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Health education work in kindergartens

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Abstract

Introduction: Health education and health promotion are reflections of the general culture in each society. Health education work is a basic activity of care providers, which helps individuals to become active in improving and maintaining their health and preventing diseases. Health education should start at a young age, because children learn how to live as healthy as possible, which is a good investment for the future. The purpose of the research was to examine the importance of health educational activities in kindergartens and to determine the position of educators in this regard. The aim of the research was to determine how educators are active in health education with preschool children and how children are acceptable to these contents. *Methods:* The research was based on a qualitative working method, and the primary data were obtained through interview techniques. The sample in the research was engaged, six respondents from three different kindergartens participated in the interview. *Results:* The results show that kindergartens collaborate with health facilities, but the number of visits by health personnel varies from kindergarten to kindergarten. The children are receptive to the information provided by the health personnel and are happy to participate in the activities. In-service training is provided for kindergarten teachers as part of the "Health in Kindergarten" program, while another in-service training on health education is not planned. One of the interviewees said that she participated in first aid training, which should be a constant practice for all those who work with children, as they are unpredictable and appropriate action in case of accidents can save lives. *Discussion and conclusion:* Much more importance is given to health education today than in the past. However, health education activities should be more frequent in educational institutions. Especially during the epidemic, these activities continued. Children indeed learn to take care of their health at an early age, but to do so, they must

first be given relevant information in a way that they can understand. Unfortunately, many children are not introduced to health information until they are in kindergarten or school because parents do not have the relevant knowledge at home or do not consider such topics important. Interviewees agree that the content of health education is important, but it depends on each institution how much emphasis they place on it. There would be a need for a unified curriculum that includes health and education content in kindergartens and includes content for children, educators and also parents since parents are first and foremost role models for their children.

Keywords: health education, education, work in kindergartens, health content and kindergarten

Introduction

Health education is part of general education and reflects the culture of individuals and society. In the past, health education was not taken care of, but today it is extremely important in a developed society. We are aware that with an appropriate educational approach and lifestyle, we can at least partially influence our health. Health education is the responsibility of medical personnel, and in the case of children, it also involves educators and parents who need to be educated about certain health issues. If we want a person to have healthy habits, it is necessary to educate him/her in this direction already as a child, and for this purpose, it is also necessary to educate parents, because, after all, children are often a reflection of their parents, because they observe and imitate them. Kindergarten does not only mean an institution where the child is protected, but it also means that the upbringing and education of the child are taken care of in kindergartens. Therefore, it is extremely important to start health education at a young age, because in this way we inculcate healthy habits in the child, which he will maintain in adulthood. Slovenian kindergartens are involved in various healthy kindergarten projects, there are visits by medical personnel who work with children in various health education workshops, and children learn healthy habits through play.

In the past, kindergartens were primarily for child care, not education (Krek and Metljak, 2011; Devjak and Berčnik, 2018), but today Slovenian kindergartens are uniformly organized for care and education in the educational system (Rutar, 2022). The National Institute of Public Health manages and implements the Health in Kindergarten program, which aims to create opportunities to strengthen kindergartens to create environments where well-being and health are an important priority and to strengthen individuals‘ ability to maintain and improve their health throughout life (Health in Kindergarten, 2021). In Slovenian kindergartens, children learn about various health topics, such as proper oral hygiene, healthy eating, physical activity, body hygiene, healthy sleeping habits, traffic safety... However, it would be useful to introduce

a uniform scope and content of the topics discussed in all Slovenian kindergartens, which is not the case so far.

Methods

The research aimed to investigate the importance of health education activities in kindergartens and to find out what the educators' point of view is in this regard.

We set the following research questions:

- How often are kindergarten teachers trained on the topic of children's health education?
- What is the nature of the collaboration between kindergartens and health care providers?
- In what ways do kindergarten teachers involve children in health education activities?

The research was qualitative in nature; descriptive and comparative research methods were used. Primary data was obtained using the semi-structured interview technique. The interview was designed based on a review of domestic and foreign literature. The interview template consisted of two parts. In the first part we obtained the demographic data of the interviewees and in the second part, we obtained the answers to the research questions. The obtained data were analyzed, arranged in tables, written in codes and interpreted. Kindergarten teachers from three different kindergartens participated in the survey. The ethical principles of research were considered in the study.

Results

The sample was purposive. Respondents working in kindergartens participated in the study. The working age of the respondents ranged from 7 to 23 years.

We asked the respondents whether advanced training in children's health education are offered. According to the answers, this content is not constant and varies from kindergarten to kindergarten. One of the respondents said, "We do not have any training on children's health education. Every few years we have first aid training." Another is answering, "In our kindergarten, we have training on children's health education, both for staff and parents."

We asked respondents if they thought they had enough hours for health education. Half of them answered that these hours are sufficient, while the rest answered that it depends on the individual educator how many hours they dedicate to health education and that the curriculum itself does not sufficiently address these topics.

Regarding the areas included in preschoolers' health education, respondents answered fairly uniformly that the following activities are included: Hand washing, brushing teeth, exercise, and healthy eating.

When asked in what way the kindergarten cooperates with medical institutions, all respondents confirmed that they cooperate with medical institutions. These collaborations differ slightly depending on the frequency of training. In most of them, medical staff visits the kindergarten and conducts various workshops for children and staff, sometimes also for parents, and in some kindergartens children are also taken to a medical facility. The response of one of the interviewees was, "We are linked to the local health center. Once a month, throughout the year, different health workers come and prepare work with the children through short lectures and workshops. We then continue these topics on the following days with the educators, depending on the interest of the children." According to this respondent's answer, another's answering differs significantly in terms of the frequency of visits by medical personnel: "In collaboration with the health center, we prepare workshops for children and parents every year. A nurse also visits us regularly."

We have noticed that the children very much enjoy attending the lectures and workshops given by the medical staff. The children are attracted to various props, cartoons, and stories, and in such a way that they try something themselves, i.e. they are actively involved in the workshops. However, all interviewees agreed that children have very different hygiene habits that they have adopted in their families. There are also big differences in eating habits. Some are very hungry for everything, while others refuse almost everything: "Eating habits are very different. Some eat everything, while others are very picky."

When asked about the number of daily meals in the kindergarten, all of them answered that there are four meals a day, prepared according to the guidelines for a healthy diet. One of the questions was related to their opinion about the impact of the acquired knowledge about healthy nutrition on the further development of the child. They all answered that this knowledge will naturally affect the further development of the child, as it is a good way for the rest of his life and these healthy habits will stay with him.

We also wanted to know if they think that today's children are overfed and what they think is the cause of this. The vast majority of respondents agreed that today's children are indeed overfed, attributing it to inadequate diet and lack of exercise. From their responses, it is clear that they make an effort in the kindergartens to ensure that the children are physically active as much as possible. They ensure this by going for walks, using the playground where they enrich the activities with different props and accessories, and adapting these activities to indoor exercise when the weather is bad. One of the interviewees responded, "Kids like to move. Every day we take a walk around the place, combined with a game in the playground, where we offer them free movement, polygons, different sports equipment, and games in playgrounds. In bad weather, we move to music, play elementary movement games, or do dance activities."

When asked if the children take into account the acquired knowledge, all respondents answered "yes". The following answer was particularly interesting:

"A child is a malleable material, so every option offered is a new challenge for him, which after repeated repetitions becomes a routine for him.

So that when he acquires a specific knowledge, he uses it regularly." They believe that health and education lessons have a positive effect on the later development of the child and that it is necessary to start with health and education topics as early as possible, of course thematically adapted to the age of the child and presented understandably. Kindergartens participate in various health-related projects, such as Traditional Slovenian Breakfast, Healthy Kindergarten, Eco-School, and Safe in the Sun.

We asked them about the parent's awareness of their children's health education, and here the answers were quite different. Interviewee 1's response, "They think they are informed because Uncle Google tells them what they want to know." I do not think parents talk about health education at home, maybe when the kids start talking about what we did in kindergarten."

When asked what should be changed to improve the quality of children's health education, there were opinions that health content should be deepened and implemented more frequently, including parents. They said that it would be necessary to dedicate more training on this topic to the professionals in kindergartens.

Discussion

In our research, we found that professionals are inadequately trained on health, although this varies by kindergarten. Respondents expressed a desire for more such content, and it would be useful to include parents as well, since they are first and foremost role models for their children. Children's lifestyles are initially influenced by family factors, while later in life this can change due to the influence of school and peers (Mollborn and Lawrence, 2018). Respondents answered that they organize two trainings per year as part of the Health in Kindergarten program. Participation in these trainings is only available to educators whose kindergartens are enrolled in this program. However, regular training within health and education institutions is not available. Summerbell et al. (2012) and Weihrauch-Blueher et al. (2018) claim in their study that we can take care of children's health and prevent obesity with appropriate preventive measures such as healthy diet, physical activity, and proper sleep hygiene, and these measures must be implemented by parents and educators in kindergartens. According to Scaglioni et al. (2018), children's eating habits are largely influenced by parents, as they are the ones who provide the child's first experiences with food. Children adopt their parents' eating habits and often practice this pattern later in life. Efforts are made to accustom children to healthy meals and a varied diet. Blomkvist, Wills, Helland, Hillesund and Øverby (2021) claim that neophobia is one of the main barriers to vegetable consumption in children because children are often unwilling to try unfamil-

iar foods. This is most pronounced between the ages of 2 and 6 years and gradually decreases (Dovey, Staples, Gibson and Halford, 2008).

Zajec et al. (2012) determined how educators rated the quality and quantity of physical education equipment available to them compared to their assistants. They concluded that teachers' ratings of the tools were lower than their assistants' ratings. The authors relate this to the level of education, age, and training on the subject, which they found should be supported by other authors.

The kindergartens that participated in the study are associated with local medical institutions, especially medical centers. The medical staff of the health centers give lectures and workshops on health education, during visits to the kindergarten or the children come to the health center, where a systematic examination of the children is usually carried out. The frequency of these visits depends on the particular kindergarten and the topics covered may also vary. Topics on healthy eating and proper hygiene are discussed; during the epidemic, much emphasis was placed on hand hygiene and healthy exercise and motor skill development. Children, especially children under the age of five, are highly susceptible to infectious diseases, which are often transmitted through inadequate hand hygiene (Biezen, Grando, Mazza and Brijnath, 2019; Sacri, GSerres, Quach, Boulianne, Valiquette and Skowronski, 2014). During the epidemic, dental hygiene was neglected because, due to epidemic measures, children in kindergartens were not allowed or still are not allowed to brush their teeth. This is very worrying, because unfortunately many children do not brush their teeth before going to kindergarten. Dental caries occurs most frequently in children, which is a serious health problem (Pitts et al., 2017; Kumari and Rani, 2016).

Videmšek and Pišot (2007) say that a child needs to acquire as many motor skills as possible during the preschool years that will benefit him or her in the future. Slovenian kindergartens have organized various physical activities with which kindergartens want to achieve that children, who do not have enough incentive for physical activities in their home environment, somehow satisfy themselves during their stay in kindergarten. In this way, they promote motor skills and physical fitness in children and adolescents (Zupančič Tisovec, Knific and Latnar Žbogar, 2019). O'Brien, Agostino, Ciszek, and Douglas (2020) warn that it is necessary to start regular physical activity in young children, as it has a positive effect on digestion and prevents cardiovascular diseases, improves the child's self-esteem, and reduces the likelihood of mental illness. According to their research, obese children are more at risk of emotional problems. If he does not master certain motor skills, it will be difficult for him to catch up later, but most importantly, it remains an important activity for him throughout his life. Unfortunately, Kobel et al. (2020) find that kindergarteners are not sufficiently physically active compared to previous generations. This impacts the likelihood of becoming overweight. Children begin to develop behaviors and attitudes about health around age 5 (Williams et al., 2018).

Lahe (2011) explains that the pedagogical work in kindergartens is based on the kindergarten curriculum, which is a national document. This curriculum is used in all state kindergartens in Slovenia. The content and scope of health education is to some extent at the discretion of the educator and the kindergarten, which is not necessarily positive. These decisions can be influenced by the educator's lifestyle. To the extent that the educator advocates a healthy lifestyle, active participation in sports activities, healthy eating, etc., he or she will try to pass this on to a greater extent to the children in the kindergarten. Wirth et al. (2016) claim that the health behaviors of kindergarten teachers are of concern because they do not eat enough, do not exercise enough, and smoke. It would be useful to create a uniform program at the national level to ensure that all children receive the same amount and content of health and educational treatment. We have found that you have to make the content understandable and interesting to children so that they remember it. You have to know how to motivate children. The study participants said that children can be attracted to the content being taught through cartoons, the use of various props, stories about the topic being covered, the active participation of children in the presentation of the content, etc. The content is useful for the children even before the lectures or to briefly introduce the workshops and prepare them for the training. In this way, they pay more attention later in the lectures, can follow more easily and remember the presented topic better. Children are an investment in the future and it is our responsibility to guide them to a healthy lifestyle that will pay off later in various areas.

Conclusion

In Slovenian kindergartens, sufficient attention is paid to the health education of children, but the extent and content of the teaching depend on the particular kindergarten or educator. It would be useful to standardize this at the national level and, as in many other countries, to appoint so-called "school nurses" to take care of this content. During the period of primary socialization, the child adopts behaviors and events from their immediate environment, and this is where kindergarten plays a very important role in shaping the child's personality. Therefore, it is crucial to introduce healthy habits already in childhood. Children are an investment in the future and it is our responsibility to guide them to a healthy lifestyle that will pay off later in various areas. Of course, the state, with the appropriate institutions, must provide adequate living conditions that enable us to live, or try to live, as healthy as possible.

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