Graduated)	20	60.6

Based on table 1, the results obtained are 9 (27.3%) male respondents and 24 (72.7%) female respondents, then for the distribution of data on parental education the most are in higher education 20 (60.6%) and low education 13 (39.4%).

Table 2. Distribution of Respondents' Knowledge and Attitudes on the Pretest and Posttest of Manola Video

Knowledge	***Pretest***		***Posttest***	
	n	%	n	%
Good	13	39.4	23	69.7
Enough	16	48.5	7	21.2
Less	5	15.2	3	9.1
Total				
Attitude	***Pretest***		***Pretest***	
	n	%	n	%
Good	10	30.3	26	78.8
Enough	14	42.4	7	21.2
Less	9	27.3	0	0
Total				

Based on table 2, the pre-test obtained from 33 respondents who were knowledgeable in the good category before being given the Manola video as many as 13 (39.4%) respondents, while the respondents who were knowledgeable in the sufficient category before being given the Manola video were 16 (48.5%) respondents, and respondents with knowledge less before being given the Manola video as many as 5 (15.2%) respondents. While in the post-test of 33 respondents who were knowledgeable in the good category after being given the Manola video, there were 23 (69.7%) respondents, respondents who were knowledgeable in the sufficient category before being given the Manola video were 7 (21.2%), and respondents with less knowledge before being given the video. Manola videos as many as 5 (15.2%) respondents. Of the 33 respondents who had a good attitude before being given the Manola video, 10 (30.3%) respondents, while the respondents who had a moderate attitude before being given the Manola video were 14 (42.4%) respondents, and respondents with less attitude before being given the Manola video. as many as 9 (27.3%) respondents. While in the post-test of 33 respondents who had an attitude with a good category before being given the Manola video as many as 26 (78.8%) respondents, while respondents who had an attitude with a sufficient category before being given the Manola video were 7 (21.2%) respondents, and no respondents with less attitude before being given Manola video as many as (0%) respondents.

Table 3. Comparison of Average Knowledge and Attitudes of Respondents

Variable	*Mean*	SD	*P*
Knowledge			
Pre Test	6.52	1.43	0.001
Post Test	7.64	1.61	
Difference	1.12	1.69	
Attitude			
Pre Test	6.21	1.61	0.000
Post Test	7.94	0.78	

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Average of Increase	1.73	1.54

Based on table 3, it can be seen that the Manola video could increase the average value of knowledge by 1.12, namely from the average knowledge of 6.52 before being given the Manola video intervention, it changed to an average knowledge of 7.64 after being given the Manola video intervention. The results of the T test obtained p value = 0.001 meaning that statistically there was a significant difference in knowledge between before and after being given the Manola video. While it is known that the Manola video can increase the average attitude value by 1.73, from the average attitude of 6.21 before being given the Manola video intervention, it changed to an average attitude of 7.94 after being given the Manola video intervention. The results of the T test obtained p value = 0.000 meaning that statistically there was a significant difference in attitudes between before and after being given the Manola video.

3.1 The Effect of Manola Videos on Knowledge

Based on the results of research conducted on 33 respondents at Primary School of 002 Tanjungpinang Timur, it was found that there was an effect caused by the Manola video intervention on knowledge of preventing Covid-19 transmission in primary school children with a p value = 0.001. The results of the frequency distribution in table 2 show that before the manola video intervention was given, 13 (39.4%) respondents had good knowledge, 16 (48.5%) respondents had sufficient knowledge, and 5 (15.2%) had poor categories. Meanwhile, after being given the Manola video intervention, as many as 23 (69.7%) respondents had good knowledge, 7 (21.2%) respondents had sufficient knowledge and 3 (9.1%) had poor categories.

Knowledge is the result of knowing and this occurs after people have sensed certain objects. The senses of the five human senses were the senses of sight, hearing, smell, taste and touch. Most of human knowledge was obtained through the eyes and ears, namely the process of seeing and hearing [11].

Based on the characteristics of the respondents, the gender was mostly female respondents (72.7%) compared to male respondents (27.3%), where girls were easier to understand and manage, because they were responsive and sensitive to language, while boys prefer exploration, experimenting with outdoor activities and should be more regulated and monitored [12].

The number of respondents who had sufficient and even less knowledge about COVID-19 showed that respondents still needed proper education about COVID-19 to increase knowledge about COVID-19. This was in line with Notoatmodjo's (2012) theory which revealed that changing a person's behavior required a larger stimulus. In this research, researcher used the animation video media Manola (Aman di Sekolah) which contained health protocols that must be carried out by students while at school as a medium that provided stimulus to respondents.[13]

The media used when researcher provided interventions is another factor that can increase children's knowledge about health protocols. The media used is audiovisual media, this media was considered more effective and creative in providing information to children. Audiovisual media used the power of imagination to increase students' enthusiasm for learning which had an impact on increasing student learning outcomes. Audiovisual media created an effective way of learning and what has been received from this audiovisual media was more stored in one's memory [14].

Animation video media that utilized audio and visual functions were quite often used as learning media to provide health education to school-age students. This was because by using animation video media the information conveyed can be seen and heard, so it will attract the attention of respondents to digest the material presented. The results of this research were in line with research by Adila et al with the title *"Covid-19 Prevention Educational Video Improving Knowledge and Attitudes about Compliance with Health Protocols in School-Age Children."* Covid-19 prevention education [15].

With this research, it was found that increasing knowledge with health education could be done using various creative and innovative ideas that were in accordance with world developments as well as target conditions and situations, one of which was the use of animated video media that was fun, familiar and attracts attention in the delivery of health information. Due to the delivery of information that was in accordance with the target by using the right and appropriate media, it was expected that the target could absorb and understand information about Covid-19 properly and correctly.

3.2. The Effect of Manola's Video on Attitude

Based on the results of research conducted on 33 respondents at Primary School of 002 Tanjungpinang Timur, it was found that there was an influence caused by the Manola video intervention on the attitude of preventing COVID-19 transmission in primary school students with a p value = 0.000. The results of the frequency distribution in table 2 show that before the manola video intervention was given, 13 (39.4%) respondents had good knowledge, 16 (48.5%) respondents had sufficient knowledge, and 5 (15.2%) had poor categories. Meanwhile, after being given the Manola

video intervention, as many as 23 (69.7%) respondents had good knowledge, 7 (21.2%) respondents had sufficient knowledge and 3 (9.1%) had poor categories.

Attitude is a process of assessment by a person towards an object or situation accompanied by certain feelings and provides the basis for the person to make a response or behave in a certain way that they choses. Statements regarding attitudes in this research were closely related to the attitudes in the daily lives of respondents since the respondents were carrying out their activities during the Covid-19 pandemic which is of great concern to respondents [13].

Other people around children are one of the social components who influence children's attitudes. Someone who is considered important, someone whose approval was expected for every child's behavior and opinion, someone who does not want to be disappointed or someone who has special meaning for them, will greatly influence the formation of the child's attitude towards something. People who are usually considered important for children are parents. Children will listen and imitate as their parents do. The level of parental education plays a very important role in improving attitudes that will be imitated by children. High parent's education can affect respondents' attitudes because a person's ability to accept and understand was determined by the education level they had. Acceptance and understanding of the information received by someone with higher education is better than someone with low education [11]. This was in line with the research by Corneles et al (2015) with the title "The Correlation between Education Level and Knowledge of Pregnant Women About High Risk Pregnancy" the results of the X^2 test were calculated at 83,801 and the X^2 table was 3.84 with p value = 0.00, there was a relationship between education level and mother's knowledge pregnant about high-risk pregnancies [16]

Animation video media can be defined as media with properties that are able to increase the sense of attractiveness to be accessed due to merging with audio and visual concepts in one display. In addition, animation video media can be accessed easily from various existing media, such as television, Youtube, and other social media applications that provide users with these applications in watching, downloading, or uploading animated videos available on the application. An easy way of accessing the video makes animated videos not only useful as a means of entertainment, but also as a media of education. One of them as a media of education in the health sector. This is in line with the research by Mulyati et al (2015) with the title "The Effect of Movie Media on Mothers' Attitudes in Early Detection of Cervical Cancer", the results of the research showed that there was a positive influence of health education through movie on maternal attitudes ($P < 0.05$) [17]

Manola animation video is one of the media that can be used as a medium of learning to change the respondents' attitude. The occurrence of a change in respondent's attitude cannot be separated from the influence of the knowledge they receive from the learning process so awareness arises and finally gives encouragement to respondents to make changes to their behavior for the better, especially about Covid-19. Therefore, the Manola animation video used in this research was designed to be able to provide an increase in respondents' attitudes about Covid-19

CONCLUSION

This research concludes that the video "MANOLA" (Aman di Sekolah) can effectively increase knowledge and attitudes to prevent transmission of Covid 19 in primary school students since it attracts attention and interest so it can be easily understood. It is expected that that this "MANOLA" video can be recommended as a method of health education for primary school students.

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