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STRENGTHENING FAMILY RESILIENCE THROUGH ISLAMIC PARENTING EDUCATION, FAMILY HEALTH SCREENING, AND PARENT LEARNING GROUPS AT KINDERGARTEN

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Abstrak

Kegiatan pengabdian kepada masyarakat ini bertujuan meningkatkan pengetahuan orang tua tentang parenting Islami, meningkatkan kesadaran terhadap kesehatan keluarga, serta memperkuat ketahanan keluarga melalui pembentukan Parent Learning Group. Program ini mengintegrasikan edukasi parenting Islami, skrining kesehatan keluarga, dan pendampingan berkelanjutan melalui Parent Learning Group berbasis WhatsApp. Kegiatan dilaksanakan di TK ABA Semoya Berbah dengan melibatkan 45 orang tua atau wali murid. Evaluasi dilakukan menggunakan pre-test dan post-test, hasil skrining kesehatan, serta pemantauan partisipasi peserta. Hasil menunjukkan peningkatan rerata skor pengetahuan dari 60,4 menjadi 82,7 atau meningkat 36,9%. Skrining kesehatan menunjukkan bahwa 53,3% peserta memiliki tekanan darah normal, sedangkan 46,7% memerlukan pemantauan lebih lanjut. Sebanyak 84% peserta aktif mengikuti Parent Learning Group, yang menunjukkan keberlanjutan program tersebut. Keunggulan program ini terletak pada integrasi edukasi, skrining kesehatan, dan pendampingan berbasis komunitas dalam satu model intervensi yang efektif untuk memperkuat ketahanan keluarga serta berpotensi direplikasi di lembaga pendidikan anak usia dini lainnya.

***Kata kunci**: Parenting Islami; Ketahanan Keluarga; Skrining Kesehatan Keluarga; Parent Learning Group; Pendidikan Anak Usia Dini.*

Abstract

This community service program aimed to improve parents' knowledge of Islamic parenting, increase awareness of family health, and strengthen family resilience through the establishment of a Parent Learning Group. The program integrated three key components: Islamic parenting education, family health screening, and continuous mentoring through a WhatsApp-based Parent Learning Group. The program was implemented at TK ABA Semoya, Berbah, involving 45 parents or guardians. Program evaluation was conducted using pre- and post-tests, family health screening results, and participant engagement in the Parent Learning Group. The findings showed that the mean knowledge score increased from 60.4 to 82.7, representing a 36.9% improvement. Family health screening revealed that 53.3% of participants had normal blood pressure, while 46.7% required further health monitoring. Furthermore, 84% of participants actively engaged in the Parent Learning Group, demonstrating the sustainability of the program. The program's key strength lies in integrating Islamic parenting education, family health screening, and community-based mentoring into a single intervention model that effectively strengthens family resilience and has the potential to be replicated in other early childhood education settings.

Keywords: Islamic Parenting; Family Resilience; Family Health Screening; Parent Learning Group; Early Childhood Education.

INTRODUCTION

The family is the first environment that plays an important role in supporting children's growth and development, especially in the golden age. During this period, the quality of parenting provided by parents affects the physical, emotional, social, and cognitive development of children (World Health Organization, 2022). Various recent systematic studies show that family-based parenting interventions are one of the most effective strategies to improve the quality of parent-child relationships, prevent violence against children, and support optimal child development (Backhaus et al., 2023; Gardner et al., 2023). UNICEF, (2022) also emphasized that universal parenting support needs to be given to all families as a promotive effort to strengthen parenting capacity from an early age. Therefore, increasing the capacity of parents in carrying out parenting functions is one of the important strategies in supporting optimal child growth and development. The WHO Regional Office for Europe, (2024) also emphasizes that parenting programs accompanied by ongoing support for parents and caregivers have a greater chance of producing long-term behavioral changes than transient education.

In Indonesian society, parenting is not only oriented towards fulfilling physical needs, but also the formation of children's morals and character. Islamic parenting emphasizes example, compassion, positive communication, and the internalization of Islamic values in family life so as to strengthen the quality of parenting (Mustakim et al., 2022; Hidayati et al. 2023). In addition, family health is also an important factor that affects the quality of parenting. Parents with good health literacy tend to be better able to implement healthy living behaviors and make the right decisions for their families (Nutbeam & Lloyd, 2021). Therefore, strengthening family capacity needs to be done through the integration of parenting education and family health promotion (Wu et al., 2024).

ABA Semoya Berbah Kindergarten is an early childhood education institution in Sleman Regency that makes partnerships with parents part of the educational process. The results of a pre-test needs assessment of 45 parents showed that 73.3% had never participated in Islamic parenting training, 91.1% had difficulty controlling the use of gadgets in children, 53.3% rarely had health check-ups in the past year, and 82.2% stated that they needed assistance after training. In addition, parenting activities in schools are still incidental and have not been accompanied by continuous mentoring or family health promotion programs. The findings point to the need for a more comprehensive model of family empowerment.

Various service activities regarding parenting and family health promotion have been carried out. However, most of it is still in the form of one-shot education so that knowledge improvement is not always followed by sustainable behavior changes. In addition, parenting education, family health screening, and post-training assistance are generally still carried out separately. In fact, systematic review shows

that the success of parenting programs is influenced by the existence of continuous mentoring and social support between parents (Shilling et al., 2013; Sanders, 2023).

Based on these conditions, the service team developed the "Healthy Together, Foster Together" program that integrates Islamic parenting education, family health screening, and the formation of a WhatsApp-based Parent Learning Group as a continuous mentoring medium. The advantage of this program lies in the integration of these three components in a community-based intervention model that not only increases parents' knowledge of positive parenting practices, but also allows for early detection of family health risk factors and strengthens social support between parents through a continuous learning process. This approach is expected to be able to produce more sustainable changes in parenting behavior and healthy living behaviors compared to educational programs that focus on only one aspect of intervention. This integrative approach is in line with the concept of family resilience which emphasizes that family capacity building will be more effective when combining education, social support, and strengthening community networks (Feinberg et al., 2022).

This community service activity aims to increase parents' knowledge about Islamic parenting, increase awareness of the importance of family health screening, and form a Parent Learning Group as a medium of continuous learning and social support. This program is expected to be a model for family empowerment in strengthening family resilience and supporting early childhood growth and development.

METHOD

This community service activity uses a participatory approach that actively involves partners from the stage of identifying needs, planning, implementing, and evaluating programs. This approach was chosen to ensure that the interventions provided are in line with the needs of partners and support the sustainability of the program. The activity was carried out at ABA Semoya Berbah Kindergarten, Sleman Regency, Special Region of Yogyakarta during May-June 2026, involving 45 parents or guardians of students as participants. All participants participated in a series of activities voluntarily after receiving an explanation of the objectives and stages of the program.

The service program is developed through the "Healthy Together, Foster Together" model which integrates three main components, namely Islamic parenting education, family health screening, and Parent Learning Group as a continuous mentoring medium. Islamic parenting education is carried out using interactive lectures, discussions, questions and answers, and roleplay methods. The material provided includes the concept of Islamic parenting, positive communication between parents and children, positive discipline without violence, and strengthening the role of fathers and mothers in parenting. Family health

screening includes blood pressure measurement, weight, height, and body mass index (BMI) calculations. Participants who have test results outside the normal limits are given individual education and are encouraged to carry out follow-up examinations at health care facilities. As a sustainability strategy, a WhatsApp-based Parent Learning Group was formed which is used as a medium for information sharing, consultation, case discussion, and assistance in parenting and family health practices for one month after the implementation of the training.

The implementation of the program consists of three stages, namely preparation, implementation, and evaluation. The preparation stage includes coordination with the school, identification of partner needs through discussions and pre-tests, preparation of educational materials, preparation of evaluation instruments, and preparation of health screening tools. The implementation stage includes filling out the pre-test, delivering Islamic parenting materials, implementing family health screening, interactive discussions, and filling out the post-test. The evaluation stage was carried out through the analysis of changes in knowledge scores, evaluation of health screening results, and monitoring of participants' activeness in the Parent Learning Group during the one-month mentoring period. The flow of implementation of the "Healthy Together, Foster Together" program is presented in Figure 1.

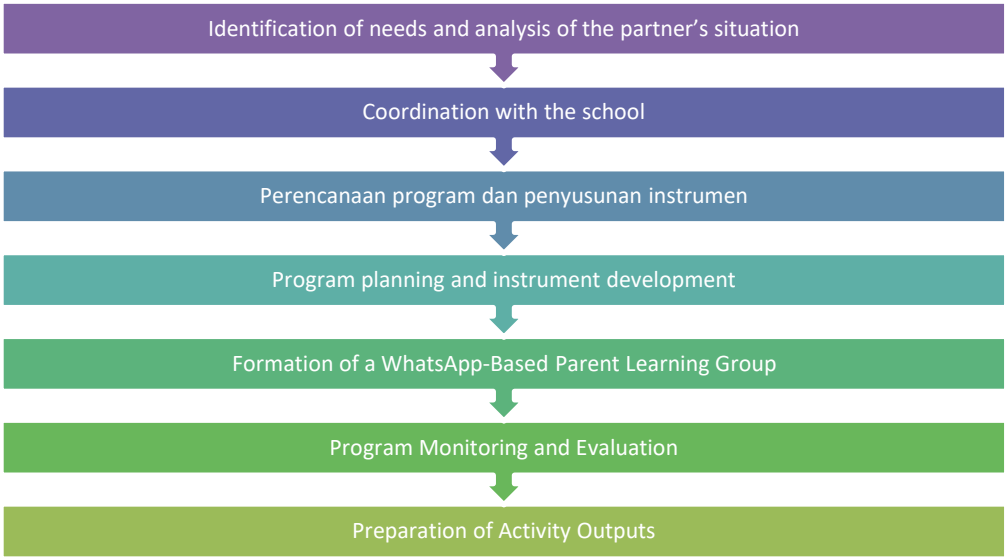

Figure 1. Implementation Flow of the "Healthy Together, Nurturing Together" Program

The knowledge evaluation instrument is in the form of a questionnaire consisting of 20 multiple-choice questions with a score of 1 for correct answers and 0 for incorrect answers, so that the total score is in the range of 0–20. The instrument was compiled based on five main indicators, namely the concept of Islamic parenting (5 items), positive communication (5 items), positive discipline (5 items), the role of fathers and mothers in parenting (3 items), and family health checks (2 items). Before use, the instrument has gone through a content validity test through expert

judgment by family nursing and early childhood education experts to ensure the suitability of the material with the program's objectives.

Program evaluation was carried out using quantitative and descriptive approaches. Quantitative evaluation aims to measure changes in participants' knowledge through pre-test and post-test, while descriptive evaluation is used to describe the results of health screening, participant participation levels, and the sustainability of the Parent Learning Group. The indicators of program success are determined as follows: (1) there is an increase in the average knowledge score of participants after participating in the training, (2) all participants participate in family health screening, (3) at least 80% of participants join and be active in the Parent Learning Group during the mentoring period, and (4) the formation of a communication and continuous mentoring mechanism between the school, parents, and the service team.

Data analysis was carried out descriptively and inferentially. Descriptive analysis was used to present participant characteristics, family health screening results, participation rate in the Parent Learning Group, and knowledge scores in the form of averages, standard deviations, frequency, and percentages. Before the comparative analysis was carried out, the distribution of the difference between pre-test and post-test scores was tested using the Shapiro–Wilk normality test. The test results showed that the score difference data were not normally distributed ($p = 0.008$), so the change in knowledge score was analyzed using the Wilcoxon signed-rank test with a significance level *of* $p < 0.05$. The results of the analysis were used to determine the significance of increasing participants' knowledge after participating in the "Healthy Together, Foster Together" program.

RESULTS AND DISCUSSION

RESULTS

The "Healthy Together, Foster Together" service program was held in May-June 2026 at ABA Semoya Berbah Kindergarten, Sleman Regency, involving 45 parents or guardians. The program consists of three main components: Islamic parenting training, family health screening, and the formation of a Parent Learning Group as a medium for continuous mentoring.

Increasing Islamic Parenting Knowledge

Knowledge evaluation was carried out using pre-test and post-test instruments consisting of 20 questions. The results showed that the average knowledge score increased from 60.4 before training to 82.7 after training, or increased by 36.9%. The results of the Wilcoxon signed-rank test showed that the increase was statistically significant ($p < 0.001$), as described in Table 1.

Table 1. Results of Pre-test and Post-test of Islamic Parenting Knowledge

Variabel	Pre-Test	Post-test	Improvement	p-value
Islamic parenting knowledge	60,4	82,7	36,9%	<0,001

Source: Primary data 2026

Remarks: p-value is obtained from the Wilcoxon signed-rank test.

Family Health Screening Results

Family health screening is carried out through the measurement of blood pressure, weight, height, and body mass index (BMI). The results showed that 53.3% of participants had normal blood pressure, while 46.7% were in the category of mild to severe hypertension. Based on nutritional status, 44.4% of participants had normal BMI, while 35.6% were overweight, 15.6% were obese, and 4.4% were underweight as described in Table 2.

Table 2. Participant's Health Examination Results

Parameter	Category	Amount (n)	Percentage (%)
Blood pressure	Normal	24	53,3
	Mild hypertension	15	33,3
	Midle hypertension	5	11,1
	Severe hypertension	1	2,3
Nutritional status (IMT)	Normal	20	44,4
	Overweight	16	35,6
	Obesity	7	15,6
	Underweight	2	4,4

Source: Primary data 2026

Evaluasi Parent Learning Group

As a program sustainability strategy, *a* WhatsApp-based Parent Learning Group was formed involving parents, teachers, and service teams. Mentoring was carried out for one month after face-to-face activities. During this period, the service team delivered four educational materials periodically with a frequency of one material every week. The materials provided included strengthening Islamic parenting practices, positive communication in the family, positive discipline without violence, as well as the application of healthy living behaviors and follow-up health screening results.

As many as 84% of participants were recorded as actively participating in activities in the Parent Learning Group. In each discussion topic, there were about 5–8 questions or consultations submitted by participants. The most frequently asked questions related to controlling the use of gadgets in children, the application of positive discipline, effective communication between parents and children, and the implementation of healthy living habits in the family. The findings show that

Parent Learning Groups are actively used as a medium for learning, consultation, and sharing experiences between participants based on Figure 2 and Figure 3.

Figure 2. Implementation of basic health checks for parents/guardians of ABA Semoya Berbah Kindergarten students as part of the community service program.

Figure 3. Participants participated in the delivery of Islamic parenting material in community service activities at ABA Semoya Berbah Kindergarten.

DISCUSSION

The results of the activity showed that participatory-based Islamic parenting education was able to increase parents' knowledge of positive parenting practices. The average knowledge score increased by 36.9%, and the results of the Wilcoxon signed-rank test showed that the increase was statistically significant ($p < 0.001$). These findings show that the training model applied is effective in increasing participants' understanding of the concept of Islamic parenting. The success is suspected to be influenced by several factors, namely training materials prepared based on the results of partner needs assessments, the use of interactive learning methods through lectures, discussions, questions and answers, and roleplay, as well as the delivery of materials related to real problems faced by participants, such as controlling the use of gadgets in children, positive communication, and non-violent discipline. This approach allows participants to connect the concepts learned with

everyday experiences so that the learning process becomes more contextual and meaningful.

These findings are in line with the recommendations of the World Health Organization, (2022) states that community-based parenting programs contribute to improving parenting competence and the quality of relationships between parents and children. These results also reinforce the findings of Backhaus et al. (2023) and Gardner et al.Health Organization, (2023) who concluded that evidence-based parenting *interventions* have a consistent impact on improving parenting competence, the quality of parent-child relationships, and the prevention of violence in children. In addition. Al Sager et al, (2024) through meta-analysis showed that parenting interventions combined with parental mental health support components had a greater impact on child development and parental capacity building than a single intervention. These results also support the findings of Jeong et al., (2021) who show that parenting interventions in families with early childhood are able to improve parenting practices and support child development. In addition, Zhou et al., (2023) in their meta-analysis reported that educational programs for parents consistently increase parental involvement in parenting and have a positive impact on early childhood development.

These results are also in line with . Hidayati et al., (2023) research which shows that parenting education that emphasizes positive communication, collaboration between fathers and mothers, and strengthening family values contributes to improving the quality of parent-child interaction. Meanwhile, (2022) Mustakim et al., (2022) explained that internalizing Islamic values in parenting helps parents build communication patterns that are more empathetic, exemplary, and oriented towards the formation of children's character. Thus, the Islamic parenting training in this program not only increases knowledge, but also has the potential to encourage more positive and sustainable parenting behavior changes.

The results of the family health screening showed that 46.7% of participants had blood pressure above normal, while 51.2% experienced nutritional status problems in the form of overweight or obesity. These findings show that some parents still have risk factors for non-communicable diseases that have the potential to affect quality of life and the ability to carry out parenting roles. Therefore, the integration of family health screening in this program is an added value because it allows for early detection of risk factors while increasing awareness of the importance of healthy living behaviors.

These findings are in line with the policy of the Ministry of Health of the Republic of Indonesia, (2023) regarding the importance of early detection of non-communicable diseases as a promotive and preventive effort. Nutbeam and Lloyd, (2021) also explained that family health literacy plays an important role in decision-making related to healthy living behaviors, while Wu et al., (2024) report that community-based health promotion is able to improve health literacy and family

preventive behaviors. These findings also show that strengthening family capacity does not only depend on the parenting aspect, but also on the health condition of parents as part of family resilience. This is in line with the family resilience framework put forward by Walsh, (2021) and the systematic review of Tetlow et al., (2024) which affirm that family-based interventions are more effective when integrating aspects of health, parenting, and social support. Thus, integrating parenting education and health screening in one program provides a more comprehensive approach in strengthening family capacity and resilience.

One of the main innovations of this program is the establishment of a Parent Learning Group as a post-training mentoring medium. Unlike counseling activities that generally end after the delivery of materials, this program provides one-month assistance through the WhatsApp platform. During the mentoring period, the service team delivered four educational materials with a frequency of one material per week. A total of 84% of participants actively participated in the activity, and on each discussion topic there were around 5-8 questions or consultations regarding the control of gadget use, positive communication, non-violent discipline, and the implementation of healthy living behaviors in the family. The high level of interaction shows that the needs of participants do not stop at increasing knowledge, but also include the need for assistance when applying the material in daily life.

The findings show that the Parent Learning Group not only functions as a communication medium, but also develops into a community of practice that supports the sustainability of behavior change. Through regular discussions, consultations, and experience sharing, participants gain social support that strengthens motivation in implementing sustainable parenting practices and healthy living behaviors. These results are in line with Shilling et al., (2013) who stated that parental support groups are able to increase self-confidence, strengthen social networks, and help parents face various parenting challenges. This finding is also supported by Sanders, (2023) who emphasizes that the success of parenting programs is greatly influenced by the existence of a continuous parenting support mechanism. The sustainability of mentoring through Parent Learning Group in this program is also consistent with the results of research by Trillingsgaard et al. (2024), which show that group-based parent support after training is able to maintain parental involvement and increase the sustainability of parenting behavior change. In line with that, McAloon and Armstrong (2024) (World Health Organization, 2022) through meta-analysis reported that community-based and online parenting interventions are more effective when accompanied by a continuous mentoring mechanism than one-time educational programs. Thus, the Parent Learning Group is one of the main components that distinguishes the "Healthy Together, Foster Together" program from conventional parenting

activities because it does not stop at the delivery of material, but also facilitates the learning process and social support in a sustainable manner.

Overall, the results of this service show that the Sehat Bersama, Asuh Bersama model has advantages over conventional parenting activities because it integrates Islamic parenting education, family health screening, and ongoing mentoring through Parent Learning Group in one community-based intervention model. The integration of these three components is a novelty program that not only results in a statistically meaningful increase in knowledge, but also strengthens family health literacy, supports early detection of disease risk factors, and builds social support between parents as an important factor in the sustainability of behavior change. These findings reinforce the concept of family resilience which explains that families become more adaptive when they have a combination of education, social support, and access to health resources (Prime et al., 2020; Walsh, 2021; Feinberg et al., 2022) (World Health Organization, 2022). Thus, the model developed in this activity has the potential to be a form of community-based intervention that supports strengthening family resilience in a sustainable manner.

CONCLUSIONS AND SUGGESTIONS

The "Healthy Together, Foster Together" service program has succeeded in increasing the capacity of parents in implementing Islamic parenting, which is shown by the increase in participants' knowledge after participating in the training. Family health screening also succeeded in identifying the presence of health risk factors in some participants so that it can be the basis for implementing promotive and preventive efforts at the family level. In addition, the establishment of the Parent Learning Group as a one-month mentoring medium shows that a community-based approach is able to support the sustainability of the program through education, consultation, and experience sharing among fellow parents. These findings show that the integration of Islamic parenting education, family health screening, and Parent Learning Group is an effective service model to strengthen family resilience in supporting early childhood growth and development.

Schools are advised to integrate Islamic parenting activities into the academic calendar as a routine program that involves parents. Local health centers are expected to collaborate with schools to carry out regular family health screenings as part of promotive and preventive efforts. In addition, the Parent Learning Group needs to be maintained and developed as a permanent parent learning community so that it can become a medium for continuous education, consultation, and mentoring. The "Healthy Together, Foster Together" model can also be replicated in other early childhood education institutions with similar partner characteristics.

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