TADRIB : Jurnal Pendidikan Agama Islam
Vol. 10, 2 (December, 2024), pp. 1093-1118
ISSN: 2477-5436 EISSN: 2549-6433, DOI: https://doi.org/10.19109/tadrib.v10i2

Development Of Health Service Module Based On Islamic Values For 4-5 Years Old Children

Fitri Hidayah[1], Masganti Siti[2], Fibri Rakhmawati[3]
[1]Universitas Islam Negeri Sumatera Utara Medan; fitrihidayah741@gmail.com
[2]Universitas Islam Negeri Sumatera Utara Medan; masganti@uinsu.ac.id
[3]Universitas Islam Negeri Sumatera Utara Medan; fibri_rakhmawati@uinsu.ac.id

ARTICLE INFO

Keywords:
Health Care Module,
Islamic Values,
Early Childhood,
Health Education,

Article history:
Received 2023-12-14
Revised 2024-03-12
Accepted 2024-10-21

ABSTRACT

This study aims to develop a health service module based on Islamic values in children aged 4-5 years. The module development was conducted through five stages, namely analysis, design, development, implementation, and evaluation, with the application of the ADDIE model. Module validation was conducted by health, design, and language experts to ensure its feasibility and quality. The development of health service modules based on Islamic values for children aged 4-5 years proved to be effective based on the results of validation and effectiveness tests. Module validation by health, module/design, and language experts showed excellent results, with a final score above 97% from all three experts. Module implementation was conducted in two educational institutions, RA Banatus Shalih and RA Rabiatul Adawiyah, through parenting activities. The test results showed a significant increase in children's understanding of health. In RA Banatus Shalih, the pre-test average score rose from 57.5 to 93.75 with an N-Gain of 8.85, while in RA Rabiatul Adawiyah the pre-test score rose from 58.125 to 87.5 with an N-Gain of 0.70. This shows that the module is very effective in improving children's understanding of health.

Corresponding Author:
Fitri Hidayah
Universitas Islam Negeri Sumatera Utara Medan; fitrihidayah741@gmail.com

INTRODUCTION

The Islamic religion has rich guidelines regarding health, hygiene, and the ethics of daily life. Islam views hygiene as a consequence of faith in Allah (Prodjokusumo et al., 2015). Therefore, by integrating Islamic values in the healthcare module, children can learn about the importance of maintaining comprehensive health, including maintaining personal hygiene, a healthy diet, and practicing moral principles in daily life(Syarnubi, 2019). In this context, research on Islamic values-based health services in early childhood is very important (Syarnubi, S., Efriani, A., Pranita, S., Zulhijra, Z., Anggara, B., Alimron, A., ... & Rohmadi, 2024). Because children's health is a top priority for every parent and society. However, often a lack of understanding of how to apply Islamic values in the context of children's health can be a barrier to providing optimal care.

In a society that upholds Islamic values, understanding the importance of a health approach that is in line with religious teachings is essential(Syarnubi, S., Alimron, A., & Muhammad, 2022). From this, there is an urgent need to develop research related to health services that not only pay attention to physical aspects, but also incorporate Islamic values as an integral part of the health care process of 4-5 year old children. Hopefully, this will create an effective educational tool for parents,

health workers, and the general public to understand how to apply Islamic health principles in caring for children(Fauzi, M., Lestari, A. R. S., & Ali, 2023).

The education provided through the research conducted will not only improve the understanding of health holistically, but also shape a healthy mindset based on religious teachings. Furthermore, this research is also expected to fill the gap in early childhood health services that are in accordance with Islamic values(Syarnubi, 2023). Thus, children will grow and develop in an environment that not only takes care of their physical health, but also pays attention to spiritual and mental balance, in accordance with Islamic teachings.

In the midst of rapid social and cultural development, attention to the health of children aged 4-5 years is becoming increasingly important. This is because early childhood is the successor of the nation. In this context, forming a generation that is smart, physically and mentally healthy, as well as creative and productive is not only an individual responsibility, but the responsibility of all groups (Wijayanti, 2021). This critical developmental phase marks the child's first step into the world of formal education and more complex social interactions. For this reason, the provision of adequate health services for children is very important. Although conventional health services are widely available, the need to develop a more holistic approach that is in line with Islamic values emerges as a challenge that needs to be addressed(Syarnubi, S., Mansir, F., Purnomo, M. E., Harto, K., & Hawi, 2021).

If examined more deeply, national development is the development of human resources as a whole to realize quality Indonesian humans must start from an early age (Putra & Tanaya, 2019). The importance of starting human resource development from an early age highlights the critical phase in character building and individual potential. Children at an early age have high learning abilities and sensitivity to the surrounding environment. Therefore, investment in children's education and health at the preschool stage is the main foundation for sustainable human resource development(Syarnubi, 2016).

Children at this age are in a period where their mindset, behavior, and daily habits begin to form(Syarnubi, S., & Fahiroh, 2024). Therefore, special attention to their health aspects is imperative. Health challenges such as the risk of infectious diseases, nutritional problems, and developmental disorders are often the main focus at this critical phase. In the context of psychology and education, early childhood is the basic foundation for a child's growth and development. In the sense that what the child receives, be it food, drink or stimulus from the surrounding environment, will greatly affect the growth and development of the child in the next phase(Indrawan et al., 2022).

In Indonesia, efforts to safeguard children's rights, including health rights, have been described in Article 28 of the 1945 Constitution of the Republic of Indonesia. The article affirms that every child has the right to obtain the fulfillment of health needs. Furthermore, Article 28 B Paragraph 2 also outlines that every child has the right to survival, growth, development, and protection from violence and discrimination. The realization of child health care is realized through the use of available health services without exception. Furthermore, Law Number 36 of 2009 concerning Health provides details that efforts to maintain children's health are carried out starting from the womb phase, infants, toddlers, to adolescents. This includes efforts to protect womb, infants, toddlers, and adolescents. This includes health care efforts for children with special needs and children who need protection (Sari, R. K., Astuti, S. P., Sari, M., & Syari'ati, 2022).

In addition, the Regulation of the Minister of Health of the Republic of Indonesia No. 25/2014 on Child Health Efforts, stipulated in Article 2, illustrates the government's commitment to improving child health in Indonesia. The main focus of this regulation is to ensure child survival by reducing the mortality rate of newborns, infants, and children under five. In addition, this regulation emphasizes the importance of optimal child development, involving the participation of school-age children and adolescents in health efforts. Children's health rights are guaranteed, comprehensive health services are provided, and protection of children in obtaining quality services is maintained. This regulation also aims to prepare children to become healthy and socially and economically productive adults, and to ensure health education for school-age children and adolescents.

However, the results of the National Socio-Economic Survey (Susesnas) in March 2023 show that there are still health challenges in early childhood that have not been resolved. Based on the data obtained, at least about 36.21% of early childhood in the past month experienced some complaints of illness. The percentage of early childhood experiencing pain complaints decreased by about 6 percentage points compared to 2020. However, since 2021 the percentage has increased every year (Silviliyana, Ramadani, Sulistyowati, Sari, & Anggraeni, 2023). Details can be seen in the following figure:

Figure Development of Percentage of Early Childhood Children with Health Complaints in the Last Month and Early Childhood Illness Rates, 2020-2023

The data above illustrates that although there was a brief decline in 2020, the challenges related to early childhood health increased again in the following years. Therefore, a deeper understanding of these dynamics is important in designing more effective early childhood health policies, ensuring their health needs are met and disease risks are reduced. And all parties have an equal responsibility to address this(Syarnubi, S., Syarifuddin, A., & Sukirman, 2023).

One of the parties with the greatest responsibility in this context is parents. Parents should no longer assume that educational institutions and their teachers are substitutes for their role. Parents must change the mindset that educational institutions and all their tools are only a "small hole cover" that may for some reason not be able to be done by them. Because parents are the most familiar environment with children in the early age phase. Habits that are modeled by parents at home will contribute greatly to the habituation of children, especially the habituation of clean and healthy living.

According to the results of research conducted by (Ulfadhilah, K., Nurhayati, E., & Ulfah, 2021) showed that collaboration between teachers and parents has a positive impact on improving health control, nutritional understanding, and application of care in early childhood. Teachers act as knowledge facilitators, while parents are actively involved in implementing health and nutrition practices at home. This collaboration creates a supportive environment for optimal growth and development for young children (Syarnubi, S., Fauzi, M., Anggara, B., Fahiroh, S., Mulya, A. N., Ramelia, D., ... & Ulvya, 2023).

Because the family as a system, more or less, functions to form habits in the child's developmental phase. Although this role is often invisible on the surface, it cannot be denied by anyone (Klirgman & Nelson, 2000). The family is the first and main environment where children learn about healthy and clean lifestyles. Parents, as the main shaping agents in the family, have a great responsibility in providing guidance and good examples for their children.

In essence, education and health are two things that are interrelated with each other (Upnidah, Yaswinda, & Movitaria, 2022) this reason, hygiene education and habituation should start at home, where children can observe and imitate their parents' behavior. Daily activities, such as

washing hands before eating, maintaining personal hygiene, and living a healthy lifestyle, are direct examples that shape children's habits. Families create an environment where hygiene and health values are integrated in daily life.

In addition, based on the results of research conducted by (Aini, N. N., Puspitasari, R. N., Usman, N. S., & Zakiya, 2023), revealed that the role of implementing health in the present for the future is very important. Where in the future there will be many new things that will be tried and faced. If from an early age has not been equipped with sufficient health, it can have an impact on the quality of life later. Especially with the current changes in world climate conditions, children are very vulnerable to these changes. Especially on their physical and psychological development (Anderson, L.W, & Krathwohl, 2010). Therefore, efforts to implement a healthy lifestyle and build awareness of the importance of health from an early age are valuable investments to maintain optimal well-being and quality of life in the future.

With the times, there is often a misalignment between the healthcare provided and the values held dear by the Islamic community. This includes aspects such as food choices, medications, and medical procedures. The absence of healthcare options that incorporate Islamic principles can be a barrier to providing effective and acceptable care to Muslim families(Syarnubi, 2022).

In the context of a society based on Islamic values, the sustainability of a healthy life is not only measured in physical terms, but also includes moral and spiritual dimensions. Islamic values such as hygiene, healthy diet and body care have a significant impact on a child's overall health. Therefore, the development of health services that include aspects of Islamic values in children aged 4-5 years is considered relevant and worthy of attention. The environment around the child, including the role of parents, plays a key role in shaping the child's habits and mindset. The integration of Islamic values in health services can provide consistent and holistic guidance for parents, and create an environment that supports children's balanced growth and development. While conventional health services have made positive contributions, there is a need to dig deeper and formulate a more focused approach, grounded in Islamic values, to meet the needs of children.

In the view of Islam, one way to maintain health is to apply cleanliness, especially in worship. For example, Islam teaches its adherents to maintain body hygiene through the medium of wudhu' before performing prayer rituals (Mahsun, 2023). The process of wudhu' includes washing the face, hands, feet, as well as other parts of the body, creating a sense of freshness and cleanliness that is not only visible, but also felt by the individual. Furthermore, this practice of cleanliness has a positive impact in preventing the transmission of diseases and maintaining a healthy body. Cleaning oneself regularly not only keeps germs and bacteria away, but also creates optimal conditions for the health of the skin and other organs.

Even more than that, the Qur'an contains many commands to live a clean life. So it is appropriate for Muslims to always live clean and healthy, because both are the commands of the Qur'an itself (Tarigan, Az. A., Iqbal, M., Jannah, N., Nur, F., Umam, K., & Hanif, 2021). Thus, clean and healthy living is not only considered an added value or a wise choice, but is a concrete implementation of the teachings of the Qur'an itself. As the moral and ethical foundation for Muslims, the Qur'an teaches values that include aspects of cleanliness, both in terms of physical and spiritual aspects. Thus, clean and healthy living is not only considered as an added value or a wise choice, but a concrete implementation of the teachings of the Qur'an itself.

However, the limited Islamic values-based health services create a gap in meeting the health needs of children aged 4-5 years. The absence of emphasis on religious values in treatment and care can lead to incompatibilities with the beliefs of Muslim families. This creates confusion and concerns in accessing health services that are in line with Islamic principles, raising the need for the development of solutions that are more inclusive and in line with religious values.

The social and cultural environment also has a significant impact on the acceptability and effectiveness of children's health services. The culture and norms practiced in Muslim societies play an important role in guiding healthcare-related decisions. Such influences may include food choices, parenting practices and preferences regarding treatment methods. As such, the development of

Islamic values-based health services must understand the cultural and social context to ensure appropriateness and acceptance by the communities served.

The age of 4-5 years is known as the golden age period in the formation of children's character. Health education provided during this period can shape mindset and behavior throughout life. Therefore, lack of Islamic-based health education in early childhood can have a negative impact on their understanding and awareness of religious values. The development of health services that integrate aspects of Islamic health education is a necessity to form a physically and spiritually healthy generation.

Although the challenges in improving the quality of health services for children aged 4-5 years are becoming increasingly complex. With the increasing awareness of the importance of integrating Islamic values in health services, concrete efforts are needed to develop service models that can provide better care, are more sensitive to culture and religion, and are acceptable to the Muslim community. As a first step, the development of Islamic values-based health services is expected to make a positive contribution to improving the health and well-being of children at this crucial stage of development.

Hygiene and health play a crucial role in protecting the body from potentially harmful virus threats. This is increasingly proving relevant, especially in the face of outbreaks such as Covid-19, where awareness of the importance of hygiene is a must. To avoid being attacked by the virus, it is important for everyone to adopt a clean lifestyle. According to the results of Wijayanti's research (2021: 1), efforts to prevent the spread of the Covid-19 virus involve a series of preventive measures, such as washing hands regularly, wearing masks, bathing, changing clothes after activities at home, undergoing regular physical activity, and eating healthy foods. These are not only efforts to fight the pandemic, but also important steps in building an overall healthy lifestyle.

For children in particular, clean and healthy living plays a vital role in their growth and development. Children tend to be more susceptible to infections and diseases, so keeping themselves and their environment clean can help protect them from health threats. In addition, clean living habits taught early in life can establish positive behavioral patterns that will bring long-term benefits to their health in the future. Therefore, understanding the link between hygiene, health and daily life is an important step in safeguarding our well-being and that of future generations.

However, many young children still do not understand this perfectly. This is corroborated by the results of research conducted by (Astuti, 2016)which provides an interesting picture of healthy behavior in early childhood. The findings show that there are several aspects of behavior that have not been fully implemented properly by students, such as environmental hygiene behavior (58%), behavior towards personal hygiene (63%), and balance behavior (sleep and activity needs) (65%). However, there are other aspects such as eating and drinking behavior (75%) and behavior towards illness and disease (82%) that are already in the good criteria.

Health services are very important to be provided to children, because this can be used as a means of support in order to minimize the problems that can occur in these children. This is corroborated by research conducted by (Sadiah, G. S., Romadhona, N. F., & Gustiana, 2020) where he revealed that child health services can be used as a means of support in order to minimize the problems that can occur in a child. Therefore, giving adequate attention to child health services is a very important step in supporting children's optimal growth and development.

Based on observations at RA Rabiatul Adawiyah and RA Banatus Sholeh Medan Labuhan schools, it is known that the process of health services for children aged 4-5 years is still poorly understood by the school. Health service activities carried out only depend on the schedule of Puskesmas visits, with a frequency of twice a year, which includes weighing, measuring head circumference, height, and giving eye vitamins and deworming.

Schools do not provide independent health services, so parental involvement in child health services or supervision is less than optimal. This is due to the lack of scientific facilitation from the school, such as counseling or guidance on parenting related to children's health. Observations also showed that a module as a guide in providing health materials for children aged 4-5 years is needed,

especially considering that most parents in the school are working parents or housewives without a scientific background in child health.

In addition, observations also showed that health service activities only focused on the practical aspects without any prior guidance or counseling. Therefore, the researcher felt it was important to provide assistance to the school both in terms of services and guidance to parents, using modules as a guide in health service activities. This becomes more important because the school is an Islamic Kindergarten School or Raudhatul Athfal which is based on Islam, so that the health services provided are also expected to be based on Islamic values.

In addition, based on the results of researchers' searches in several studies that have been conducted in the field of health module development before, several studies were found. For example, research conducted by (Ulinnuha, 2022) with the title "Development of Electronic Modules of Physical Education, Sports, and Health Based on Google Sites on Grade 7 Materials of MTs N 1 Klaten," aims to improve the understanding of grade 7 students at MTs N 1 Klaten of physical education, sports, and health materials. Through the development of electronic modules using Google Sites, this research focuses on analyzing student needs, developing modules, as well as trials and evaluations to ensure their effectiveness. There is also research conducted by(Asmariana, 2022), with the title "E-Module Development of Maternal and Child Health Books to Increase Maternal Knowledge". This research focuses on the development of electronic modules that contain information about maternal and child health, with the aim of increasing knowledge.

In addition, researchers also traced several modules that have discussed early childhood health. First, the module entitled What is "My Healthy and Smart Child" compiled by Fahmida and Kolopaking in 2019. This module contains topics on Early Childhood Growth and Development in Indonesia, Holistic Integrative Early Childhood Development (HI ECD), and the concept of "My Child is Healthy and Smart". Second, a module entitled Personal Hygiene and Food Safety was developed by Iswarawanti and Oka in 2019. This module contains topics such as Handwashing with Soap, Food Contaminants, Choosing Safe Food, and Safe Food for Children during Disasters.

Third, a module entitled Understanding Early Childhood Growth and Development (0-6 Years) compiled by Kolopaking, Herwati, and Pramesthi in 2019. This module contains several topics including the Concept of Early Childhood Growth and Development (0-6 Years), Concept of Early Childhood Development Stages (0-6 Years), Infancy: Age 0-1 Year, Toddler: Age -1-3 Years, Pre-school Period: Age 3-6 Years, and Portrait of the Little One.

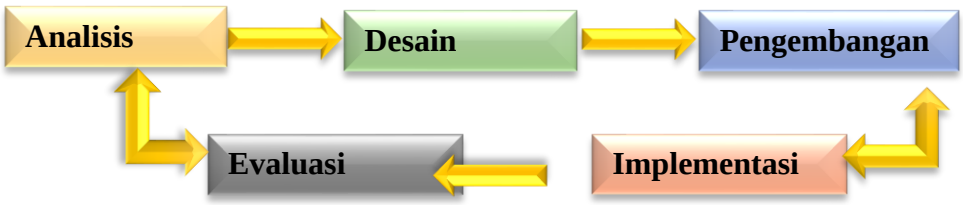
Although some of the research and products above are proven to contribute, they still have some limitations. Such as the object of research, aspects of sustainability and not containing Islamic values in the products developed. To fill this space, the author is interested in conducting a study entitled "Development of Health Service Modules Based on Islamic Values in 4-5 Year Old Children".**”.**

METHODS

This research was conducted at the AUD level, precisely at RA Rabiatul Adawiyah which is located at Jl. Teluk Aru No. 7 Cingwan Dalam, Medan Labuhan District, Medan City and at RA Banatus Shalih which is located at Jl. Yos Sudarso KM 13.5 Martubung, Medan Labuhan District, Medan City. The type of research used in this research is research and development. According to (Sugiyono, 2022) research and development methods are research methods used to produce certain products, and test the effectiveness of these products. The method used to produce certain products is research that is needs analysis and to test the effectiveness of these products so that they can function in the wider community, research is needed to test the effectiveness of these products. So development research is longitudinal (gradual can be multi-years).

Furthermore, R & D research is carried out in two stages, the first stage with qualitative methods so that product design and research can be obtained. The second stage with quantitative methods (experiments) is used to test the effectiveness of these products (Sugiyono, 2013). The development procedure used in the development of Islamic-based health services for children aged 4-5 years is the ADDIE (Analysis, Design, Development, Implementation, and Evaluation) research

and development procedure, which is a model in which the stages are represented systematically (organized) and systemically in use aimed at achieving the desired results. The main purpose of this development model is used to design and develop an effective and efficient product (Pribadi, 2016).



Gambar Prosedur Model ADDIE.

The ADDIE model, developed by Robert Maribe Branch, is the philosophical foundation for research and development procedures. In the context of educational principles, the application of the ADDIE model does not rely solely on instructional processes, but also emphasizes student-centered, innovative, authentic, and inspirational approaches. The steps in the ADDIE model process are interrelated, so it is important to apply this model progressively and thoroughly to ensure the formation of an effective learning product (Branch, 2009). The ADDIE development procedure developed by Robert Maribe Branch consists of analysis, design, development, implementation, evaluation.

FINDINGS AND DISCUSSION

FINDINGS

A. Analysis Stage (*Analyze*)

At the analysis stage of developing this Islamic values-based health service module, researchers will describe the results of preliminary studies or needs analysis and material selection.

1. Results Of Needs Analysis

   Needs analysis is the first step in carrying out research and development to determine the availability of child health services so far. In conducting a needs analysis, the researcher in this case uses observation and interview techniques to identify the problems faced by the school in this case RA Banatus Shalih and RA Rabiatul Adawiyah.

   a. Needs Analysis In RA Banatus Shalih

      Based on the results of pre-observation conducted by researchers at RA Banatush Shalih, it is known that so far the school does not have a systematic guide to implement health services for their students. In addition, the school also does not have a scheduled and sustainable health service program. From the interview with Mrs. Hanizar, S.Pd as the principal of RA Banatus Shalih, it is also known that so far the school still relies on health services provided by the local Puskesmas even though it is still lacking, both in terms of intensity and content. So that teachers do not get adequate education in carrying out their role as managers of health services at school.

      The implementation of Islamic values in health services at RA Banatus Shalih so far is still very limited, only in simple habits such as washing hands before eating and adab in and out of the bathroom. The application of Islamic values in the health aspect has not yet touched a wider and significant area.

   b. Needs Analysis In RA Rabiatul Adawiyah

      Based on observations made at RA Rabiatul Adawiyah, RA currently does not have written guidelines for implementing structured health services. So far, the focus of health services in schools is still very minimal and only centers on providing nutrition, without a broader and integrated program. From the interview with Mrs. Siti Hajar as a teacher at RA Rabiatul Adawiyah, it is known that until now, the school is still very dependent on health services provided by the local Puskesmas. Although these services are limited, both in

coverage and frequency. The unavailability of structured health services is due to the fact that the school does not have sufficient resources or costs to implement an independent and sustainable health service program.

It is also recognized that in this school year, the health condition of the learners looks concerning, especially with regard to nutritional status. Most of the newly enrolled children showed signs of malnutrition, such as small and underweight bodies. Therefore, the school felt the need to educate parents on the importance of providing nutritious food at home.

During field observations, it was also observed that the schools, both in RA Rabiatul Adawiyah and Banatush Shalih, are in dire need of structured health service guidelines, both general in nature and based on Islamic values. To date, both schools have no official guidelines related to the implementation of the health service program, either issued by the school or regulated by the Ministry of Religious Affairs curriculum. Especially for the Raudhatul Athfal (RA) level, there is no health service program specifically designed for students.

Based on the conditions in these two schools, it appears that there is an urgent need for more systematic, structured, and Islamic values-based health service guidelines and programs. The lack of resources, education, and clear guidelines are the main challenges that need to be addressed through the development of a comprehensive Islamic healthcare module. This development is expected to not only cover aspects of physical health and nutrition, but also integrate the practice of Islamic values in the daily lives of early childhood, to form holistic character and health.

c. Material Selection

The first step in selecting materials is to understand the developmental characteristics of early childhood, especially ages 4-5 years. At this stage, children are in a period of very rapid development, both cognitively, emotionally, and physically. Therefore, the materials selected must be in accordance with their ability to understand health concepts in a simple and applicable manner.

After understanding the characteristics of children, the next step is to select relevant health materials for children aged 4-5 years. The materials selected include basic habits in maintaining hygiene and health, such as washing hands, brushing teeth, maintaining body hygiene, and eating healthy foods. The main focus is on behaviors that can be applied by children in everyday life, so that children can practice what they learn at home and at school.

B. Planning Stage (*Design*)

The next stage after the analysis stage is designing the module to be developed. At this stage, the researcher starts the development by designing the material that will be included in the module. The materials were taken from books, modules/e-modules, and journals that discuss child health services. In addition, researchers also collected images and illustrations to attract the interest and attention of readers, as well as to help readers more easily understand the material in the module.

After that, proceed with designing and writing raw concepts before pouring them into the developed module. The steps taken in the design stage will be described clearly below:

1. Determining Learning Objectives

The first step in the design stage is to establish the learning objectives to be achieved by the children with the guidance of teachers or parents. This module is designed so that teachers and parents can facilitate children in understanding the importance of maintaining health in accordance with Islamic values. Learning objectives include children's ability to understand healthy habits, such as washing hands, maintaining personal hygiene, and practicing healthy

behaviors in accordance with Islamic teachings, all of which are directed by teachers or parents.

2. Selecting Materials

   After setting the objectives, the next step is to select materials that can be easily delivered by teachers or parents to children. This material includes health aspects such as the importance of hygiene, healthy food intake, and Islamic behavior related to health. Teachers or parents will be given guidance in delivering the material effectively, by providing direct examples in daily life that are relevant to early childhood. For example, they can give examples of healthy behaviors such as washing hands before eating, and relate them to the concept of thaharah (purity) in Islam.

3. Designing Modules That Are Interactive and Easy To Use

   The module is designed with ease of use by teachers and parents in mind. The module structure is systematic and easy to follow, so that they can guide children in understanding the material with clear steps. The module also includes interactive activities such as physical activities and storytelling activities that can be done together between children and teachers or parents. The module design prioritizes a learning approach through the demonstration method, which is in accordance with the characteristics of 4-5 year old children.

4. Integrating Islamic Values in Daily Activities

   To help teachers and parents embed Islamic values in children's daily lives, this module integrates Islamic teachings in every activity taught. For example, teachers or parents can explain the importance of maintaining cleanliness as part of Islamic teachings and examples from the Prophet Muhammad. Each activity in the module is linked to Islamic values, such as ablution as an example of the practice of maintaining cleanliness, so that children not only learn about health in general, but also understand how it relates to religious teachings.

5. Preparing Illustrations

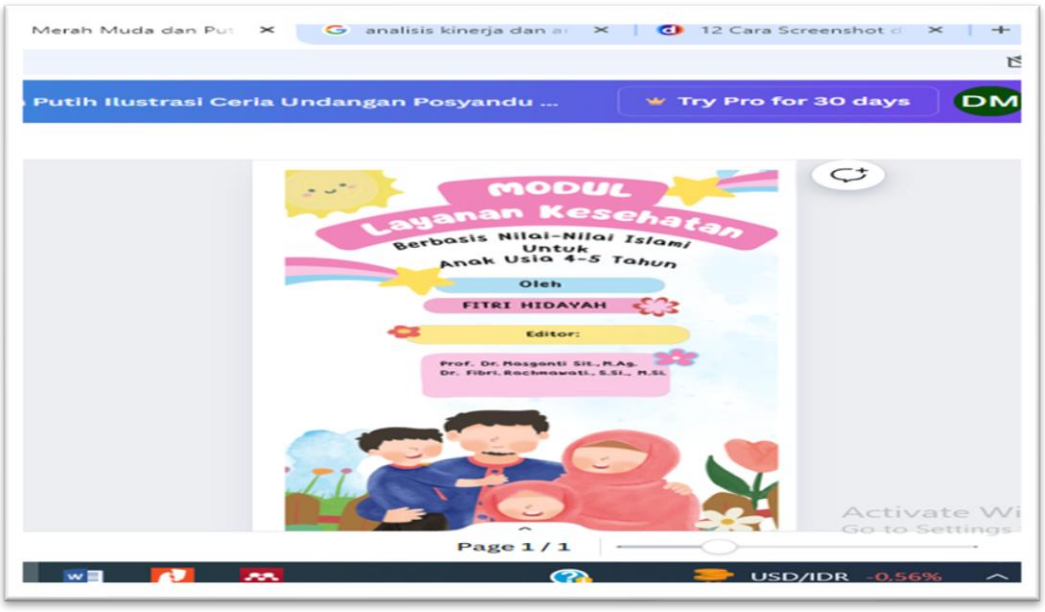
   The next step is to prepare illustrations for each learning activity in the module. The illustrations in this module are collected from various references such as the internet and also books related to child health services. This is done so that teachers and parents can more easily understand the application of each material in this module.

6. Designing Evaluation Tools

   This module also provides an evaluation tool designed to be easily used by teachers or parents in assessing child development. The evaluation tool used is multiple choice using language that is easy to understand and is equipped with an answer key. The evaluation will be carried out for each material or learning activity, with the aim that teachers and parents can assess children's understanding as a whole.

7. Making Covers (*Cover*)

   After going through the steps above, the researchers continued to search for applications that are easy to operate in designing or designing Islamic values-based health service module graphics. In this case, researchers chose the Canva application which can be easily accessed at www.canva.com. On the cover there is a title, author's name, editor's name and image. In addition, on the title there is the writing "for Children 4-5 Years Old" which shows that the module is intended for children aged 4-5 years. The cover is made with the aim that readers can find out the initial description of the material to be studied in this module. Details can be seen in the picture below:



Gambar Sampul/*Cover* Modul Layanan Kesehatan

C. Development Stage (*Development*)

In this stage, researchers compiled the complete content of the module, which included guidelines for educators/guardians as well as interactive activities for children. After the module was completed, the researcher conducted a double check before the results of the module development were validated by validators who had been discussed with the researcher's supervisor. Then the next stage is to validate the product to several experts. The validator team in validating this product consists of three experts including health experts, module/design experts, and language experts.

The validation process by experts on the product is a very important process to ensure that the product produced is in accordance with the objectives that have been set previously. In this process, the three validators have their respective responsibilities according to the aspects and indicators that have been compiled in the questionnaire by the previous researcher. The following is the explanation:

1. Healts Experts

The health expert who acted as a validator in this study was a lecturer as well as the Secretary of S1 Public Health at Prima Indonesia University, namely Dr. Hartono, SKM, M.Kes. In this ha, health experts will validate the suitability of the module with the indicators that have been made previously. These indicators include: (1) relevance and feasibility, (2) comprehensiveness and structure, (3) completeness of important aspects of the health of children aged 4-5 years, (4) availability of practical guidelines for caring for the health of children aged 4-5 years, (5) positive impact on understanding and health practices for parents in caring for children aged 4-5 years, (6) accuracy and validity of information, and (7) understanding and readability.

For more details, the results of validation by health experts at stage I can be seen in the table below:

Tabel Hasil Validasi Ahli Kesehatan Tahap 1

No	Pernyatataan	Kriteria Kevalidan				
		SV	V	CV	KV	TV

1	Modul ini sangat relevan dengan kebutuhan kesehatan anak usia 4-5 tahun	✔				
2	Modul ini layak digunakan sebagai panduan dalam mendukung praktik kesehatan anak usia 4-5 tahun	✔				
3	Modul ini mencakup secara komprehensif semua aspek penting dari kesehatan anak usia 4-5 tahun		✔			
4	Struktur dan urutan materi dalam modul ini sangat logis dan terstruktur dengan baik		✔			
5	Modul ini telah mencakup semua aspek penting kesehatan anak usia 4-5 tahun		✔			
6	Panduan praktis yang disediakan dalam modul ini sangat berguna bagi orang tua dalam merawat kesehatan anak usia 4-5 tahun		✔			
7	Modul ini memiliki dampak positif yang signifikan dalam meningkatkan pemahaman dan praktik kesehatan bagi orang tua dalam merawat anak usia 4-5 tahun	✔				
8	Informasi yang disajikan dalam modul ini sangat akurat dan berdasarkan pada bukti ilmiah yang kuat	✔				
9	Materi dalam modul ini mudah dipahami oleh berbagai pihak		✔			
10	Modul ini dapat diakses dan dibaca dengan mudah oleh orang tua atau pengasuh anak usia 4-5 tahun		✔			

To calculate the validity of the expert (v - ah), which is the ratio between the total validation score given by the expert (v) and the total maximum possible score given by the expert (Tse/Tsh), then the result is multiplied by 100% to convert into a percentage. The formula is as follows:

$$v - ah = \frac{\text{Tse}}{\text{Tsh}} \times 100\%$$

Keterangan:

$v - ah$: Expert Validation

Tse : The Total Score The Model Validation Results

Tse : The Total Maximum Score That May Be Given

Then the Following Results Were Obtained:

$$v - ah = \frac{44}{50} \times 100\%$$

$$v - ah = 88\%$$

Based on the results of the above calculations, the initial validation value by health experts is 88%, which is classified into the valid category. This is based on the interpretation guidelines that have been made previously. Where when the suitability of the module with indicators reaches 85-94%, the module is classified as valid. Thus it can be concluded that until this stage the module is declared feasible to be tested in the field with revisions.

The suggestions and revisions from health experts include: (1) change the position of hand and nail hygiene material which was previously in learning activity 4, to learning activity 2 (two), (2) add learning activities to 8 (eight activities) with environmental hygiene

material. So that the number of learning activities which previously consisted of 7 activities, became 8 activities.

2. Module Expert/Design

The validator by the module / product design expert in this study is a lecturer as well as the Secretary of the PIAUD Department of North Sumatra State Islamic University, namely Dr. Ahmad Syukri Sitorus, M.Pd. The module/design expert will validate the suitability of the module with the indicators that have been made. These indicators include: (1) compatibility with Islamic teachings, (2) ease of understanding the contents of the module, (3) understanding and delivery of Islamic teachings, (4) integration with the Islamic education curriculum, (5) involvement of parents and the community, (6) learning effectiveness, (7) availability of evaluation and feedback, and (8) availability and accessibility.

The results of validation by module/design experts at stage I can be seen in the following table:

Tabel Hasil Validasi Ahli Modul/Desain Tahap 1

No	Statement	Validity Criteria				
		SV	V	CV	KV	TV
1	This module is in accordance with the teachings of Islam and the values upheld in Islam.		✔			
2	Module content is easy for users to understand		✔			
3	This module is effective in conveying Islamic teachings to 4-5 year old children in a way that is in line with their understanding.		✔			
4	This module can be well integrated into the current Islamic education curriculum.		✔			
5	Module enables parental and community involvement in supporting Islamic values-based child health education		✔			
6	This module is effective in facilitating 4-5 years old children's learning about health based on Islamic values.		✔			
7	The module has adequate evaluation and feedback mechanisms to evaluate its effectiveness.		✔			
8	The module is easily accessible and usable by parents, caregivers, or educators in the community.		✔			

To calculate the validity of the expert (v - ah), which is the ratio between the total validation score given by the expert (v) and the total maximum possible score given by the expert (Tse/Tsh), then the result is multiplied by 100% to convert into a percentage. The formula is as follows:

$$v - ah = \frac{\text{Tse}}{\text{Tsh}} \times 100\%$$

Keterangan:

v – ah : Expert Validation

Tse : Total Score Of Module Validation Results

Tse : Total Score That May Be Given

Ate the Following Results:

$$v - ah = \frac{32}{40} \times 100\%$$

$v - ah = 80\%$

Based on the results of the above calculations, the initial validation value by the module/design expert is 80%, which is classified as quite valid. This is based on the interpretation guidelines that have been made previously. Where when the suitability of the module with indicators reaches 75-84%, the module is classified as quite valid. Thus it can be concluded that until this stage the module is declared feasible to be tested in the field with revisions.

The suggestions and revisions from module/design experts for improvement include: (1) in the instructions for using the module, write who the module users are clearly, (2) in learning activities 1 and 2, include illustrations of images to be the same as other learning activities.

3. Linguists

The linguist who became a validator to validate the module developed was a lecturer as well as the Head of the Indonesian Language Tadris Study Program at the State Islamic University of North Sumatra, namely Dr. Rina Devianty, S.S., M.Hum. In this ha, linguists will validate the suitability of the module with the indicators that have been made before. These indicators include: (1) straightforward, (2) communicative, (3) dialogic and interactive, (4) conformity with language rules, and (5) use of terms, symbols, or icons.

For more details, the results of the linguist validation at stage I can be seen in the table below:

Table of Phase I Language Expert Validation Results

No	**Statment**	**Kriteria Kevalidan**				
		SV	V	CV	KV	TV
1	Accuracy of sentence structure			✓		
2	Sentence effectiveness			✓		
3	Standardization of terms			✓		
4	Understanding of the message or information	✓				
5	Effectiveness of delivering messages/information visually with the help of images		✓			
6	Ability to motivate the reader	✓				
7	Ability to motivate hard thinking		✓			
8	Grammatical accuracy				✓	
9	Spelling accuracy				✓	
10	Consistency in the use of terms		✓			
11	Consistent use of symbols or icons		✓			

To calculate the validity of the expert (v - ah), which is the ratio between the total validation score given by the expert (v) and the total maximum possible score given by the expert (Tse/Tsh), then the result is multiplied by 100% to convert into a percentage. The formula is as follows:

$$v - ah = \frac{\text{Tse}}{\text{Tsh}} \times 100\%$$

Description:

v - ah: Expert Validation

Tse: Total score of module validation results

Tse: Total maximum score that may be given

Then the results are obtained as follows: $v - ah = \frac{39}{55} \times 100\%$

$v - ah = 70{,}9\%$

Based on the results of the above calculations, the initial validation value by linguists is 70.9%, which is classified into the less valid category. This is based on the interpretation guidelines that have been made previously. Where when the suitability of the module with indicators reaches 65-74%, the module is classified as less valid. Thus it can be concluded that until this stage the module is declared not feasible to be tested in the field and must be revised.

The suggestions and revisions from linguists for improvement include: (1) there are still sentences that are not effective, (2) there are many uses of letters, signs, and abbreviations that are not in accordance with EYD, (3) there are some words and terms that are not standardized, (4) writing is adjusted to EYD rules, and (5) use KBBI to check standard words.

The results of expert validation at stage I showed that health experts gave a score of 88%, module/design experts of 80% and linguists 70.9% with an average of 79.63% which is included in the category of quite valid or quite feasible to use. So after the validation process at stage 1 to the experts was carried out, the researcher then made revisions to the suggestions for improvement given by each validator. So that the hope is that the module developed will increase its validity and be more suitable for use.

After the revisions were made, the researchers then conducted phase II validation to the experts who were the previous validators. The first expert or validator met by researchers is a health expert. The results of stage II validation can be seen in the following table:

Table of Health Expert Validation Results Phase 1

No	Pernyatataan	Kriteria Kevalidan				
		SV	V	CV	KV	TV
1	This module is highly relevant to the health needs of 4-5 year old children	✔				
2	This module is suitable for use as a guide in supporting 4-5 year old children's health practices	✔				
3	This module comprehensively covers all important aspects of 4-5 year old children's health	✔				
4	The structure and sequence of the material in this module is very logical and well structured.	✔				
5	This module has covered all important aspects of 4-5 year old children's health	✔				
6	The practical guidance provided in this module is very useful for parents in caring for the health of their 4-5 year old children.	✔				
7	The module has a significant positive impact in improving parents' understanding and health practices in caring for 4-5 year old children.	✔				
8	The information presented in this module is highly accurate and based on solid scientific evidence.	✔				
9	The material in this module is easy to understand by various parties		✔			

10	This module can be easily accessed and read by parents or caregivers of 4-5 year old children.	✔				

To calculate the validity of the expert (v - ah), which is the ratio between the total validation score given by the expert (v) and the total maximum possible score given by the expert (Tse/Tsh), then the result is multiplied by 100% to convert into a percentage. The formula is as follows:

$$v - ah = \frac{\text{Tse}}{\text{Tsh}} \times 100\%$$

Description:

v - ah: Expert Validation

Tse: Total score of module validation results

Tse: Total maximum score that may be given

Then the results are obtained as follows: $v - ah = \frac{49}{50} \times 100\%$

$v - ah = 98\%$

Based on the results of the above calculations, the value of stage II validation by health experts is 98%, which is classified into a very valid category. This is based on the interpretation guidelines that have been made previously. Where when the suitability of the module with indicators reaches 95-100%, the module is classified as very valid. In addition, in his final conclusion, the health expert stated that "this module is feasible to be tested in the field without revision". In other words, this module has met the requirements to be used in the field by researchers later.

After the researchers met the health expert validator, the researchers then validated the module/design expert for the second time. Details can be seen in the following table:

Table of Module/Design Expert Validation Results Phase II

No	**Pernyatataan**	**Kriteria Kevalidan**				
		SV	V	CV	KV	TV
1	This module is in accordance with the teachings of Islam and the values upheld in Islam.	✔				
2	Module content is easy for users to understand	✔				
3	This module is effective in conveying Islamic teachings to 4-5 year old children in a way that is in line with their understanding.	✔				
4	This module can be well integrated into the current Islamic education curriculum.	✔				
5	Module enables parental and community involvement in supporting Islamic values-based child health education	✔				
6	This module is effective in facilitating 4-5 years old children's learning about health based on Islamic values.	✔				
7	The module has adequate evaluation and feedback mechanisms to evaluate its effectiveness.		✔			

8	The module is easily accessible and usable by parents, caregivers, or educators in the community.	✔				

To calculate the validity of the expert (v - ah), which is the ratio between the total validation score given by the expert (v) and the total maximum possible score given by the expert (Tse/Tsh), then the result is multiplied by 100% to convert into a percentage. The formula is as follows:

$$v - ah = \frac{\text{Tse}}{\text{Tsh}} \times 100\%$$

v - ah: Expert Validation

Tse: Total score of module validation results

Tse: Total maximum score that may be given

Then the results are obtained as follows:

$$v - ah = \frac{39}{40} \times 100\%$$

$$v - ah = 97{,}5\%$$

Based on the results of the above calculations, the value of stage II validation by module/design experts is 97%, which is classified into a very valid category. This is based on the interpretation guidelines that have been made previously. Where when the suitability of the module with indicators reaches 95-100%, the module is classified as very valid. Thus it can be concluded that this module has met the requirements to be used and tested in the field.

Finally, the researcher then validated the linguist for the second time. The results of validation with linguists can be seen in the following table:

Table of Language Expert Validation Results Phase II

No	**Statement**	**Kriteria Kevalidan**				
		SV	V	CV	KV	TV
1	Accuracy of sentence structure	✔				
2	Sentence effectiveness		✔			
3	Standardization of terms	✔				
4	Understanding of the message or information	✔				
5	Effectiveness of delivering messages/information visually with the help of images	✔				
6	Ability to motivate the reader	✔				
7	Ability to motivate hard thinking					
8	Grammatical accuracy	✔				
9	Spelling accuracy	✔				
10	Consistency in the use of terms	✔				
11	Consistent use of symbols or icons	✔				

To calculate the validity of the expert (v - ah), which is the ratio between the total validation score given by the expert (v) and the total maximum possible score given by the expert (Tse/Tsh), then the result is multiplied by 100% to convert into a percentage. The formula is as follows:

$$v - ah = \frac{Tse}{Tsh} \times 100\%$$

v - ah: Expert Validation

Tse: Total score of module validation results

Tse: Total maximum score that may be given

Then the results are obtained as follows

$$v - ah = \frac{54}{55} \times 100\%$$

$$v - ah = 98{,}18\%$$

Based on the results of the above calculations, the validation value by linguists is 98.18%, which is classified as very valid. This is based on the interpretation guidelines that have been made previously. Where when the suitability of the module with indicators reaches 95-100%, the module is classified as very valid. Thus it can be concluded that until this stage the module is declared very feasible to be tested in the field.

The results of expert validation in stage II showed that health experts gave a score of 98%, module/design experts of 97.5% and linguists 98.18% with an average of 97.89% which was included in the category of very valid or very feasible to use. Based on the results that have been obtained from this stage II validation, the researchers stepped into the next stage, namely conducting the implementation stage or field trials.

D. Implemantation Stage (*Implemention*)

After the development stage, the next step taken by researchers is to implement or conduct field trials. The developed product will be tested in schools that have been planned previously, namely at RA Banatus Shalih and RA Rabiatul Adawiyah. The implementation stage in this research is a crucial step to test the effectiveness of the module that has been developed. After the Islamic values-based health service module for children aged 4-5 years was designed and validated by experts, the implementation stage was carried out by involving real users, namely teachers and parents in both educational institutions.

In the implementation stage of this research product, the approach used is to provide a parenting program to teachers and parents as part of the module implementation strategy. This parenting approach aims to equip them with knowledge and skills in educating children aged 4-5 years, especially in familiarizing health behaviors that are in line with Islamic values. Before parenting is conducted, researchers will give a pre-test before using the module, and later will be given a post-test to see if there is a change in the understanding of parenting participants before and after using this module.

The product or module testing process was carried out at RA Banatush Shalih and RA Rabiatul Adawiyah. The participants who participated in the trial conducted at RA Bantus Shalih amounted to 24 people consisting of parents and teachers in RA Banatus Shalih. The complete results of the module implementation or trial conducted at RA Banatus Shalih can be seen in the following table:

Table of Pre Test and Post Test Results at RA Banatus Shalih

No	**Nama**	**Nilai *Pre-test***	***Nilai Post-tets***
1	Ade Khalida fajar	50	80
2	Anita Aulia Putri	60	90
3	Asni	60	100
4	Dewi Aulia	70	100

5	Dewi Kasuma	60	100
6	Eka Monarika	50	90
7	Hayati	50	80
8	Hanizar	70	100
9	Ira Yusnita	50	100
10	Khirani	40	90
11	Masithah	60	100
12	Mulyana	70	100
13	Nasrillah	60	90
14	Nona Alfina	50	90
15	Nur Ainun	50	90
16	Nurul	60	100
17	Nusyamsi	70	100
18	Putri Indah Sari	60	90
19	Sri Intan	50	90
20	Sri Muliani	60	90
21	Suci lestari	60	100
22	Suyati	60	90
23	Uci Rama Ningsih	60	100
24	Wahyuni	50	90
Total Skor		**1380**	**2250**
Rata-Rata		**57,5**	**93,75**

Referring to the table above, it can be seen that there are changes in learning outcomes before and after using the developed module. Where there is a significant increase in learning outcomes, which originally the average pre-test value obtained was 57.5 increased after using the module with the average value of the post-test results being 93.75. Based on the data in the table above, the N-Gain can be calculated as follows:

$$\text{N-Gain} = \frac{Skor\ Posttest - Skor\ Pretest}{Skor\ Maksimum - Skor\ Pretest}$$

$$= \frac{93{,}75 - 57{,}5}{100 - 57{,}5}$$

$$= \frac{36{,}25}{42{,}5}$$

$$= 0{,}85$$

Based on the calculations carried out, the N-Gain value of 0.85 was obtained, which was categorized as very effective. This is based on the product effectiveness criteria guide

that has been made previously. In the guide it is said that if N-Gain> 0.70, then the product is included in the very effective category. From the results obtained at RA Banatus Shalih, it can be concluded that the health service module developed is effective for use.

After the researchers conducted an implementation or trial at RA Banatus Shalih, the researchers then conducted a trial at RA Rabiatul Adawiyah. In conducting trials at RA Rabiatul Adawiyah, there were 16 participants involved, including parents of students and teachers there. The results of product trials conducted at RA Rabiatul Adawiyah can be seen in the following table:

Tabel Hasil *Pre-Test* dan *Post-Test* di RA Rabiatul Adawiyah

No	Name	Nilai *Pre-Test*	Nilai *Post-Test*
1	Astuti	50	90
2	Azizah	70	100
3	Delisa	50	90
4	Dewi Anjani	60	90
5	Fatilila Sinaga	50	90
6	Fitri	60	100
7	Jariyah	50	90
8	Lia Wati	60	90
9	Lisa Riani	50	100
10	Nur Ainun	50	80
11	Rafiza	60	90
12	Sisma	60	100
13	Siti Hajar	70	100
14	Siti Khalijah	70	100
15	Wahyuni	60	100
16	Yusnita	50	90
Total Skor		**930**	**1400**
Rata-Rata		**58,125**	**87,5**

Referring to the table above, it can be seen that there are changes in learning outcomes before and after using the developed module. Where there is a significant increase in learning outcomes, which was originally the average pre-test value obtained was 58.125, it increased after using the module with the average value of the post-test results being 87.5. Based on the data in the table above, the N-Gain can be calculated as follows:

$$\text{N-Gain} = \frac{Skor\ Posttest - Skor\ Pretest}{Skor\ Maksimum - Skor\ Pretest}$$

$$= \frac{87,5-58,125}{100-58,125}$$

$$= \frac{29,375}{41,875}$$

$$= 0,70$$

Based on the calculations carried out, the N-Gain value of 0.70 was obtained which was categorized as very effective. This is based on the product effectiveness criteria guide that has been made previously. In the guide it is said that if the N-Gain> 0.70, then the product is included in the very effective category. From the results obtained at RA Rabiatul Adawiyah, it can be concluded that the health service module developed is effective for use.

From the results of the implementation and testing of the Islamic values-based health service module for children aged 4-5 years at RA Banatus Shalih and RA Rabiatul Adawiyah, it shows that this module is included in the very effective category in increasing the understanding of parenting participants in this case teachers and parents.

E. Tahap Evaluasi (*Evaluation*)

The evaluation stage is a very important process in the development of a learning system or product. This evaluation is carried out to assess the extent to which the product that has been developed is in accordance with the initial objectives to be achieved, as well as to ensure that the results can have a positive impact as expected. In this context, evaluation not only serves as a measure of success, but also as a guide to correct any shortcomings or weaknesses that may arise during the implementation process.

According to Jusuf and Istiyowati (2023: 103), the evaluation stage aims to see whether the learning system (product) being built is in accordance with the previous objectives or not. Thus, evaluation is a crucial stage to ensure the effectiveness and suitability of the developed learning product in order to provide optimal benefits for its users.

At this evaluation stage, researchers conducted an evaluation by considering suggestions and revisions from experts who became validators in this study. The evaluation results in the module development are presented in the following table:

Table of Experts' Suggestions and Revisions

No	Ahli	Saran dan Revisi
1	health expert	• Moved the position of hand and nail hygiene material from learning activity 4 to learning activity 2. • Adding learning activities to 8 learning activities by adding environmental hygiene material. So the number of learning activities that previously consisted of 7 activities became 8 activities.
2	Module/Design Expert	• Clearly state who the users of the module are in the instructions section. • Include picture illustrations for learning activities 1 and 2 so that they are the same as the other learning activities..
3	Linguist	• Some sentences are still ineffective. • Many letters, signs, and abbreviations are not in accordance with EYD. • There are still some words and terms that are not standardized. • The writing is adjusted to the EYD. • Use KBBI to check the standardization

DISCUSSION

1. Development Procedure of Health Service Module Based on Islamic Values for 4-5 Years Old Children

The development of an Islamic values-based health service module for children aged 4-5 years was carried out using the ADDIE model which consists of analysis, design, development, implementation, and evaluation stages (Fatirul & Winarto, 2021: 100). The development of this module aims to provide a guide in providing health services based on Islamic values for early childhood.

This research is a type of research and development. The resulting product is a module that contains health service materials for early childhood that are integrated with Islamic values. The developed module is expected to help all parties such as parents and teachers in providing health services in accordance with Islamic teachings.

The reason why researchers chose to make the final product of this research and development is because modules have the main purpose of increasing the efficiency and effectiveness of learning. In its preparation, the module contains learning needs such as learning instructions, learning objectives, learning materials, evaluations, glossary discussions, references to feedback. In addition, modules better enable a person to undergo the learning process independently (Jusuf & Istiyowati, 2023: 85-86).

The stages carried out by researchers in developing an Islamic values-based health service module for ages 4-5 years include:

a. Analysis stage

According to Jusuf and Istiyowati (2023: 102), the analysis stage is basically a process of translating what students will learn by analyzing needs, identifying problems (needs), and analyzing tasks. In the context of this study, the analysis stage carried out by researchers consisted of two steps, namely needs analysis and material selection. In the needs analysis, researchers found that both RA Banatush Shalih and RA Rabiatul Adawiyah did not have systematic guidelines related to health services for early childhood. This indicates a significant gap in the implementation of health programs in these schools. Observations and interviews revealed that the existing health services were still dependent on the local health center, whose intensity and coverage were deemed inadequate.

Selain itu, meskipun beberapa praktik sederhana terkait nilai-nilai Islami seperti mencuci tangan dan adab masuk kamar mandi telah diterapkan, penerapan nilai-nilai Islami dalam aspek kesehatan di kedua RA tersebut masih sangat terbatas. Dengan kata lain, belum ada program terstruktur yang mengintegrasikan ajaran Islam ke dalam layanan kesehatan secara holistik. Temuan tersebut semakin menegaskan pentingnya pengembangan modul layanan kesehatan berbasis nilai-nilai Islami, yang tidak hanya mencakup aspek kesehatan fisik, tetapi juga mengintegrasikan ajaran Islam dalam praktik keseharian anak-anak. Kekurangan sumber daya dan kurangnya edukasi bagi para guru semakin memperkuat urgensi pengembangan modul ini.

While at the material selection stage, it is based on the needs of children aged 4-5 years who are at a stage of rapid development. The selected materials focus on basic habits in maintaining health, such as washing hands, brushing teeth, maintaining body hygiene, and eating healthy food. The material development also ensures that Islamic values are integrated, so that children not only get health education, but also Islamic character building from an early age.

b. Design stage

In the design stage of the Islamic values-based health service module for children aged 4-5 years, there are several detailed and systematic steps that become important references in the development of this module. The design process begins with designing the material to be included in the module, which is based on various sources such as books, e-modules, and scientific journals on children's health. The researcher also collected pictures and illustrations to enrich the module, so that it would not only attract readers' interest, but also facilitate their understanding of the material presented. The steps taken by researchers in this development stage include; determining learning objectives, selecting materials, designing modules that are interactive and easy to use, integrating Islamic values in daily activities, preparing illustrations, designing evaluation tools, and making covers for the modules developed. In making this cover, researchers used the Canva application to design and design module graphics which can be easily accessed at www.canva.com.

On the cover there is a title, author's name, editor's name and picture. In addition, the title contains the words “for 4-5 Year Old Children” which indicates that the module is

intended for children aged 4-5 years. The cover is made with the aim that readers can find out the initial description of the material to be studied in this module.

c. Development stage

In this development stage, researchers involved three experts as validators to see the feasibility of the products (modules) produced. In determining the validator for product development, the researcher asked for advice and input from the supervisor to determine who would be the validator according to their respective expertise. Based on suggestions from the researcher's supervisor, the validators who will be involved are health experts, module/design experts, and language experts. For health experts, the validator is Mr. Dr. Hartono, SKM., M.Kes who is a lecturer as well as the Secretary of the Prima Indonesia University Public Health S1 Study Program.

For the module / design expert himself, the validator is Dr. Ahmad Syukri Sitorus, M.Pd who is a lecturer and Secretary of the PIAUD Study Program at the State Islamic University of North Sumatra. As for the linguist, the validator is Mrs. Dr. Rina Devianty, S.S who is a lecturer as well as the Head of the Indonesian Language Tadris Study Program at the State Islamic University of North Sumatra. This validation process aims to ensure that the module meets the necessary standards in terms of health, design, and language. Setelah proses pengembangan ini dilakukan, maka peneliti kemudian melakukan perbaikan-perbaikan berdasarkan pada saran dan masukan yang diberikan by each validator. After the revision process was carried out and the validation results obtained were in accordance with the standards, the researchers continued to the implementation or field testing stage.

d. Implementation stage

After the development stage, researchers proceeded to implement and test the module at RA Banatus Shalih and RA Rabiatul Adawiyah to measure its effectiveness. This trial involved teachers and parents as the main users. The approach used was a parenting program, which is education for family members, especially parents, in order to have the ability to educate and care for children for optimal growth and development, so as to create quality human resources for the future (Amala et al., 2022: 109).

This program also aims to equip them with knowledge about educating children aged 4-5 years, especially in familiarizing Islamic healthy behavior. Before and after parenting, a pre-test and post-test were conducted to measure changes in understanding before and after using the module. The trial was attended by 24 participants from RA Banatus Shalih, consisting of parents and teachers. While the trial conducted at RA Rabiatul Adawiyah was attended by around 16 participants consisting of parents of students and teachers.

e. Evaluation Stage

The evaluation stage is the final stage of the research and development process carried out. At this stage the researcher will improve the module based on suggestions and input from each expert who acts as a validator in this study. In this stage, researchers will also make the necessary improvements both at the analysis, design, development, and implementation stages of this developed product..

2. Feasibility of Health Service Module Based on Islamic Values for 4-5 Years Old Children

The development of an Islamic values-based health service module for 4-5 year old children through various stages has produced a product that is considered valid enough and feasible to be tested. Validation by three experts, namely health experts, module/design experts, and linguists, was carried out to ensure that the module developed was in accordance with the objectives and standards previously set.

In the initial stage, the module was compiled comprehensively, including guidelines for educators/guardians as well as interactive activities designed for children. This process was then refined through validation by experts with various assessment criteria.

a. Health experts

Validation by health experts covered issues such as relevance and feasibility, comprehensiveness and structure, comprehensiveness of important aspects of 4-5 years old children's health, availability of practical guidelines for caring for 4-5 years old children's health, positive impact on parents' understanding and health practices in caring for 4-5 years old children, accuracy and validity of information, and comprehensibility and readability.

During stage I validation, the results of product validation to health experts obtained a score of 88% which was classified as valid. Although in conclusion the health expert concluded that the module developed was worth testing with revisions. However, the researcher then made improvements and revisions to the suggestions and input from the health validator so that the validation score was even better.

The suggestions for improvement from health experts at the time of stage I validation include; changing the position of hand and nail hygiene material which was previously in learning activity 4, to learning activity 2, adding learning activities to 8 (eight activities) plus environmental hygiene material. So that the number of learning activities which previously consisted of 7 activities, became 8 activities.

After researchers made improvements and revisions based on suggestions and input from health validators, the researchers then conducted validation for stage II. In this phase II validation, the score for the developed product was better. Where the score in stage II validation is at a score of 98% which is included in the very valid category. Thus the module developed is feasible to be tested in the field without any revisions.

b. Ahli modul/desain

Validation by module/design experts covers aspects such as suitability with Islamic teachings, ease of understanding module content, understanding and delivery of Islamic teachings, integration with the Islamic education curriculum, involvement of parents and the community, learning effectiveness, availability of evaluation and feedback, and availability and accessibility. During stage I validation by module/design experts, the score obtained was only 80% which was included in the moderately valid category. In the final conclusion, the module/design validator concluded that the module was feasible to be tested in the field with revisions.

Nevertheless, researchers made improvements and revisions based on suggestions and input from validators in order to obtain a better score. The suggestions and revisions from the module/design experts for improvement included writing who the module user is clearly in the instructions section of the module, as well as including illustrations of images in learning activities 1 and 2 to be the same as other learning activities.

After making improvements and revisions, the researcher then conducted phase II validation to the design module expert. Where in this phase II validation test, the score increased to 97.5% which is included in the very valid category. Thus, the developed module is feasible to be tested in the field without any revisions.

c. Linguists

Validation by linguists includes aspects such as directness, communicative, dialogic and interactive, conformity with language rules, and the use of terms, symbols, or icons. At the time of stage I validation by linguists, the score obtained was only 70.9% which was included in the less valid category. In other words, the module developed was not yet suitable for testing in the field. For this reason, researchers then made improvements and revisions based on input and suggestions from linguist validators so that the scores were even better.

The suggestions and revisions from linguists for improvement include improving sentences that are not yet effective, using many letters, signs, and writing abbreviations that are not in accordance with EYD, some words and terms are not standardized, writing is adjusted to EYD rules, and using KBBI to check standard words.

After making improvements and revisions, the researcher then conducted stage II validation to linguists. Where in this stage II validation test, the score increased to 98.18%

which is included in the very valid category. Thus, the module developed is feasible to be tested in the field without any revisions.

3. Effectiveness of Islamic Values-Based Health Care Module for 4-5 Years Old Children

According to the effectiveness of a developed learning product, a field trial is needed (Fatirul & Walujo, 2022: 64). Field trials aim to measure how far the product has succeeded in improving learners' understanding or skills, as well as ensuring that the product can be applied properly in real situations. In the context of this research, field trials were conducted in two institutions, RA Banatush Shalih and RA Rabiatul Adawiyah, to assess the effectiveness of the Islamic values-based health service module.

At RA Banatush Shalih, the pilot test was conducted involving 24 participants, consisting of teachers and parents. The data showed a significant increase in the test results before and after the application of the module. The average pre-test score of 57.5 increased to 93.75 in the post-test, indicating an increase in parenting participants' understanding. Based on the N-Gain calculation, the value obtained is 0.85, which is included in the highly effective category. Based on the predetermined effectiveness criteria, N-Gain above 0.70 indicates high module effectiveness.

From these results, it can be concluded that the developed module was able to make a significant contribution in increasing participants' knowledge of health services based on Islamic values. Participants who initially had relatively low knowledge of child health services, experienced a high increase in understanding after using this module.

The pilot test at RA Rabiatul Adawiyah involved 16 participants consisting of parents of students and teachers. The results showed an increase in the average pre-test score from 58.125 to 87.5 in the post-test. The N-Gain calculation resulted in a score of 0.70, which is also included in the highly effective category according to the predetermined criteria. This shows that this module is also effectively applied in RA Rabiatul Adawiyah, although the average increase in participants' understanding is slightly lower compared to RA Banatush Shalih.

Nonetheless, significant improvement was still seen from the pre-test and post-test results, indicating that the module was successful in improving participants' understanding of Islamic values-based health services. This is relevant to strengthen parents' and teachers' understanding in supporting holistic early childhood health.

4. Pros and Cons of Modules

The Islamic values-based health service module for 4-5 year old children developed has gone through a validation process by health experts, module/design experts, and linguists so that it can be used as a guide in order to provide more optimal health services to early childhood. In addition, this module has also gone through a feasibility test process through field trials. So that this module can be used independently by both teachers and parents. Some of the advantages of this module include:

1) This module not only focuses on physical health, but also shapes children's character through the introduction of Islamic values such as cleanliness, compassion, and responsibility. This is important for the development of positive attitudes and behaviors from an early age.
2) Helping children to maintain their health through activities relevant to Islamic teachings, such as performing ablutions, maintaining body hygiene, and certain prayers related to health. This can form sustainable good habits.
3) The module covers the physical, mental and spiritual dimensions of the child. By incorporating Islamic elements, the module helps integrate health education with the harmonious spiritual development of children.
4) The module is more easily accepted by Muslim communities as it is in line with their values and culture. This approach can increase parental involvement in the child's learning process.

In addition to the advantages of this developed module, some weaknesses that may be owned by this module include:

1) The module may be less relevant for children or families who do not follow Islam. This makes it less inclusive and can only be applied in religiously homogenous environments.
2) Not all educators may be familiar with Islamic approaches to teaching health. This may require additional training or adaptation of materials for educators to teach the module effectively.

Islamic values-based modules may still be limited in terms of empirical research supporting their effectiveness. Hence, more studies are needed to ensure the module is truly effective in improving children's health as well as Islamic values inculcation.

CONCLUSION

The development of health service modules based on Islamic values for children aged 4-5 years is carried out through several important stages, namely analysis, design, development, implementation, and evaluation. In the analysis stage, identification of needs at RA Banatus Shalih and RA Rabiatul Adawiyah was carried out, as well as the selection of materials that are suitable for students. Module design includes the preparation of materials from trusted sources integrated with Islamic values, with the use of applications such as Canva to design an attractive appearance for children. At the development stage, the module was validated by health, module/design, and language experts to ensure its quality. The final validation results showed that the module was very feasible to use, with a score above 97% from the experts. The effectiveness of the module was proven through a significant increase in pre-test and post-test results in both educational institutions. In RA Banatus Shalih, the average score increased from 57.5 to 93.75, and in RA Rabiatul Adawiyah it increased from 58.125 to 87.5, with the N-Gain calculation showing the effectiveness of the module in a very high category.

REFERENCES

Aini, N. N., Puspitasari, R. N., Usman, N. S., & Zakiya, N. M. (2023). *Implementasi Perilaku Hidup Sehat Bagi Anak Usia Dini. Loka Karya Pendidikan Islam Anak Usia Dini IAIN Ponorogo "Gizi Untuk Anak Usia Dini" Ponorogo: IAIN Ponorogo.* hlm.1-13.

Anderson, L.W, & Krathwohl, D. R. (2010). *Kerangka Landasan untuk Pembelajaran, Pengajaran, dan Asesmen*. yogyakarta: Pustaka Pelajar.

Asmariana, Y. (2022). PENGEMBANGAN E-MODUL BUKU KESEHATAN IBU DAN ANAK UNTUK MENINGKATKAN PENGETAHUAN IB. *Jurmas Sains Dan Teknologi*, *3*(3), 7–11. https://doi.org/https://doi.org/10.47841/saintek.v3i3.224

Astuti, A. K. (2016). PELAKSANAAN PERILAKU SEHAT PADA ANAK USIA DINI DI PAUD PURWOMUKTI DESA BATUR KECAMATAN GETASAN. *Scholaria*, *vol.6*(no.3). https://doi.org/https://doi.org/10.24246/j.scholaria.2016.v6.i3.p264-272

Branch, R. M. (2009). *Instructional Design: The ADDIE Approach*. London: Springerb Science+Business Media.

Fauzi, M., Lestari, A. R. S., & Ali, M. (2023). Pengaruh Berwudhu Terhadap Konsentrasi Belajar Siswa. *In International Education Conference (IEC) FITK*, *vol.2*(no.1), 108–122.

Indrawan, I., Subhan, Putri, A. A., Royani, I., Marnita, & Yoerfa, R. (2022). *PERKEMBANGAN ANAK USIA DINI (PAUD)*. Pasuruan: Qiara Media.

Klirgman, B., & Nelson, A. (2000). *Ilmu Kesehatan Anak* (15th ed.). Jakarta: Penerbit Buku Kedokteran EGP.

Mahsun. (2023). *FIQH KESEHATAN*. Semarang: CV Lawwana.

Pribadi, B. A. (2016). *Desain dan Pengembangan Program Pelatihan Berbasis Kompetensi Implementasi Model ADDIE* (2nd ed.). Jakarta: Kencana.

Prodjokusumo, S., Shddiqie, J. A., Sanuha, I., Anshari, M. I., Hasbie, M. S., Prabowo, H. S., … Trimaya, L. (2015). *Air, Kebersihan, Sanitasi dan Kesehatan Lingkungan menurutAgama Islam*. Jakarta: Sekolah Pascasarjana Universitas Nasional.

Putra, I. G. L., & Tanaya, I. G. L. P. (2019). *BADANKU SEHAT, PIKIRANKU CERDAS: di PAUD HI Bintang Hati Teratak*. Jakarta: Kementerian Desa PDT dan Transmigrasi.

Sadiah, G. S., Romadhona, N. F., & Gustiana, A. D. (2020). PENERAPAN LAYANAN KESEHATAN DAN GIZI DALAM PENYELENGGARAAN PAUD HOLISTIK INTEGRATIF DI TK ALAM PELOPOR RANCAEKEK. *Jurnal Pertumbuhan, Perkembangan, Dan Pendidikan Anak Usia Dini*, *vol.17*(no.1), hlm.50-64. https://doi.org/https://doi.org/https://doi.org/10.17509/edukid.v17i1

Sari, R. K., Astuti, S. P., Sari, M., & Syari'ati, R. N. (2022). *PROFIL KESEHATAN IBU DAN ANAK 2022.* Jakarta: Badan Pusat Statistik.

Silviliyana, M., Ramadani, K. D., Sulistyowati, R., Sari, N. R., & Anggraeni, G. (2023). *Profil Anak Usia Dini 2023*. Jakarta: Badan Pusat Statistik.

Sugiyono. (2013). *Metode penelitian kuantitatif kualitatif dan R&D*. Bandung: Alfabeta.

Sugiyono. (2022). *Metode Penelitian Kuantitatif, Kualitatif, dan Kombinasi (Mixed Methods)*. Bandung: Alfabeta.

Syarnubi, S., & Fahiroh, S. (2024). Shame Compensation in Islamic and Psychological Perspectives. *Tadrib: Jurnal Pendidikan Agama Islam*, *vol.10*(no.1), hlm. 12-31.

Syarnubi, S., Alimron, A., & Muhammad, F. (2022). *Model Pendidikan Karakter di Perguruan Tinggi*. CV. Insan Cendekia Palembang.

Syarnubi, S., Efriani, A., Pranita, S., Zulhijra, Z., Anggara, B., Alimron, A., ... & Rohmadi, R. (2024). An analysis of student errors in solving HOTS mathematics problems based on the newman procedure. *In AIP Conference Proceedings*, *vol.3058*(no.1).

Syarnubi, S., Fauzi, M., Anggara, B., Fahiroh, S., Mulya, A. N., Ramelia, D., ... & Ulvya, I. (2023). Peran Guru Pendidikan Agama Islam dalam Menanamkan Nilai-Nilai Moderasi Beragama. *In International Education Conference (IEC) FITK*, *vol.1*(no.1), pp.112-117.

Syarnubi, S., Mansir, F., Purnomo, M. E., Harto, K., & Hawi, A. (2021). Implementing Character Education in Madrasah. *Jurnal Pendidikan Islam*, *vol.7*(no.1), hlm.77-94.

Syarnubi, S., Syarifuddin, A., & Sukirman, S. (2023). Curriculum Design for the Islamic Religious Education Study Program in the Era of the Industrial Revolution 4.0. Al-Ishlah. *Al-Ishlah: Jurnal Pendidikan*, *vol.15*(no.4), 6333–6341.

Syarnubi, S. (2016). Manajemen Konflik Dalam Pendidikan Islam dan Problematikanya: Studi Kasus di Fakultas Dakwah UIN-SUKA Yogyakarta. *Tadrib*, *vol.2*(no.1), hlm.151-178.

Syarnubi, S. (2019). Guru yang bermoral dalam konteks sosial, budaya, ekonomi, hukum dan agama (Kajian terhadap UU No 14 Tahun 2005 Tentang Guru Dan Dosen). *Jurnal PAI Raden Fatah*, *vol.1*(no.1), hlm.21-40.

Syarnubi, S. (2022). Penerapan Paradigma Integrasi-Interkoneksi dalam Peningkatan Mutu Lulusan. *Jurnal PAI Raden Fatah*, *vol.4*(no.4), hlm.375-395.

Syarnubi, S. (2023). Hakikat Evaluasi dalam Pendidikan Islam. *Jurnal PAI Raden Fatah*, *vol.5*(no.2), hlm.468-486.

Tarigan, Az. A., Iqbal, M., Jannah, N., Nur, F., Umam, K., & Hanif, M. (2021). *Al-Qur'an dan Ilmu Kesehatan Masyarakat Perspektif Integratif.* Medan: CV. Merdeka Kreasi Group.

Ulfadhilah, K., Nurhayati, E., & Ulfah, M. (2021). Implementasi Layanan Kesehatan, Gizi, dan Perawatan dalam Menanamkan Disiplin Hidup Sehat. *ThufuLA : Jurnal Inovasi Pendidikan Guru Raudhatul Athfal*, *vol.9*(no.1), hlm.115-134. https://doi.org/https://doi.org/10.21043/thufula.v9i1.10288

Ulinnuha, A. (2022). *PENGEMBANGAN MODUL ELEKTRONIK PENDIDIKAN JASMANI, OLAHRAGA DAN KESEHATAN BERBASIS GOOGLE SITES PADA MATERI KELAS 7 MTs N 1 KLATEN*. UNIVERSITAS NEGERI YOGYAKARTA.

Upnidah, Yaswinda, & Movitaria, M. A. (2022). EVALUASI PELAKSANAAN PROGRAM HOLISTIK INTEGRATIF DI TK AL-HUFFAZH PAYAKUMBUH. *JIP: Jurnal Inovasi Penelitian*, *vol.2*(no.8), hlm.2373-2380. https://doi.org/https://doi.org/https://doi.org/10.47492/jip.v2i8

Wijayanti, P. (2021). PEMBIASAAN HIDUP BERSIH DAN SEHAT ANAK USIA DINI DALAM PERSPEKTIF ISLAM DI ERA PANDEMI COVID-19. *Loka Karya Pendidikan Islam Anak Usia Dini IAIN Ponorogo "Pengembangan Potensi Anak Usia Dini" Tahun 2021*, 12–26. Ponorogo: IAIN Ponorogo.