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Utilising Children's Songs to Improve Pre-Knowledge of Body Parts in Elementary School

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Children's Learning abilities are affected by the obstacles of intellectual disabilities so that to optimally develop their ability requires a variety of teaching media. This research, using the application of children's songs in the learning process, is one way to improve the ability in recognising body parts by children with intellectual disabilities. The objective was to find out the increase of recognising body parts in children with intellectual disabilities through the use of song. The method used is an experimental method using single subject research. The research design is A-B-A design. The results show the increase of the ability of children with intellectual disabilities in recognising body parts, after the treatment by using songs. This is indicated by the comparison of the average score in the intervention phase and baseline-2 is higher than in the baseline-1 phase. Based on the results, it can be said that children's songs impact upon children with intellectual disabilities in recognising body parts.

Key words: *Children's songs, Body Parts, Children with intellectual disabilities, intellectual disabilities, intellectual barriers.*

Introduction

Children with intellectual disabilities differ in their abilities from each other in being able to learn a lesson. This relates to original delegations and abilities needed in learning new material. If intelligence is positioned below average, there will be a problem in learning among children with intellectual disabilities. They will have difficulties in learning abstract concepts and will not be able to learn academically with such skills as reading, writing and arithmetic. When learning, children with intellectual disabilities need a lot of repetition and

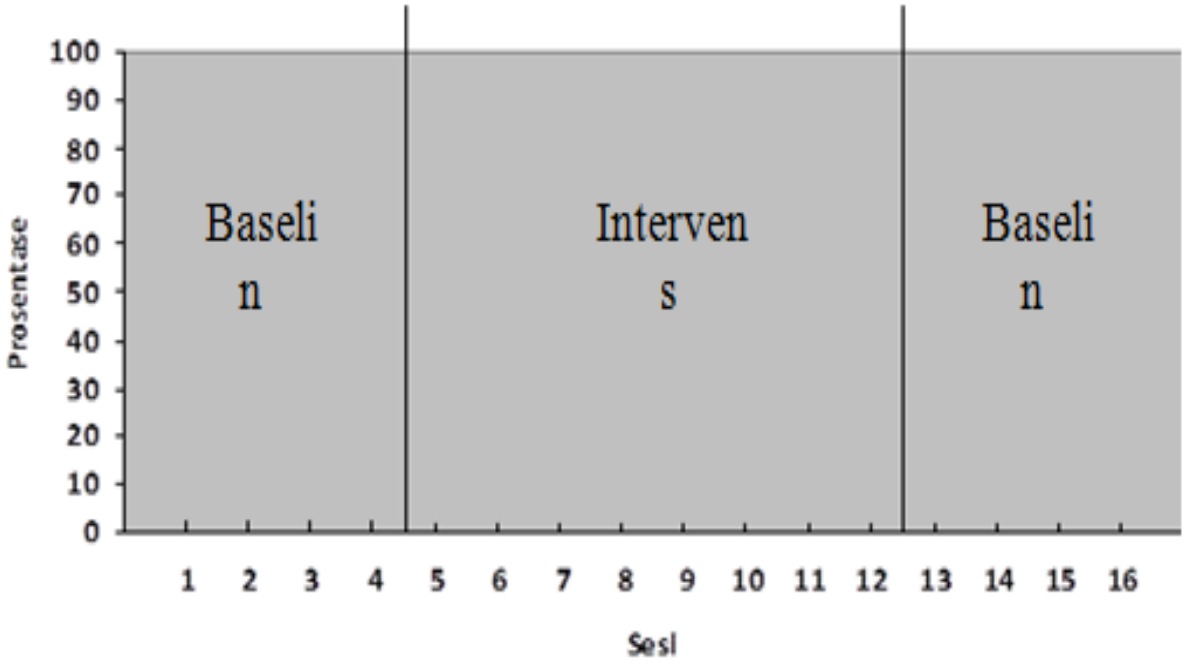
drill. However, for simple things, such as eating, dressing and some simple work they can do better. To train them, some media are needed, including singing children's songs. Through singing, it can be delivered various learning materials such as academic materials and development materials. Moreover, they need to know about the body. Children's songs work to motivate and create a comfortable atmosphere in their learning. In general, children like to move, play and sing, including children with intellectual disabilities.

Learning through children's songs as a medium, is one of the areas for teachers to deliver learning material so that children are motivated and the learning atmosphere becomes fun, so that the abilities of children with intellectual barriers in listening to a subject matter will be easily for them to memorize and remember it. Because singing can provide reinforcement in his or her memory. This is relevance to Astati (2001) which asserts that "singing and playing music can develop, shape or actualise the potential possessed by individuals, especially children. Other aspects that can be developed through music media are increased creativity, imagination, concentration as well as learning. The researchers did their observations in one of the Indonesian elementary schools, it shows that children with intellectual disabilities have not been able to recognise body parts easily such as nose, ears, hands, lips, cheeks and they have not been able to show parts of their body such as the stomach, waist, cheeks, ears and nose. Such conditions occurred are not solely due to the intellectual obstacles, but also because of the use of methods and teaching media that are not effective and appropriate.

Research Method

The researchers used an experimental method with a single research subject. This method aims to obtain the data needed by involving the results of the presence or absence of the effects of a treatment given repeatedly in a certain time. As it is stated by Arikunto (1997) experiment is a way to find a causal relationship between two factors intentionally set up by researchers in eliminating or reducing factors that can interfere. Experiments are always carried out with a view to seeing the effects of a treatment. The experimental method used has a single subject. Sunanto (2005) explains that in behaviour modification there are four main activities, namely "identifying problems and defining in the form of observable and measurable behaviours; determine the behavior to be changed before giving an intervention; provide interventions; and follow up to evaluate whether the behavior changes that occur are permanent or temporary."
The research design used is A-B-A design, the design shows whether or not there is an influence of a treatment on certain variables aimed at individuals. The A-B-A design has three phases: Measuring and collecting data at baseline conditions (A1), Providing interventions (B), Repeating or controlling the intervention conditions at the baseline (A2) phase. The A-B-A design can be seen in the graph as follows.

Figure 1. ABA Design Research



Information: A1 (Baseline-1): condition of initial ability to recognise body parts before receiving treatment using children's songs. B (Intervention): the condition of the ability to recognise parts of the body on the subject of research while being treated with children's songs repeatedly, with the aim to see the results that occur during the treatment. A2 (Baseline-2): is a repetition of the baseline-1 (A1) condition which is carried out as an evaluation, to what extent the intervention given can affect the subject.

This research was conducted at an Indonesian elementary school, the subject of this research was children with intellectual disabilities-TKLB levels with the initials AB. Data processing techniques used a percentage measurement by using dependent variable commonly used by researchers and teachers to measure behavior in academic and social fields. Percentage (%) is calculated by the number of correct answers divided by the sum of all questions multiplied by one hundred. With the formula:

$$N = \frac{\sum Scoreobtained}{\sum Score\ max} x100$$

The steps used in analysing data from the results of this study is stated as follows:

a) Score the measurement results in the baseline-1 (A1) phase of the subject each session.
b) b. Summons the measurement results in the intervention phase (B) of the subject at each session.

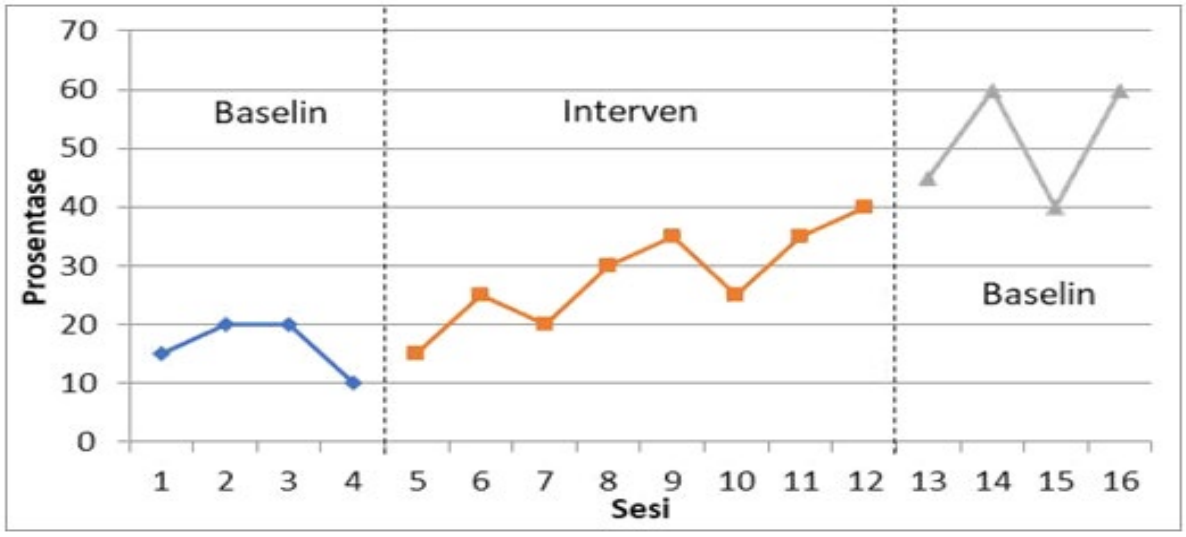
c) c. Summons the measurement results in the baseline-2 (A2) phase of the subject each session.
d) d. Make a table of calculation of scores in the baseline-1 (A1) phase, intervention phase (B), and base baseline-2 (A2) of the subject at each session.
e) e. Sum up all scores obtained in the baseline-1 (A1), intervention phase (B), and base baseline-(A2) phases of the subjects in each session.
f) f. Compare the results of scores obtained in the baseline-1 (A1) phase, intervention phase (B),
g) and base baseline-2 (A2) of the subjects.

The results of the data retrieval process are then processed and analysed with graphs to see a clear picture of the implementation of the experiment before the subject receives treatment at baseline conditions and after the subject has been treated for several periods of time.

Results

The results of this research indicated the detail description on the progress of children with intellectual disabilities to recognise body parts after doing the treatment using song media in the learning process. The target behavioru in this study is to increase the ability to recognise body parts through the use of children's songs as a medium, which is measured using performance tests. The ability to recognise parts of the body is shown by the percentage score from the results of performance tests. In this study, the research subject was one person with an intellectual disability. The results of the test of the ability show
the recognition of parts of the body of the IS subject, at the baseline (A1), intervention (B), and at the baseline (A2) phase, displayed in graphical form.

Figure 2. Results Score Ability to Know Parts of the Body in Baseline

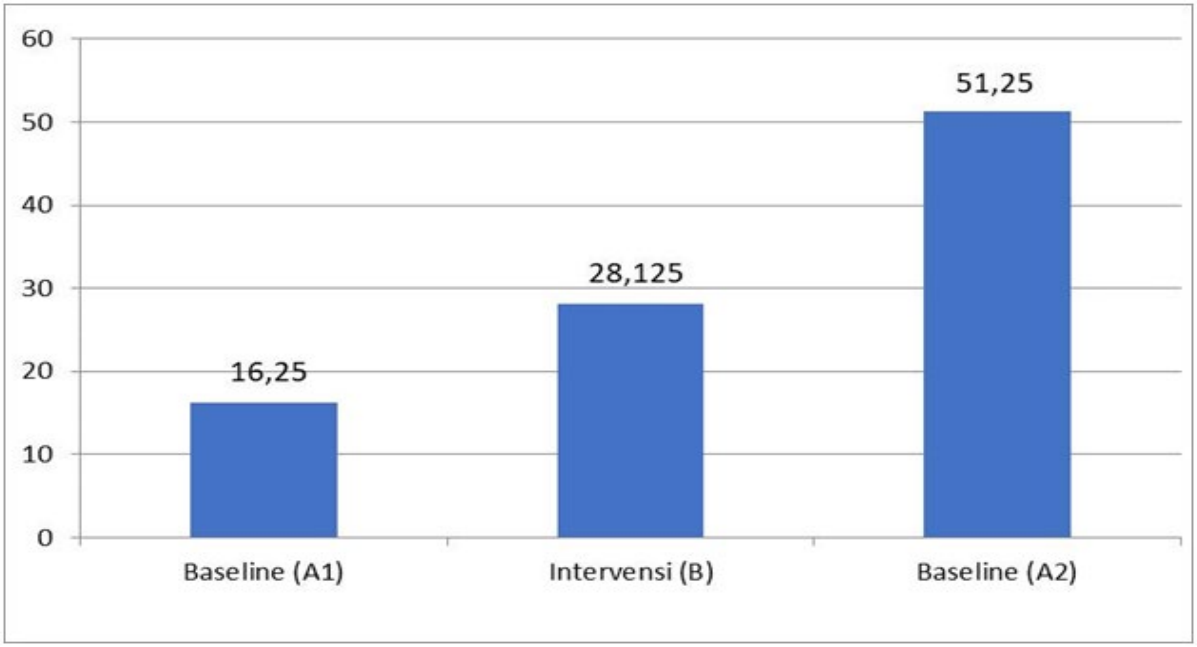


The data shown in Figure 2 shows the ability score achieved by the subject in the baseline-1 phase reaching the highest score of 20% in the 2nd and 3rd sessions where the subject can show three parts of the body. While the lowest score is 10% in the 4th session where the subject is only able to show two parts of his body. This happens because the subject is not interested in learning in the form of instructions. Children feel forced to show parts of their body parts. In the intervention phase, the highest score obtained by the subject is 40% in the 8th session where the subject can show 5 and mention 3 parts of his body. The lowest score is 15% in session 1 where the subject is only able to show 3 parts of his body. This indicates the child's interest in learning to know parts of the body with children's song media. From the results of data analysis under conditions. The length of the conditions in the baseline-1 phase was four sessions, in the intervention phase there were eight sessions and in the baseline -2 phase there were four sessions. Measurements are made using instruments that have been subjected to expert judgment before. The results of data acquisition in the baseline-1 phase showed a mean level (average) of 16.25% with a downward trend. The development stability level of 25% is said to be variable (not yet stable). The data trace in the baseline-1 phase shows the upward, horizontal and downward direction with a change rate of 5%. The acquisition of data in the intervention phase shows a mean level (average) of 28.125% with a tendency of 5% to be said to be variable (not yet stable). The data trace in the baseline-1 phase shows the upward, horizontal and downward direction with a change rate of 5%. The acquisition of data in the intervention phase showed a mean level (average) of 28.125% with a tendency towards ascending. The level of data stability of 37.5% is said to be variable (not yet stable). Traces of data in the intervention phase show ascending, descending and ascending directions with a change rate of 25%. This shows an increase in the ability to recognise body parts through children's song interventions. In the baseline-2 phase the mean level (average) obtained was 51.25% with a positive downward trend which indicates an increase in the ability to recognise body parts after being treated with children's songs. The level of data stability of 0% is said to be variable (not yet stable). The data trace in the baseline-2 phase shows the ascending, descending and ascending directions with a change rate of 15%.

From the analysis of data between conditions, it is obtained that the comparison between the baseline-1 phase and the intervention phase changes with the tendency of direction and the effect of decreasing to ascending or negative to positive, which means an increase when the intervention is given. On the change in stability tendency, the result of variable to variable is obtained with a change in level decreases (-) by 5%. The overlapping data between the baseline-1 phase and the intervention phase is 12.5%. Obtaining the results of a comparison between the baseline-2 phase with the intervention phase changes with the tendency of direction and the effect is ascending to decrease or positive to negative which means that there are changes that improve after the intervention is given. Changes in stability tendencies obtained from variable to variable with an increase in the variable increases by 45%. The

overlapping data between the baseline-2 phase and the intervention phase is 0%. This shows an increase in target behavior seen from changing conditions after being intervened with children's songs.

Figure 3. Average Score Improved Ability to Recognise Parts of the Body



Based on descriptive statistical analysis, the average score of increased ability to recognise body parts in the baseline-1 phase, interventions, and baseline-2 phase, showed an improved improvement in each session. This can be seen with an increase of 11.9% from an average of 16.25% in the baseline-1 phase to an average of 28.12% in the intervention phase. And in the baseline-2 phase showed an increase of 23.125% from an average of 51.25% compared to the average results of the above research proves an increase in the ability to recognise body parts in children with intellectual disabilities.

Discussion

Based on the results of data sorting and data analysis discussed earlier, and presented in the form of graphs and tables using the ABA Design Single Subject Research (SSR) method, which carried out as many as 16 sessions namely 4 sessions in the baseline-1 phase, 8 sessions in the intervention phase (B) and 4 sessions in the baseline-2 phase, it can be stated that learning with children's song movements for children with intellectual disabilities levels were positive. This can be seen by the increasing percentage of the ability of children with intellectual disabilities to recognise body parts, starting from the baseline-1 phase with an average score of 16.25% intervention phase (B) with an average score of 28.125% and the baseline phase-2 with an average score of 51.25%. Increased ability to recognise body parts

in children with intellectual disabilities with the initials IS can be proven by an increase in scores obtained in the baseline-2 phase after learning with children's intervention and song movement compared to the baseline--1 phase before learning with intervention children's movements and songs. From the data it is said that children's movements and songs can improve the subject's memory in learning to recognise body parts so that the learning outcomes increase. This statement is in line with what was stated by Alim, MB (2009) which states that the benefits that can be taken from children singing contribute to the cognitive training and language development of children. Singing, of course, cannot be separated from the words and sentences that are a crucial factor in assisting children with intellectual disabilities to learn and understand the names of body parts.

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