

## PARENT'S READINESS TO IMPLEMENTATION OFFLINE LEARNING IN PROBOLINGGO

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### **ABSTRACT**

Since covid- 19 condition in Indonesia, the goverment has encouraged implementation of limited offline learning as a step to restore lost competencies during online learning period. Offline learning in the middle of a pandemic makes parent that their children necessary to achieve maximum educational goals. The aim of this study are parent's readiness to implementation offline learning.

The design of this study used descriptive study. The population of study are 68 parent. The sampling technique used purposive sampling. The sample is 42 children, collected data used questionnaire sheet. The research site is in SDN Kanigaran 03 Probolinggo, East Jawa, Indonesia in June- July 2023.

The result of study showed that almost half of the respondent, readiness of parent in offline learning 48% ready, 28% well readiness, and 24% less readiness. The sample of this study 58 respondent and used total sampling. Instrument of this variable used questionnaire. An overview of the degree of fall risk in older adults with hypertension is the variable under study. Based on this research, it can motivate elderly, to better maintain their diet and always maintain safety and health. Risk of fall elderly with hypertension can be decreased with preventive measures that can be given to the elderly.

**Keywords:** *parents, readiness, offline learning*

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## INTRODUCTION

### Background

Education in Indonesia during the Covid-19 pandemic experienced changes to different learning activities starting in early March 2020. Based on circular number 4 of 2020 from the Ministry of Education and Culture, distance learning became the most effective alternative to be implemented

during the time Indonesia was hit by the Covid-19 outbreak in order to break the chain. increasingly massive spread (Kadek et al., 2021). Since the decline in Covid-19 cases in Indonesia, the government has encouraged the implementation of Limited Face-to-Face Learning (PTMT) as a step to restore competencies lost during the online learning period. Limited face-to-face

learning that is to be implemented in schools must fulfill several main requirements, including obtaining approval from the local government, providing facilities for implementing health protocols, a maximum class capacity of 50% and the most important thing is parental approval (Kemendikbud, 2021).

The reopening of the world of education in the midst of a pandemic requires parents' readiness to do something with all the risks they face. Parental readiness is closely related to parental participation which influences improving the quality of educational programs (Apriloka and Fitri, 2021). The readiness (readiness) of parents in implementing PTMT is a condition in which parents prepare everything that can support their children's learning process through PTMT. This readiness includes motivational, cognitive, operational, volitional, and information components (Fedina et al., 2017). Face-to-face learning in the midst of a pandemic makes parents worry that their children will interact with other people which could affect their health, however, education in a school environment or face-to-face learning carried out together under the direct guidance of a teacher is deemed necessary to be implemented in order to achieve educational goals. to the maximum (Maria, 2021).

According to the Ministry of Education and Culture (2021), face-to-face learning which will be implemented during the pandemic requires the readiness of the parties involved in it, namely parents. In face-to-face learning, students are involved in direct communication in the physical environment. For this reason, parents must prepare students' needs in the learning process at school. Kadek et al, (2021) state that face-to-face learning is a classic way of learning where teachers and students communicate face-to-face in the same room or forum. This learning requires the presence of teachers and students in a real (not virtual) place. The aim of PTMT is to avoid symptoms of learning loss (reduced study hours and enthusiasm for learning) (Marlina, 2021).

Face-to-face implementation must apply the precautionary principle because it is related to the health and safety of school residents, so that health protocols must be implemented strictly in accordance with the rules for limited face-to-face implementation. Limited face-to-face learning is a limitation on the number of students in one class, so it is necessary to regulate the number with a rotation system and a capacity of 50% of the normal number of students, approval from the students' parents, implementation of strict health protocols, education staff having been vaccinated, as well as facilities and

supporting infrastructure for protocol implementation health is available. lasts for 3 hours of lessons for 1 shift, and combines it with online learning, so that PTMT is carried out 2 to 3 times in 1 week (Ministry of Education, 2021).

Efforts to increase parents' readiness in facing the implementation of PTMT by preparing children to comply with health protocols such as washing hands, wearing masks and maintaining distance when in the school environment, providing children's needs to support the online learning process at school such as hand sanitizers, masks, face shields and provisions. children (Supriatna, 2021). Based on the above, the researcher is interested in taking the title of describing the readiness of parents in facing the implementation of PTMT (Limited Face-to-Face Learning) at SDN Kanigaran 03, Probolinggo City.

## **METHOD**

Community based case- control study was conducted among parents who have children in limited face to face in SDN Kanigaran 03 Probolinggo City Public Health Center Malang Regency, East Java, Indonesia. The population of study are elderly with hypertension in Lumbangsari Village, Bululawang District, Malang Regency, Indonesia. The sample of this study 42 respondent and used total

sampling. Variable in this study are parent's readiness to implementation offline learning with indicator (1) before leaving school, (2) during the trip, (3) before entering in school gate, (4) during the activity study, (5) finish the activity learn how to teach, (6) journey home school, (7) after arriving at home with interpretation level of readiness good, enough, and less.

This study used a questionnaire as its data research instrument, which was examined for validity and reliability utilizing data analysis methods spearman rank using SPSS 16.0 statistical software. Instrument data used a questionnaire taken from MFS (*Morse Fall Scale*) and instrument to measure blood pressure and classification into level of hypertension. Respondent were given informed consent by signing a consent letter as research subject for interviews and filling out the questionnaires, discussions and observations. Researchers delivered informed consent and explain the research objective, voluntary and the ability to understand information. The research implemented in June- July 2023 in Malang Regency, East Java, Indonesia.

## **RESULT**

The result of the study will be presented which was carried out at SDN Kanigaran 03 Probolinggo City on 22 April- 25 Mei 2022. The results of this study include general data on the mother, namely age, education, employment, income, whether or not you have received information about PTMT, sources of information and general data on children including age, child to, gender and class. Meanwhile, the special data is readiness parents in facing the implementation of PTMT at SDN Kanigaran 03 Probolinggo City.

**Table 1. Characteristic Respondent**

Indicator	f	%
<b>Age</b>		
17- 25 years old	8	19
26- 35 years old	16	38
36- 45 years old	12	29
46- 55 years old	6	14
<b>Educational Level</b>		
Elementary school	4	9
Junior high school	11	26
Senior high school	20	48
Higher education	7	17
<b>Occupation</b>		
Workers	26	62
None	16	38
<b>Income</b>		
Under 3 million IDR	21	50
Over 3 million IDR	21	50
<b>Information about PTMT</b>		
Yes	26	62
No	16	38
<b>Source of information</b>		
Teacher	4	15
Social media	12	46
TV	8	31
Health workers	2	8
<b>Children</b>		
<b>Age</b>		
7 years old	5	12
8 years old	9	21
9 years old	10	24
10 years old	7	17
11 years old	6	14
12 years old	5	12
<b>Class</b>		
1 <sup>st</sup> class	5	12

Indicator	f	%
2 <sup>nd</sup> class	9	21
3 <sup>rd</sup> class	10	24
4 <sup>th</sup> class	7	17
5 <sup>th</sup> class	6	14
6 <sup>th</sup> class	5	12
<b>Number of children</b>		
1	21	50
2	15	36
more than 3	6	14
<b>Gender</b>		
Men	24	57
Women	18	43

Based on table 4.2, it was found that a small number of respondents were 24%. There were aged 9 years (21%), aged 8 years (17%), 11 years old (14%), 7 years old (5%), 12 years old (5%).

From the table above show that the second child (50%), and more than 3 children (14%).

**Table 2. Readiness of parent to implementation offline learning**

Indicator	f	%
Good	12	28
Enough	20	48
Less	10	24

Based on table 4.4, it is viewed in terms of age and readiness of parents. Based on age data, a small number of respondents, 19%, are aged 26-35 years of readiness is enough (14%), 36-45 years old (12%), 17- 25 years old (7%)

## DISCUSS

The research results in table 4.3 show that respondents (50%) said that parents' readiness in facing PTMT was sufficient as many as 20 people, a small number of 28% good readiness and 24%

less readiness. According to Djamarah (2017) Learning readiness is the initial condition of a learning activity make him ready to give responses/answers to students in achieving certain teaching goals. Meanwhile, people's readiness parents in facing the implementation of limited face-to-face learning by preparing facilities for children to participate in the learning process face to face such as hand sanitizer, face wash, bringing provisions from home and teach children the importance of obeying health protocols in the school environment during the learning process (Maria, 2021). In general, parents are ready to support PTMT influenced by factors such as age, education, income and sources information. Based in terms of age, parental readiness is based on age 26-35 years of readiness are enough (14%), 36- 45 years old (14%). According to Notoatmodjo (2017) increasing a person's age, level of maturity and strength someone will be more mature in thinking and working. The more The older you get, the more experience and knowledge you have obtained by someone, so that it can increase readiness parents in facing PTMT, but in early adulthood, namely 17-45 years old, the level of curiosity about new things increases so that at that age someone actively seeks information with access the internet or from social media so you can increase one's knowledge in preparing children in facing

limited face-to-face learning. According to researchers, age determines a person's actions and behavior think. The older a person is, the more knowledge and knowledge they have

The experience you have should be better in every aspect. This is influenced by many things, including at the age of 46- 55 year old parents do not have good internet access so missing information, no time to access the internet for looking for the latest information because you are busy with work or there is pressure or thoughts so they are unfocused and rushed in working on the questionnaire. In terms of education, almost half of the respondents, 36%, were prepared enough with a high school education level of 15 people and some small number of respondents 17% good readiness with PT education level as many as 7 people. According to Notoatmodjo (2017) the higher the education the easier it is for someone to receive information. The higher a person's education, the more knowledge they have the better it is so that it can meet the child's current needs do PTMT well. It cannot be denied that it is getting higher A person's education makes it easier for them to receive information and in the end the more knowledge he has. On the other hand, if someone's level of education is low, it will hinder them development of a person's attitude towards receiving information.

According to researchers, a person has a high level of education able to receive information well so that it can influence parents' readiness in facing PTMT. This is in line with the results research shows that mothers with PT education have good readiness.

So it can be interpreted that a person's education influences his or her inner self parents' readiness in preparing children to take part in learning limited face to face.

According to researchers, parents' income is below the minimum wage influence on social life, during the Covid-19 pandemic needs increase because they have to fulfill the family's nutrition well to maintain the immune system and require vitamins health as health support during the pandemic. From the results

Research shows that people with incomes are less prepared below the UMR, this is due to other, more important needs so that parents put aside the needs of children in preparing the need for face-to-face learning is limited. According to Notoatmodjo (2017) one of the factors that can make it easier individuals in obtaining knowledge, namely through information from various media.

## SUMMARY

Based on the result, parents' readiness to face implementation of PTMT (Limited Face-to-Face Learning) in SDN Kanigaran 03 Probolinggo City are good (48%), enough (28%) and less (24%).

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