



Development of Hygiene and Healthy Living Habits Learning Module for Early Childhood Education Teachers

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Abstract

This study aimed to create learning module for kindergarten teachers, on hygiene and healthy living habits. Module that can be used to study about health and additional references on hygiene and healthy living habits. This research is a research and development in 10 steps, by adapting research and development research according to Gall, & Borg's model. Research and development research was conducted by using the following steps: (1) potentials and problems, (2) data collection, (3) product design, (4) design validation, (5) product revisions, (6) product tests, (7) product revisions, (8) product tests, (9) product revisions, and (10) mass production. This research produced a module product to learn about hygiene and healthy living habits for Early Childhood Education that had been tested in schools and validated by media experts and material experts. Evaluation results showed that the module is in accordance with the curriculum, in accordance with the characteristics of growth and development of students, and is easy, interesting, and fun for students.

Abstrak

Orang tua dengan anak retardasi mental cenderung mengalami parenting stress tinggi di-Penelitian ini bertujuan untuk membuat modul pembelajaran bagi guru taman kanak-kanak, mengenai kebersihan dan kebiasaan hidup sehat. Modul yang dapat dipakai untuk mempelajari kesehatan dan referensi tambahan mengenai kebersihan dan kebiasaan hidup sehat. Penelitian ini merupakan research and development dalam 10 langkah, dengan mengadaptasi penelitian research and development menurut model Gall, Gall, & Borg's. Penelitian research and development dilaksanakan menggunakan langkah-langkah : (1) potensi dan permasalahan, (2) pengumpulan data, (3) desain product, (4) validasi desain, (5) revisi produk, (6) ujicoba produk, (7) revisi produk, (8) ujicoba produk, (9) revisi produk, dan (10) produksi massal. Penelitian ini menghasilkan produk berupa modul untuk belajar mengenai kebersihan dan kebiasaan hidup sehat untuk pendidikan anak usia dini yang telah diujicoba di sekolah dan divalidasi oleh ahli media dan ahli materi. Hasil evaluasi menunjukkan bahwa modul tersebut sesuai dengan kurikulum, sesuai dengan karakteristik pertumbuhan dan perkembangan siswa, serta bersifat mudah, menarik, dan menyenangkan bagi siswa.

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INTRODUCTION

Health is one of the most precious favors in human life. Health as basic capital to do all activities. Health is a perfect state of physical, mental, and social well-being and is not only free from illness or disability. One's health is not only measured from physical, mental, and social health, but also measured by its productivity, all aspects of life strongly support human health conditions. Health is a human right as well as a future investment that has a major contribution to improving the Human Development Index. Human health is always faced with a variety of threats. The threat of danger, among others: diseases caused by viruses, bacteria, fungi, and parasites, degenerative diseases, and mental illness. The dangerous threat of the disease lasts throughout the course of human life from the time of life in the womb to old age. A must for all parties to maintain, improve, and protect health for the welfare of all Indonesian people.

Prevention of various diseases can be performed through the instilling of clean and healthy living behavior. The instilling of clean and healthy life behavior is more optimal if it is performed earlier, instilling clean and healthy life behavior can be performed through Early Childhood Education (ECE or *Pendidikan Anak Usia Dini [PAUD]*). Early Childhood learning enables students to receive services that are improving, enriching and accelerating in accordance with the potential, developmental stages, and conditions of the students while still noticing the integration of student development on the dimension of Godliness, individual, social, and moral. Learning for Kindergarten students is performed constructively, actively, and creatively through an integrated thematic approach and refers to the characteristics of a Kindergarten learning program. The learning program is carried out in an environment of mutually accepting and respectful, familiar, open and warm between students and teachers (Directorate of Early Child Development, 2013; Trost et al., 2011).

The learning program is implemented by using a multi-strategy and multi-media approach, learning resources, and adequate technology and utilizing the surrounding environment as a learning resource. The learning program that covers all areas of development is conducted in a very suitable and adequate balance, relevance and sustainability (Natale et al., 2013; Pate et al., 2009).

Hygiene and healthy living habits (*Pola Hidup Bersih dan Sehat* or *PHBS*) is an effort to provide a learning experience or create a condition for individuals, families, groups, and communities, by opening lines of communication, providing information and educating, to improve attitude and be-

havioral knowledge. Men there in *corpore sano* is an ancient Greek proverb that eventually became universal in any country including Indonesia who lived it. When translated, that in a healthy body there is a strong soul. A healthy body is a picture of a strong and healthy soul and healthy behavior. A healthy body is obtained from physical activity, balanced consumption of staple foods, vegetables, and fruits, and hygiene and healthy living habits or better known as *PHBS*, not smoking and drinking alcoholic beverages. One's behavior can affect one's own personal health. Hygiene and healthy living habits include personal hygiene including skin care, nail care, hair care, eye care, oral and dental care, ear, nose and throat (ENT) care as well as clean and tidy clothes (Pate et al., 2009; Friendly et al., 2008).

Environmental hygiene includes maintaining the school's environmental health in order to be clean and tidy, this can be performed by instilling waste disposal behavior in place. The habit of maintaining personal hygiene and the environment is very appropriate to be instilled early because the habit will carry over to adulthood.

Social support and empowerment of the community so that it can apply healthy ways of life in order to maintain and improve public health. Indicators of hygiene and healthy living habits are grouped into three namely: (1) In the household, the indicators of *PHBS* are assistance, childbirth by health personnel, immunization and weighing, family toilet, clean water, handling of nail cleanliness, family nutrition, smoking and abuses of drugs, information on STDs and HIV/AIDS, JPKM (Public Health Insurance)/Health fund/other health insurance; (2) Environmental indicators, including: latrines, including their use and maintenance, there are clean water and utilization for health, there are wastebins and its management, there are sewerage and its management, there are ventilations of occupant density; (3) Indicators of hygiene and healthy living habits for early childhood students include two main elements: personal hygiene and environmental hygiene (Pate et al., 2008; Beach & Bertrand, 2009).

The instilling of hygiene and healthy living habits can be performed on the students through learning which adapted to the curriculum. Coaching and development of hygiene and healthy living habits in early childhood students is one way to socialize the habit, maintenance, and improvement of optimal health. Early Childhood Education curriculum development strategy to realize effective, productive, and achieving school (Trianto, 2011). Every *PAUD* must have a curriculum that contains the design of learning programs in accordance with the purpose, one of the learning objectives is

to instill and familiarize hygiene and healthy living habits in the students. Hygiene and healthy living habits in PAUD students include behaviors about personal hygiene and environmental hygiene. With the learning of hygiene and healthy living habits, it is expected to break the chain of disease dissemination that commonly suffered by students so that hygiene and healthy living habits can be instilled and become a habit in everyday life in students until adults.

In fact, learning hygiene and healthy living habits in early childhood has not been optimally introduced and taught by teachers to students. This is evidenced by the results of observations and interviews by researchers to some Kindergartens, namely: Aisyiyah Melawi Kindergarten, Insan Kamil Melawi Kindergarten, and Dharma Wanita Melawi Kindergarten. Based on the results of observations and interviews, there were four issues on learning hygiene and healthy living habits in early childhood education: First, the school did not have the means and infrastructure to perform activities of hygiene and healthy living habits. Most observed schools did not have water taps yet. Schools only used buckets, basins, and scoops to carry out handwashing activities. Handwashing activities should be and strongly recommended using running water (Copeland et al., 2012; Trost et al., 2011). Second, teachers of Early Childhood Education more often taught other lessons than hygiene and healthy living habits. Learning hygiene and healthy living habits had not been routinely implemented and taught to the students. To instill the habit, it is required continuity and consistency. Third, the cleanliness of the school environment is less maintained. Dumpster is not sufficient in terms of quantity and garbage grouping. The cleanliness of the bathroom is less maintained, so the child thinks again to wash up in the bathroom. Fourth, reference books and information about hygiene and healthy living habits had not been owned and accepted by teachers. The learning of hygiene and healthy living habits was based on the experience of teachers which referred to the curriculum.

The problems and limitations resulted in the learning process of hygiene and healthy living habits did not go well. Learning hygiene and healthy living habits is implemented it will be very beneficial for students. Students will have a habit of healthy living. Looking at the existing picture then the form of learning hygiene and healthy living habits should be developed to be able to help teachers in health learning.

The material of hygiene and healthy living habits should be taught as a means of educational process which adjusted to the growth of students. This should be adjusted to the scope of the development of religious and moral, physical, cognitive,

language, and social-emotional values. Hygiene and healthy living habits do not complicate and incriminate students because students are still at the stage of children to play. Through the student's perceived playing are fun and exciting without thinking of the end result. By playing, children learn to know life clean and healthy indirectly.

To introduce and teach the learning of hygiene and healthy living habits it is necessary to make the development of learning by playing. Learning hygiene and healthy living habits is packaged in a module. A Module is also a physical tool that can convey messages and can stimulate students to learn. The module is expected to help and increase the knowledge of teachers in learning hygiene and healthy living habits. The developed module was made to be interesting in the form of animated images which can be practiced directly in the learning process as it is equipped with examples of hygiene and healthy living habits. Despite being equipped with examples of learning hygiene and healthy living habits in the form of games, teachers are expected to develop a variety of related games about learning hygiene and healthy living habits.

A good learning module must meet several requirements such as a learning module should be able to increase student motivation. The use of the module aims to provide motivation to students. Module should stimulate students to remember what they have learned in addition to providing new learning stimuli. A good module will enable students to provide response, feedback, and encourage students to practice properly (Maxeld et al., 2011, Hujala, 2008).

In this study, researchers tried to develop components of hygiene and healthy living habits that include: washing hands, brushing teeth, and disposing of garbage in dumpster. Aspects of module development in learning hygiene and healthy living habits in Early Childhood Education in this study consists of five aspects. The first is the syntactic aspect consisting of six learning steps. The first stage, namely Introduction of learning module through four steps, namely (1) Early Childhood Education Teachers determine learning materials; (2) The Early Childhood Education teachers introduce the form of hygiene and healthy living habits; (3) Early Childhood Education teachers prepare a daily activity plan (*Rencana Kegiatan Harian* or *RKH*); (4) Early Childhood Education teachers prepare the tools to be used in the lesson. The second stage is the implementation of learning by using module of hygiene and healthy living habits through two steps, namely (1) Early Childhood Education teachers tell and explain the material; and (2) the Early Childhood Education teachers explain the commands according to

the worksheet. The third stage is the student is able to carry out the teachers' instruction through two steps, namely (1) The students must do the task as directed in the module; (2) Students obey and perform tasks assigned by teachers. The fourth stage is to make the right decision through two steps, namely (1) Students should focus on the learning process; and (2) Students are required to be independent, confident, and creative. The fifth stage is the process of execution of skills through four steps, namely (1) Early Childhood Education teachers show or practice the skills to be performed (washing hands, brushing teeth, and disposing of garbage); (2) Students see and pay attention to the skills exemplified by Early Childhood Education teacher; (3) Teachers limits the movements and skills that the students will do to be more specific; (4) Students perform the movements and skills that are exemplified by the limits given. The sixth stage is evaluation and assessment through two steps, namely (1) Students perform movement and skill according to learning objectives; and (2) Students' skills are evaluated and assessed on the basis of daily assessment results.

The second aspect is the social system, the learning hygiene and healthy living habits are using teacher-centered learning module and learning module. Teachers play an active role in learning. Students follow instructions and guidelines from teachers in learning.

The third aspect of teachers' role/task, in learning hygiene and healthy living habits by using module development in learning, teachers as facilitators for students. Early Childhood Education teachers are in charge of presenting and practicing in learning hygiene and healthy living habits. Early Childhood Education teachers provide an understanding of the ways and rules of hygiene and healthy living habits. Early Childhood Education teachers make learning activities as attractive as possible and get the attention and focus of the students. Early Childhood Education teachers give motivation and appreciation to the students (Beach and Bertrand, 2009; Hujala, 2008, Friendly, 2008).

Fifth is the aspect of the support system, namely the existence of equipment, facilities, and learning infrastructure which is interesting, creative, and innovative. The support includes interesting drawings about materials and practical and easy-to-understand learning module. An interesting and positive learning climate also supports the success of the learning model.

The sixth aspect is the influence of learning hygiene and healthy living habits with the development of learning module that will affect students in good learning. Students understand what to do before understanding how to do hygiene and healthy

living habits. Such learning will make it a habit for students.

METHOD

This research is a development research. Development research is a research method that used to produce a particular product and test the effectiveness of the product. Development is carried out to get a clean and healthy life learning module in kindergarten group B.

Product trials were conducted to obtain data that will be used to determine product weaknesses as a basis to revise products in the form of learning module of hygiene and healthy living habits in Kindergarten education. The product trials in this study were conducted in three stages: (1) small group field test, (2) wide group field test, and (3) mass production.

The subjects in this research were 13 Early Childhood Education Teachers: (1) three Early Childhood Education teachers for small-scale test, and (2) ten teachers of Early Childhood Education for wide group field test or large-scale field test.

There were three development procedures, namely product development procedures, learning design development procedures, and learning module development procedures. Each procedure has various stages.

Product development was performed by following the steps that have been made in the development model of Borg and Gall which are grouped in four stages of development. The development stages include: (1) preliminary study, which consists of literature study and field study; (2) development, which includes: objective analysis, capability analysis, design development, and expert validation; (3) field tests, which includes limited field tests and wider field tests; and (4) dissemination (product introduction), which includes dissemination of final product socialization.

The learning design development procedure in this research was developed by adopting some models of the development of existing learning design. The steps of learning design development procedure that are (1) identification of objectives, (2) learning analysis, (3) developing materials, (4) learning improvement, (5) designing and evaluation, and (6) developing learning strategies.

The learning module development procedure was carried out with Philips multi-module development model, including (1) Design, which is performed to plan the module that need to be developed in the research, (2) Development, develop the existing materials as well as possible to comply with the principles of learning module development that have been made (3) evaluation, evaluation includes ma-

terial evaluation and product feasibility evaluation as learning module, and (d) implementation, final stage where the module is feasible for field test.

Instruments that were used to collect data were in the form of assessment instruments to assess products that have been developed both from instructional aspects, content aspects, display aspects, benefits aspects. The instruments that were developed and used in this study namely questionnaire for a material expert, questionnaire for media experts, and questionnaire for Early Childhood Education teachers.

The data obtained were analyzed by using qualitative descriptive statistics. This analysis was intended to be able to describe the data characteristics in each variable. It was hoped that this it would make easier to understand the data for further data analysis process. The results of the data were used as the basis for revising the developed module products. Quantitative data obtained through questionnaires were analyzed by using descriptive then converted to qualitative data.

RESULTS AND DISCUSSION

Development Results

Test data is preliminary data obtained from the assessment of experts/practitioners related to product design developed. This research is a development research that aimed to develop a learning module, which is a learning module of hygiene and healthy living habits in Early Childhood Education, to improve hygiene and healthy living habits. This study also aimed to determine the effectiveness of the use of learning module of hygiene and healthy living habits in Early Childhood Education that developed to accustom the behavior of clean and healthy life.

In this development study, there was a sequence of research development steps that were carried out including ten activities, namely: (1) preliminary study, (2) research planning, (3) initial product development, (4) limited field test, (5) revision of limited field test, (6) wider field test, (7) revision of field test results, (8) feasibility test, (9) revision of feasibility test result, and (10) dissemination and final product socialization. The learning module development procedure was carried out with the Rop Philip's multimodule development namely: (1) Design, (2) Development, (3) Evaluation, and (4)

Implementation.

After determining the product to be developed in the form of learning module in the form of learning module of hygiene and healthy living habits which is adjusted to the curriculum Early Childhood Education. The next step was to arrange the product by using the steps, namely: (1) Analysis of objectives and characteristics of learning module of hygiene and healthy living which is adjusted to the curriculum Early Childhood Education; (2) Characteristics Analysis of Kindergarten's students; (3) Review the literature on the principles or modes of developing hygiene and healthy living habits learning module that adjusted to the curriculum of Kindergarten group B; (4) to set objectives, content, and strategies for learning module of hygiene and healthy living habits that adjusted to the curriculum; (5) determine the level of achievement of development and the purpose of playing while learning; and (6) Prepare the design of learning module of hygiene and healthy living habits which adjusted to the curriculum.

After going through the steps above then resulted the initial design of the material of hygiene and healthy living habits learning module which adjusted the curriculum that grouped into four parts of activities, namely: (1) Part I consists of activities to know the tool to wash hands, sorting and telling a series of drawing stories, arranging pictures in module, practicing handwashing properly; (2) Part II consists of coloring the picture, counting and pasting the picture, sorting and retelling the story of the picture, coloring and matching the image, thickening the numbers and connecting with the image, searching for traces, choosing and coloring the drawing, and practicing the teeth brushing correctly ; (3) Part III consists of coloring pictures, learning series, choosing and coloring, decorating garbage bins and classifying garbage. Section IV contains procedures for assessing the development of Kindergarten's students.

Validation Data of Module Design

Design validation is a step to determine the feasibility of the draft that has been prepared. Expert validation was performed by submitting a draft module to the experts to obtain validation. The experts who would validate the draft consisted of 1 media expert and 3 material experts. At this stage, the draft was tested using Delphi technique.

Table 1. Expert Validation Assessment Results on Developed Module

No	Experts	Total Score	Average quantitive score	Category
1	Material Expert I	40	3.64	Good
2	Material Expert II	41	3.73	Good
3	Material Expert III	44	4.00	Good
4	Media Expert	35	3.18	Fair
	Average	40	3.64	Good

Table 2. Results of Small Scale Test Assessments by Teachers on Developed Module

No	Expert	Total Score	Average quantitative score	Category
1	Teacher I	41	3.73	Good
2	Teacher II	39	3.55	Good
3	Teacher III	41	3.73	Good
	Average	41.57	3.78	Good

Delphi technique was performed by submitting a draft to the experts to be assessed and given the inputs. Through Delphi techniques, inputs from experts and practitioners were collected, searched for common ground points and summarized in determining appropriate module. The following is the result of the initial design/product validation assessment that completed by experts and practitioners and then converted into Qualitative value table data form which described in Table 1.

Based on the results of the initial design/product validation assessment filled out by the students on the module developed of 35, after being converted it was at intervals of $2.60 < X \leq 3.40$ so that it was categorized as enough. The average total value of all experts to the module developed of 40, after being converted it was at intervals of $3.40 < X \leq 4.21$ so that it was categorized as good. Thus, the result of product validation assessment of hygiene and healthy living habits learning module in Kindergarten group B was categorized well.

Test Data with Small Scale

The revised design module validation results then would be continued small-scale test. A small-scale trial was conducted by Aisyiyah Melawi Kindergarten with 3 teachers. The process of small-scale test research was then evaluated by Kindergarten teachers as well as material and media experts by filling out the questionnaire that had been provided. Results data of the Kindergarten teacher's assessment of the hygiene and healthy living habits learning module that adjusted to the Kindergarten Group B's curriculum on a small-scale test were converted into qualitative value table data. Below is the data of the teachers' assessment results converted into the form of the qualitative value data table outlined in Table 2.

Based on the data of small-scale test scores by seven Kindergarten teachers on the design of hygiene and healthy living habits learning module obtained the following results. Two teachers asses-

sed developed module of 36 and 37, after converting it was at intervals of $2.60 < X \leq 3.40$ so that it was categorized as enough. Three Kindergarten teachers assessed developed module of 41, 39, and 41, after being converted it was at intervals of $3.40 < X \leq 4.21$ so that it was categorized as good. Two Kindergarten teachers assessed the developed module of 49 and 48, after converting it was at intervals of $X > 4.21$ so that it was categorized as very well. The average total value of the seven Kindergarten teachers on small-scale trials of developed module of 41.51 after converting it was at intervals of $3.40 < X \leq 4.21$ so that it was categorized as good. Thus, the results of the Kindergarten teacher assessment on small-scale trials of learning module of hygiene and healthy living habits in group B Kindergartens were categorized as good.

After all the data and information obtained on a small-scale test was processed, converted into qualitative assessment, and concluded, the next step was to report the results of data processing and conclusions to the experts. Experts consist of 1 media expert and 3 material experts. At this stage, the data and conclusions obtained on the small-scale test along with developed module were tested again using Delphi techniques. Through Delphi techniques inputs from experts and practitioners were collected, searched for common ground points and summarized in determining appropriate module. Here is the data of the assessment by experts and practitioners who then converted into a table of qualitative value data that explained in Table 3.

Based on the data of expert evaluation on small-scale test, then converted into Qualitative value data table. The total value obtained from two material experts on the developed module were 49 and 50, after being converted it was at intervals of $X > 4.21$ so that it was categorized as very well. The total value obtained from the educational practitioners on developed module of 47, after being converted it was at intervals of $X > 4.21$ so that it was categorized as Excellent. The total value obtained from the learning media expert on the module developed of 35,

Table 3. Assessment Results after Small Scale Test by Material Expert, Practitioner and Media Expert on Developed Module

No	Expert	Total Score	Average Quantitative Score	Category
1	Material Expert I	49	4.45	Excellent
2	Material Expert II	50	4.55	Excellent
3	Material Expert III	47	4.27	Excellent
4	Media Expert	41	3.73	Good
	Rata-rata	47.50	4.32	Excellent

Table 4. Results of Large Scale Test Assessment by Teachers of Developed Module

No	Teacher	Total Score	Average quantitative score	Category
1	Teacher I	41	3.73	Good
2	Teacher II	44	4.00	Good
3	Teacher III	43	3.91	Good
4	Teacher IV	43	3.91	Good
5	Teacher V	53	4.82	Excellent
6	Teacher VI	43	3.91	Good
7	Teacher VII	54	4.91	Excellent
8	Teacher VIII	51	4.64	Excellent
9	Teacher IX	52	4.73	Excellent
10	Teacher X	52	4.73	Excellent
	Average	49.50	4.50	Excellent

after being converted it was at intervals of $3.40 < X \leq 4.21$ so that it was categorized as good. The average total value of all experts on developed module on a small-scale test of 47.50, after being converted it was at intervals of $X > 4.21$ so that it was categorized as Excellent. Thus, the results of the expert assessment of hygiene and healthy living habits learning module in Early Childhood Education on small-scale test were categorized as Excellent.

Test Data with Small Scale

Large-scale tests were conducted in 3 Kindergarten schools: (1). Aisiyiah Melawi Kindergarten (2). Dharma Wanita Melawi Kindergarten (3). Insan Kamil Kindergarten. The following is the data of the indergarten teacher assessment on the learning module of hygiene and healthy living habits in Table 4.

Based on the results data of large-scale test assessment by 20 Kindergarten teachers from seven schools on the design of learning module of hygiene and healthy living habits were obtained the following results. Five teachers assessed developed module of 41, 44, 43, 43, 43, and 41, after being converted it was at intervals of $3.40 < X \leq 4.21$ so that categorized well. Five teachers assess the developed module of 53, 54, 51, 54, 52, after being converted it was at intervals of $X > 4.21$ so that it was categorized as Excellent. The average total value of 10 teachers of Early Childhood Education on large-scale test of module developed at 43.45 after being converted it was at intervals of $X > 4.21$ so that it was categorized as Excellent. The results of the Early Childhood Education teacher's assessment on large-scale test of learning module of hygiene and healthy living habits for teachers of Early Childhood Education were categorized as excellent.

After all data and information obtained on a

large-scale test was processed, converted into qualitative assessment and concluded, the next step was to report the results of data processing and conclusions to the experts. Experts consist of media experts and material experts. At this stage, the data and conclusions obtained on large-scale tests and developed module were tested again by using Delphi techniques. Delphi technique was performed by submitting a draft to the experts to be assessed and given input. Through Delphi techniques inputs from experts and practitioners were collected, searched for common ground points and summarized in determining appropriate module. Here is the data of the assessment by experts and practitioners which then converted into a table of qualitative value data described in Table 5.

Based on the data of experts' assessment on large scale test, then converted into a table of qualitative value data. The total values obtained from two material experts on the developed module were 52 and 52, after being converted it was at intervals of $X > 4.21$ so that it was categorized very well. The total value obtained from the practitioners of educational practitioners on the developed module of 52, after being converted it was at intervals of $X > 4.21$ so that it was categorized as excellent. The total value obtained from the learning media expert on the developed module of 51, after being converted it was at intervals of $X > 4.21$ so it was categorized as excellent. The average total value of all experts on the developed module in small-scale test amounted to 51.75, being converted it was at intervals of $X > 4.21$ so it was categorized as excellent. Thus, the results of expert assessment of the hygiene and healthy living habits learning module in Kindergarten group B on large-scale test were categorized as good.

Table 5. Assessment Results After Large-Scale Test by Material Experts, Practitioners and Media on Developed Module

No	Expert	Total Score	Average Quantitative Score	Category
1	Material Expert I	52	4.73	Excellent
2	Material Expert II	52	4.73	Excellent
3	Material Expert III	51	4.63	Excellent
4	Media Expert	50	4.54	Excellent
	Average	51.75	4.71	Excellent

Based on the results of research can be concluded that the development of hygiene and healthy living habits learning module for Early Childhood Education learning modules is in accordance with the curriculum. The suitability of the development of hygiene and healthy living habits learning module in Early Childhood Education is marked by the scope of student learning program consisting of religion and noble character, social and personality, knowledge and technology, aesthetics, and physical sports and health (Maxeld et al, 2011; Hujala et al, 2008).

The development of hygiene and healthy living habits learning module is also in accordance with the characteristics of student growth and development. The suitability is based on the concept of play during the use of the module. This is in line with the growth and development levels of students who have unique, funny, and adorable characters. Students always move more active, have a broad curiosity, and are more emotional. Students also have a very high learning ability and try to find out something interesting according to the students' perceptions (Philips, 2011; Beach, 2009).

The development of hygiene and healthy living habits learning modules is also easy, interesting, and fun for students. This is because the learning module used has a good module structure, easy-to-understand thinking logic, clear sampling, easy-to-understand language, creative design and drawing, easy-to-read and interesting text and font sizes, and color combinations and drawings that are exciting and fun for students (Trianto, 2011).

Based on this research, there are three scopes for the application of this module product. First, the learning module product "Hygiene and healthy living habits for Early Childhood Education teachers" should be widely disseminated by Kindergarten teachers, so the use of this module can be an additional material of learning. It is possible that this module can be used personally by students with parental guidance.

Secondly, the use of "Hygiene and healthy living habits" learning module for Early Childhood Education teachers should be performed for the common good, so that it can provide more optimal benefits to train students' awareness and habits in hygiene maintenance both personal hygiene and environmental hygiene.

Third, the process of using the "Hygiene and healthy living habits" learning module for Early Childhood Education teachers should be developed by completing the components of personal hygiene and environment that have not been conveyed in this module, so that this learning module can shape student awareness optimally.

CONCLUSION

Based on the results of the research that has been described in the discussion section, it can be concluded from the development of learning module of hygiene and healthy living habits for Early Childhood Education teachers as follows: (1) development of learning module of hygiene and healthy living habits for teachers Early Childhood Education is in accordance with the curriculum, (2) development of learning module of hygiene and healthy living habits is in accordance with the characteristics of student growth and development, (3) development of hygiene and healthy living habits learning module is easy, interesting, and fun for students.

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