

Microteaching English for Health in Bilingual Learning for Early Childhood Education Teachers: A Community Service Program

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Abstract

The implementation of this Community Service is carried out in the form of training activities, workshops and field assistance which is divided into four stages in a systematic and continuous manner. In stage I, materials were delivered which included: (1) healthy eating habits, (2) Five Types of Nutrients, (3) Effects of Exercise on the Body, (4) Dental Health, (5) Caring for personal hygiene (Personal Hygiene Care), (6) Studying and making lesson plans on language learning and health integrated in English for Health from the five content areas that can be applied during the teaching and learning process takes approximately 30 minutes, at least once a week using poster materials, role-play puppets, story times, and demonstrations. The methods used in the implementation of this program include training, lectures, questions and answers, and discussions, teaching practices and worksheets which are the outputs of participants from this training. The results of the service implementation show that the Tunas Melati Islamic Kindergarten teachers in Semarang are able to implement bilingual health and language learning based on English for Health well. This proves that the training and development program for language learning and health which is integrated with English for Health for Islamic Kindergarten teachers in Tunas Melati Semarang from these five content areas is a collaborative work of all school elements that is integrated with the learning process in the classroom which together and integrated with the curriculum will support the growth and development of young children who are healthy, intelligent, energetic, and active.

Keywords: microteaching; English for health; early childhood education; bilingual learning

Introduction

Children who are fit, healthy, and ready to learn will have the skills to maintain and improve the quality of a healthy and productive life. Healthy children will be able to face real life and challenging situations throughout their adolescence and adulthood. Children who have skills and knowledge related to health will be able to maintain their health and fitness so that they are ready to carry out academic and non-academic activities to maximize their physical and mental abilities so that children are ready to succeed. Therefore, integration learning about health is very important to be applied as early as possible so that students can identify correctly and lead

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a healthy life, it is important to design a health learning model for early childhood that can be integrated with language learning to improve communication skills as well as children's social skills (Britton, 2015; Department of Health, 2020; Jazuly & Indrayani, 2018; Octaviana, 2018).

Health learning that is integrated with the school curriculum for early childhood will provide maximum positive results if implemented in the form of learning that is directly related to the child's experience. Learning about health and the development of early childhood language skills delivered bilingually will stimulate children's brains to create creative ideas both in language and in maintaining health where the theme raised is healthy living habits carried out by children in the home environment, school, and the surrounding community. . It is the responsibility of teachers in schools, parents at home, and adults everywhere to provide the best health education for young children independently. Absorbed health learning will enable children to be able to maintain health independently such as complying with a regular diet, consuming healthy foods, reducing or avoiding unhealthy foods, maintaining good hygiene both teeth and other body parts. Children should be encouraged to use literacy, numeracy and critical thinking skills to collect, collect and apply health information because their needs and priorities will change throughout their lives. They also need to be taught how to use social and communication skills in a relationship with one another so that they will learn how to learn about other people and from other people both about health, language, character, and other things in life (Ashdown et al., 1996; Jazuly & Indrayani, 2018; Yang et al., 2019).

Many strategies and learning techniques collaborate between language skills contained in health learning. With the expression and use of good and correct language, children will be better at learning all kinds of material, including health education. In a strong body there is a healthy soul. "Healthy students are better learners, and better-educated individuals are healthier. With health literacy, healthy self-management skills, and health promotion, comprehensive health education will teach fundamental health concepts, promote habits and behaviors that promote health and well-being, and guide efforts to build healthy families, relationships, schools, and communities (Ashdown et al., 1996; Ontario & Education, 2005; Paulus et al., 2004).

Therefore, PAUD teachers need training on learning related to language and health learning areas that are integrated in learning English for Health. The training will provide a variety of learning activities where students will gain knowledge and learn how to develop positive attitudes, behaviors and skills that are essential for developing the language skills needed to make health-related decisions, which are very important in terms of the ability to apply responsibilities throughout life. where the development of health skills is needed to improve the quality of life (Ashdown et al., 1996; Lamanauskas & , 2019) (Ashdown et al., 1996; Lamanauskas & È, 2019).

Language is the key to communication and understanding in the classroom. Classroom learning delivered bilingually based on mother tongue will make it easier for teachers and students to interact naturally and negotiate shared meanings, creating participation in a learning environment that is conducive to cognitive learning along with the development of children's linguistic abilities (C. J. Benson, 2010; C. Benson & Plüddemann, 2005). Bilingual learning itself is important because it is a tool to promote gender and social equality and as a key element of a linguistically diverse society (Ball, 2011).

The training and development program for language learning and health that is integrated into English for Health for early childhood is designed and packaged in the form of bilingual

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learning because bilingual learning that starts at an early age has proven to provide many benefits. The first is that children who have bilingual language skills will more easily understand mathematical concepts, and math story questions (Marian & Shook, 2021; Pransiska, 2017). Furthermore, children who have bilingual abilities will also find it easier to develop very strong thinking skills (Kempert et al., 2011). Third, children who have bilingual abilities are proven to have more maximal logical abilities (Schmidt & Nisbet, 2011; Suwanarak, 2014). And what is more important is that bilingual language skills will train children to improve their ability to make decisions, focus on various things, and remember skills (Hartanto et al., 2018; Woll & Wei, 2019). Therefore, the service team formulated a community partnership program in the form of training and development of language learning and health integrated in English for Health for PAUD teachers in the city of Semarang which is believed to be able to maximize children's ability to communicate using mother tongue which can directly or indirectly help children in their mastery of the bilingual language.

In the training and development program for language learning and health that is integrated with English for Health for PAUD teachers in Semarang City, early childhood educators will receive training to be able to teach, provide models, and prepare children to understand the concepts of how to teach language at the same time. also trains early childhood to maintain health and prevent disease so that they gain knowledge on how to improve body health. In this training, PAUD educators or teachers will also teach young children to demonstrate the ability to use knowledge about nutrition and fitness, skills, and strategies to promote healthy lifestyles. In other words, early childhood educators or PAUD teachers can also teach children how to maintain cleanliness and get used to a healthy life.

In connection with the above, it is deemed necessary to have upgrading, training, mentoring and mentoring on language learning and health that is integrated in English for Health for Islamic Kindergarten teachers Tunas Melati Semarang. Where this training program not only provides counseling for PAUD teachers to develop children's motor skills, health and nutrition, but also develops children's bilingual language skills ranging from 20% to 50% the percentage of English language involvement in training and development of language learning and health integrated in English for Health. Therefore, it is necessary to have a forum to facilitate these activities for PAUD teachers in the city of Semarang, especially in Tunas Melati Islamic Kindergarten in Semarang.

Literature Review

Child development is the most fundamental part of the process of human development, where the architecture of the brain is formed in the first years, where development is also influenced by the interaction of genetic inheritance and the influence of the environment in which the child lives. To improve children's health, it is very important for adults in the school, home and community environment to understand their uniqueness, as well as the environmental conditions that support their development (La & Ver, 2016). Good and healthy child development requires various parties to participate regardless of the obligations of parents as the smallest members of society at the family level, the school and the community play a very important role in child development. In addition, various laws and regulations have shown that the state protects every citizen and guarantees the rights of children to grow and develop and participate according to their abilities (Crawford, Saul, Mathews, & Makinster, 2005; Tandon, Hassairi, Soderberg, & Joseph, 2018) (Crawford et al., 2005; Tandon et al., 2018).

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Early childhood will be able to learn to grow and develop properly if the learning material is directly related to the child's learning experience at home and in the immediate community. The government, family, and society should provide the widest possible opportunity to learn, but this opportunity will be reduced or constrained if the child has health problems. Therefore, integrated learning with health topics has a very significant role to form a healthy person who will work well if implemented through a collaborative process between families, schools, and communities (Lynch & Soukup, 2016). Students who acquire learning about health from an early age will have the ability to obtain, interpret, and use health information and basic skills to improve individual personal health. Health learning that is integrated and implemented in schools must focus on the health and well-being of students and must be an integral and consistent part of all programs launched by the school (Ellyatt & Project, 2018). Integrated health learning that starts early, starting from early childhood education or PAUD and continues into adolescent life will strengthen positive behaviors that must be maintained throughout adulthood.

The training and development program for language learning and health that is integrated into English for Health for early childhood is designed and packaged in the form of bilingual learning because bilingual learning that starts at an early age has proven to provide many benefits. The first is that children who have bilingual language skills will more easily understand mathematical concepts, and math story questions (Marian & Shook, 2021; Pransiska, 2017). Furthermore, children who have bilingual abilities will also find it easier to develop very strong thinking skills (Kempert et al., 2011). Third, children who have bilingual abilities are proven to have more maximal logical abilities (Schmidt & Nisbet, 2011; Suwanarak, 2014). And what is more important is that bilingual language skills will train children to improve their ability to make decisions, focus on various things, and remember skills (Hartanto, Yang, & Yang, 2018; Woll & Wei, 2019) (Hartanto et al., 2018; Woll & Wei, 2019). Therefore, the service team formulated a community partnership program in the form of training and development of language learning and health integrated in English for Health for PAUD teachers in the city of Semarang which is believed to be able to maximize children's ability to communicate using their mother tongue which can directly or indirectly help children in their mastery of bilingual language.

Method

This service to the IBM community will be carried out in the form of training activities, workshops and field assistance which are divided into 5 (five) stages in a systematic and continuous manner. Each stage will be followed by partner teachers of Islamic Kindergarten Tunas Melati Semarang with 8 teachers and staff participating.

The stages of the activity will take place as follows:

1. Stage I (Stage of Submission of Materials)

At this stage, the material will be delivered which includes:

Understanding of learning essential concepts, analyzing influence, developing interpersonal communication, decision-making skills, practicing behaviors that can improve health in five content areas of health learning:

- a. Healthy Eating Habits (Healthy Eating Habit)
- b. Five types of Nutrients

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- c. Effects of Exercise on the Body
- d. Dental Health (Dental Health)
- e. Taking care of body hygiene (Personal Hygiene Care)

f. Studying and making lesson plans on language learning and health integrated in English for Health from the five content areas that can be applied during the teaching and learning process for approximately 30 minutes, at least once a week using poster materials, puppet role-plays, stories times, and demonstrations.

The material was delivered in the form of lectures, questions and answers, training, and ended with the assignment of preparing RPP on language learning and health integrated in English for Health and peer teaching as a simulation and at the same time as the implementation of RPP on language learning and health integrated in English for Health. Health is in accordance with the modules and learning links provided by the service team. This activity will be held at the Tunas Melati Islamic Kindergarten campus in Semarang.

2.Phase II (Training Stage)

At this stage, participants practice practicing and developing examples of lesson plans on language learning and health integrated in English for Health that have been prepared by the service team as a follow-up to the first stage. It is hoped that in this training, teachers can practice and implement lesson plans on language learning and health that are integrated in English for Health according to the module book and learning links provided by the service team. Furthermore, the practice and implementation of lesson plans can be applied in peer teaching exercises.

3. Phase III (Practice of Peer Teaching Practice)

Each teacher at this stage carries out language and health learning practices that are integrated in English for Health according to the modules and learning links provided by the service team with their own colleagues in the form of peer teaching. Guidance and mentoring techniques are carried out to determine the level of teacher understanding of how the implementation of lesson plans is applied in the form of learning that is integrated in the teaching process in the classroom through peer teaching.

4. Stage IV (Classroom Practice Stage)

Each teacher at this stage is a continuation of the previous stage where teachers carry out language and health learning practices that are integrated in English for Health according to the modules and learning links provided by the service team with their own colleagues in their respective classes. Guidance and mentoring techniques are carried out to determine the level of teacher understanding of how the implementation of lesson plans is applied in the form of learning that is integrated into the teaching process in their own schools, namely in the form of:

a) The community service implementation team monitors and evaluates schools where teachers practice implementing learning about language learning and health that is integrated in English for Health in accordance with the modules and learning links provided by the service team,

b) Provide guidance and assistance outside of school such as by telephone and e-mail,

c) Teachers can consult with the implementing team (instructors) on the campus of Universitas PGRI Semarang if needed,

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

At this stage is the stage of discussion and self-reflection as well as sharing from each teacher about the advantages and disadvantages of language learning and health integrated in English for Health in accordance with the modules and learning links provided by the service team as part of training and learning development. language and health integrated in English for Health which is implemented in their schools. Guidance and mentoring at this stage is carried out at the Tunas Melati Islamic Kindergarten campus in Semarang.

In this present program, to measure the participants' teaching achievement, we made the use of qualitative descriptive analysis so it can give the exact information of the progress of the teachers' participation in each stage of the program.

Finding and Discussion

The community service program carried out by the service team is training and development of language and health learning that is integrated with English for Health for Islamic Kindergarten teachers Tunas Melati Semarang. With this training, it is hoped that school residents, in this case in PAUD, will further increase language and health learning activities that are integrated with English for Health for Tunas Melati Islamic Kindergarten teachers in Semarang. It is very important to share understanding with the PAUD environment about all things related to language learning and health, including (1) learning social skills, (2) Five Types of Nutrients, (3) Effects of Exercise on the Body (Effects). of Exercise on the Body), (4) Dental Health (Dental Health), (5) Maintaining personal hygiene (Personal Hygiene Care), and (6) Studying and making lesson plans on language learning and health.

In this training there is a question and answer session or sharing about language learning activities and health which is integrated with English for Health, language and health which is integrated with English for Health. In this case, early childhood educators need to pay attention to the health needs of early childhood which can be integrated in the context of bilingual learning in English and Indonesian. Through this bilingual learning, early childhood not only develop their language potential as well as add insight into the importance of healthy living which not only supports their cognitive abilities but also motor skills and other abilities.

By understanding the various ways that children lack knowledge about various kinds of nutritious food and must avoid unhealthy foods, do not like sports, do not take care of their teeth, and do not take care of their body hygiene, early childhood educators can be prepared to overcome these deficiencies and It also adds or strengthens the knowledge already possessed by early childhood. The most important thing in learning health for early childhood based on English for Health is to develop the teaching skills of teachers at the level of early childhood education, where the main areas of discussion are about nutritious food, sports practices, dental care and health, as well as maintaining body hygiene which is implemented in schools. schools in bilingual learning. Learning activities in PAUD must always be integrated with learning activities that can develop literacy-conscious behavior about health, both related to food, exercise, dental health, healthy eating habits, and also taking care of body hygiene, as well as the ability to solve problems faced independently or with the help of others. mature.

Early childhood who lack knowledge of the importance of healthy living will carry over to their every habit in adulthood or in the future. Early childhood who are insightful as well as implement healthy living habits in their daily life will create a healthy and intelligent generation. Implementation of healthy food consumption, being able to sort out what is healthy

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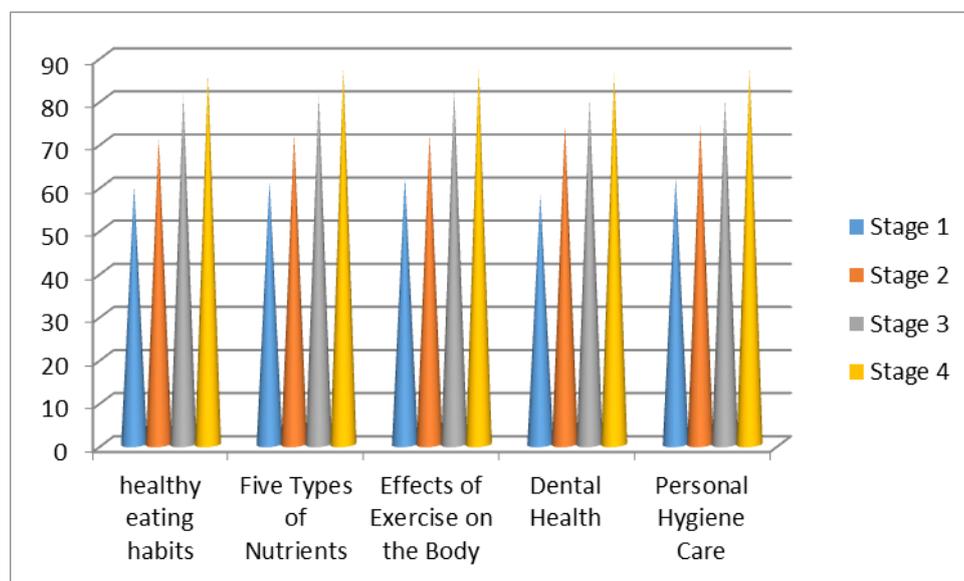
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and what is unhealthy, being able to decide and apply in daily life that unhealthy food should only be consumed occasionally will maintain the stamina of young children. With good stamina due to regular consumption of healthy food and supported by the ability to choose good nutrition, maintain healthy teeth, do sports regularly, and also take care of body hygiene will form a smart and tough early childhood personality.

One of the English for Health-based health training and development programs for PAUD teachers is a community partnership program in the form of language learning and integrated health training in English for Health for Tunas Melati Islamic Kindergarten teachers in Semarang..

From the result of descriptive qualitative analysis, it is found out that there is ascending progress of the teachers' knowledge and capability in implementing microteaching English for Health materials and teaching practice. They show their great progress in each of the stages of the program. Figure 1 shows clearly how enthusiastic the teachers in following the program and show great learning practice how to implement the teaching practice of Microteaching English for Health.

Figure 1
Microteaching English for Health Results



From figure one it can be seen that the range of stage one score that shows the learning outcome of the teachers are around 58-62. Further from figure 1, we can also see that the progress of teachers' development keep showing in which their learning score results are ascending into the range of 71-74. The next in figure 1 also reports that the teachers' learning outcome from their teaching practice of microteaching English for health shows great progress to the range of 80-82. The last, figure 1 also shows that the final stage in the implementation of microteaching English for health that is satisfying as it can be seen that the teaching achievement shows the range of 86-87.

The results of the present program do confirm that it is important for universities to go to school and share beneficial knowledge related to the present microteaching strategies and models in many kinds of aspects (Ferdig et al., 2020; Pittsburgh Public Schools, 2020), especially to improve early childhood teachers' teaching skills and knowledge especially in the

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area of how to take care of health and language improvement (Paulus et al., 2004; Perren et al., 2009). Thus, by doing so, many teachers in early childhood education will have many chances to improve their school programs in which bilingual learning is one of the aims that can give young learners more knowledge to be ready in their further education and ready to prepare themselves more globally and independently.

Conclusion

The training and development program for language learning and health that is integrated with English for Health for Islamic Kindergarten teachers Tunas Melati Semarang from these five content areas is a collaborative work of all school elements that is integrated with the learning process in the classroom which is jointly and integrated with the curriculum and also parents as the smallest family environment. Behavior that is aware of health, is aware of the importance of self-regulation, and is aware of the responsibilities that arise at school is very closely related to the pattern of parenting and communication that occurs and is applied at home. Thus, the role of parents is very important in the success of the training program and development of language learning and health that is integrated with English for Health for the Tunas Melati Islamic Kindergarten teachers in Semarang from these five content areas. The materials used in the training and development of language learning and health that are integrated with English for Health for Islamic Kindergarten teachers Tunas Melati Semarang of the five content areas can also be applied at home where parents can read stories themed on training and development of integrated language and health learning with English for Health for Islamic Kindergarten teachers Tunas Melati Semarang from the four content areas and stimulate language development and children's health by asking how healthy living habits are, what healthy and unhealthy foods are, the types of nutrients that the body needs and what the benefits, the importance of exercising for humans, the importance of maintaining dental health and what happens if the teeth are not kept clean and healthy, and the importance of maintaining body hygiene and what are the consequences if they neglect to take care of your own health and health for themselves and the environment.

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