

Influences of Preschool Teachers' Health Perception on Children's Health Behavior in Kindergartens

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Keywords: Children; Preschool teacher; Health; Kindergarten

Abstract: Early childhood is the key period for the development of children's physical and mental aspects. A healthy body is the source of all activities. Therefore, it is particularly important to pay attention to the health of young children. By means of questionnaires, 285 teachers in 20 kindergartens in Chongqing City of China were investigated in terms of dietary health behavior, physical exercise health, disease prevention and control, and mental health behavior, so as to understand the influence of kindergarten teachers' health awareness on kindergarten children's health behavior. Finally, suggestions are put forward for teachers to guide children to acquire healthy behaviors. Teachers need to strengthen health knowledge learning and pay attention to health education; diversified teaching should be carried out to improve children's awareness of health-related concepts; kindergartens need to start with details, experience firsthand, and gradually develop healthy behaviors; kindergartens need to strengthen the implementation of health courses and pay attention to teachers' health status.

1. Introduction

Kindergarten is the first environment for children to leave their families and enter the "society". In kindergarten, teachers get along with children day and night. They are the guides of children's learning. In kindergarten activities, teachers should guide children to acquire correct health knowledge and establish healthy behavioral norms [1]. Therefore, paying attention to teachers' health concepts and health behavioral status is not only about children's health awareness and health behavioral status. The acquisition of healthy behavior is of great significance, and it is also of great significance to improve teachers' own health level. In recent years, research results on health education for young children have emerged, but these studies mainly focus on single aspects of mental health and physical health, while the research on the impact of teachers' health awareness on children's health behavior is basically blank. According to the research, the level of health knowledge and concept literacy of preschool teachers in China is relatively low [2]. Teachers lack attention to their own health behavior and lifestyle, too little health knowledge reserve, and lack the ability to solve practical problems. There are also some problems in preschool children's health behavior, most of them lack the understanding of health concept and dietary behavior. There are still many problems in habits and personal hygiene behavior [3].

Early childhood is the key period to develop healthy behavior habits. Because of the imperfect development of all aspects of children, the lack of scientific health knowledge, healthy attitude and belief, and the ability to distinguish right from wrong, some unhealthy health behaviors occur in daily

life, such as knowing before doing, ignoring doing, etc [4]. Children's plasticity is strong, observation of things carefully, like to imitate adults, will be affected by minimal stimulation [5]. Therefore, teachers should give correct guidance and demonstration of healthy behavior, so that children can form dynamic stereotypes in the process of repeated behavior, and develop scientific and healthy behavior. Children get along with teachers day and night in preschool stage, so it is particularly important to pay attention to teachers' health [6]. This study will investigate the characteristics of children's health behaviors in kindergartens and teachers' health perception through questionnaires, and try to provide reference and guidance suggestions for teachers to guide children's health education, so that teachers can understand children's health behavior problems on the basis of more. It can effectively promote children's correct healthy behavior. The importance and necessity of child health behavior development has aroused social concern. Therefore, it is of great significance to study the influence of preschool teachers' health concept and related behavior on the formation of child health-related behavior.

2. Research Method

2.1 Content of Investigation.

This study observed the influence of preschool teachers' health cognitive concepts on children's health behavior in kindergartens, and investigated the status quo of preschool teachers' health cognitive concepts, preschool children's health-related behaviors and the impact of preschool teachers' health cognitive concepts on preschool children's health-related behaviors in kindergartens.

2.2 Investigation Method.

20 public and private kindergartens in Jiangbei District, Shapingba District, Banan District and Nan'an District of Chongqing City in China were selected by random sampling. A questionnaire survey was conducted among 285 teachers in 20 kindergartens. A total of 285 questionnaires were sent out and 262 questionnaires were recovered. The rate of return was 92%. Among them, 28 were invalid questionnaires, and the rate of invalid questionnaires was 10.7%. There were 234 valid questionnaires, and the valid rate was 89.3%. At the same time, the valid questionnaires were analyzed statistically.

2.3 Statistical Method.

According to the questionnaire, the data were counted by Excel working software.

3. Result Analysis

3.1 Cognition of Preschool Teachers' Health Behavior Concept.

This study investigates teachers' teaching children not to talk at meals (Table 1), teachers' guiding children not to be picky about food (Table 2), teachers' perception of children's outdoor activities (Table 3), teachers' perception of children's physical examination intervals (Table 4), teachers' commonly used mental health assessment methods (Table 5), and teachers' concern for children's health behavior (Table 6). At the same time, the corresponding performance of children was also investigated (Table 7-13).

Table 1 Statistical table of teachers instructing children not to talk at meals

Option	Often	Commonly	Very Seldom	Never	Total
Frequency	108	89	26	11	234
Percentage	46.15%	38.03%	11.11%	4.7%	100%

Table 2 Statistical table of teachers'guidance to children's non-picky eating behavior

Option	Often	Commonly	Very Seldom	Never	Total
Frequency	109	84	24	17	234
Percentage	46.58%	35.9%	10.26%	7.26%	100%

Table 3 Statistical table of the length of outdoor activities a day for children considered by teachers

Option	≤30 min	31-60 min	61-90 min	91-120 min	≥120 min	Total
Frequency	23	63	102	33	13	234
Percentage	9.83%	26.92%	43.59%	14.1%	5.56%	100%

Table 4 Statistical table of intervals between physical examinations for preschool children considered by teachers

Option	Within half a year	Six months to one year	More than one year	Total
Frequency	89	122	23	234
Percentage	38.03%	52.14%	9.83%	100%

Table 5 Statistical table of teachers'common mental health assessment styles

Option	Social adaptation assessment method	Life adaptation assessment method	Symptom determination method	Total
Frequency	171	190	148	234
Percentage	73.08%	81.2%	63.25%	100%

Table 6 Statistical table of teachers'attention to children's health behavior

Option	Intelligence development	Emotional response	Self-consciousness	Interpersonal communication	Social adjustment	Total
Frequency	137	183	170	162	124	234
Percentage	58.55%	78.21%	72.65%	69.23%	52.99%	100%

Table 7 Statistical table of children's quiet meals

Option	Often	Commonly	Very Seldom	Never	Total
Frequency	50	90	50	44	234
Percentage	21.37%	38.46%	21.37%	18.8%	100%

Table 8 Statistical table of choosing food in children's meals

Option	Often	Commonly	Very Seldom	Never	Total
Frequency	76	114	38	6	234
Percentage	32.48%	48.72%	16.24%	2.56%	100%

Table 9 Statistical table of children's outdoor activities in one day

Option	≤30 min	31-60 min	61-90 min	91-120 min	≥120 min	Total
Frequency	34	85	63	38	14	234
Percentage	14.53%	36.32%	26.92%	16.24%	5.98%	100%

Table 10 Statistical table of cooperative situation in children's physical examination

Option	Actively cooperate	Not active but cooperative	Not cooperate	Total
Frequency	92	108	34	234
Percentage	39.32%	46.15%	14.53%	100%

Table 11 Statistical table of children's self-expression desire and behavior

Option	Often	Commonly	Very Seldom	Never	Total
Frequency	111	95	23	5	234
Percentage	47.44%	40.6%	9.83%	2.14%	100%

Table 12 Statistical table of children's angry wrestling toys

Option	Often	Commonly	Very Seldom	Never	Total
Frequency	53	76	81	24	234
Percentage	22.65%	32.48%	34.62%	10.26%	100%

Table 13 Statistical table of children's willingness to explore

Option	Often	Commonly	Very Seldom	Never	Total
Frequency	86	104	29	15	234
Percentage	36.75%	44.44%	12.39%	6.41%	100%

3.2 Effects of Teachers' Health Concepts on Children's Health Behavior.

The results of Table 14 show that there is a significant positive correlation between teachers' dietary health awareness and children's dietary health behavior, teachers' physical exercise awareness and children's physical exercise behavior, teachers' disease prevention awareness and children's disease prevention behavior, teachers' mental health awareness and children's mental health behavior at 0.01 level.

Table 14 Analysis of the correlation between teachers' health concept and children's health behavior

Teachers' health behavior	Children's health behavior	Pearson correlation coefficient	P value
Dietary health behavior	Dietary health behavior	0.215**	0.001
Physical exercise behavior	Physical exercise behavior	0.260**	0.000
Disease prevention behavior	Disease prevention behavior	0.130**	0.047
Mental health behavior	Mental health behavior	0.300**	0.000

* $p < 0.05$ ** $p < 0.01$

The results of Table 15 show that teachers' dietary health concept has a significant positive impact on children's dietary health behavior. Teachers' perception of physical exercise has a significant positive impact on children's physical exercise behavior. Teachers' awareness of disease prevention has a significant positive impact on children's disease prevention behavior. Teachers' mental health cognition has a significant positive impact on children's mental health behavior.

Table 15 Regression analysis of teachers' health concept and children's health behavior

Independent variable	Dependent variable	B value	T value	P value	F value
Dietary health behavior	Dietary health behavior	0.204	3.345	0.001**	11.191(0.001**)
Physical exercise behavior	Physical exercise behavior	0.215	4.107	0.000**	16.866(0.000**)
Disease prevention behavior	Disease prevention behavior	0.503	1.999	0.047*	3.995(0.047*)
Mental health behavior	Mental health behavior	0.263	4.792	0.000**	22.960(0.000**)

* $p < 0.05$ ** $p < 0.01$

According to the statistical results of table 16, there are significant differences in children's dietary health behaviors among different teachers' dietary health concepts. In different teachers' perceptions of physical exercise, there are significant differences in children's physical exercise behavior. In different teachers' awareness of disease prevention, there are significant differences in children's disease prevention behavior. In different teachers' perceptions of physical exercise, there are significant differences in children's physical exercise behavior. In different teachers' mental health cognition, there are significant differences in children's mental health behavior.

Table 16 Difference analysis of teachers' health concept and children's health behavior

Independent variable	Dependent variable	F value	P value
Dietary health behavior	Dietary health behavior	3.077	0.006**
Physical exercise behavior	Physical exercise behavior	3.358	0.001**
Disease prevention behavior	Disease prevention behavior	4.326	0.000**
Mental health behavior	Mental health behavior	7.88	0.000**

* $p < 0.05$ ** $p < 0.01$

4. Summary

Preschool teachers should pay attention to health education and help children grow up healthily. In the process of education, they should strengthen self-learning, enrich self-health knowledge, and promote the healthy growth of children on the basis of theoretical basis.

In the process of health education, we should teach in a pluralistic way to help children improve their awareness of health-related concepts. In the process of education, we should start from the individual differences of students and adopt rich and colorful teaching methods and implementation forms.

Kindergartens should strengthen the implementation of health courses and integrate health education into daily life. At the same time, the health education system of kindergartens needs to be improved; the construction of teachers needs to be strengthened; the nutritional quality of teachers needs to be improved; and the health situation of children needs to be paid attention to, so as to promote the health of children.

Acknowledgements

This research was funded by Project of Children's Research Institute of Chongqing University of Education, National Center for Schooling Development Programme (CRIKT201903) and the Program for Innovation Team Building at Institutions of Higher Education in Chongqing (CXTDX201601040), China.

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