The Current Situation of Health Knowledge of Kindergarten Teachers

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Keywords: Children; Preschool teacher; Health; Kindergarten.

Abstract: This research mainly uses the questionnaire survey method, will collect the data to carry on the research, the analysis. Through the investigation of kindergarten teachers, the status quo of kindergarten teachers' mastery of children's health knowledge and the impact of children's health knowledge on children's health education can be clear. The data analysis shows that the status quo of kindergarten teachers' mastery of children's health knowledge is basically in the middle level, and teachers' awareness of children's health education and teachers needs to be improved. In view of the above phenomena, the following suggestions are put forward: strengthening preschool teachers' awareness of children's health knowledge, strengthening the training of teachers' health literacy, and deepening teachers' health education for children.

1. Introduction

Health, from the past to the present, is one of the important issues that mankind has been paying attention to. In the 21st century, it is more meaningful to pay attention to health, because we are facing threats from nature, modern diseases, family problems and so on. It is the right of every citizen to have a healthy life [1]. Children and teachers belong to citizens, and they also need a healthy life. With the continuous progress of society and the continuous development of education, more and more people pay more attention to teachers' health behavior and teachers' health [2]. Teachers' health and students' health are closely related. It is teachers' duty to protect students' health. As an enlightening teacher for children, kindergarten teachers are of great significance to the development of children's life [3]. The health status of children after adulthood or in the future is related to the health education they receive now. Children's health requires teachers to carry out health education, on the premise that teachers should master scientific and comprehensive knowledge of children's health. Kindergarten teachers must have the corresponding health knowledge and implement scientific health suggestions to help young children establish health concepts and develop good health habits from childhood [4]. Teachers should also pay attention to their own health, set good examples for young children, and act as enlighteners and guides for their healthy growth, so as to promote the healthy development of their physical and mental health [5].

DOI: 10.25236/icemc.2019.148

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 Nanan 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. Current Situation of Kindergarten Teachers' Health Knowledge Mastery

The research object of this paper is Fuling District, Wanzhou District, Kaizhou District, Fengdu County, Chengkou County, Zhongxian County of Chongqing City, and Dazhou, Shanghai, Chengdu City of Sichuan Province, which have a small amount of data. There are 20 kindergartens in many areas. Through the questionnaire survey of kindergarten teachers, we can know the mastery degree of kindergarten teachers' health knowledge and whether kindergartens have arranged health education courses to collect relevant data. By means of literature method and data interpretation of the survey results, we can code and analyze the data and analyze the health knowledge level of kindergarten teachers so as to help nurture children. Good health habits and provide constructive suggestions for kindergartens on how to improve kindergarten teachers' understanding of children's health knowledge and how to promote children's health education.

3.1. Health Literacy of Kindergarten Teachers.

Through this 400 questionnaires, we can know that the percentage of health knowledge and concept is 59.1% (Table 1). It is concluded that teachers'mastery of health knowledge is relatively low. This dimension includes food types and health exercises. It can be seen that teachers are not rich in choosing food types. Because of the nature of their work, kindergarten teachers' activities in daily activities are also limited. The percentage of healthy lifestyle and behavior is 54.5%. The level of this dimension, including drinking water sanitation and living rules, is not high. The main reason for these problems is that teachers lack relevant knowledge about drinking water health and have irregular lifestyle. The percentage of health skills is 49.3%. This shows that the present situation of health skills literacy of Kindergarten Teachers is not optimistic. This dimension includes the practice of children fracture and the use of common medical devices, so we can see that preschool teachers lack the ability to acquire and process health information. According to the comprehensive analysis of the above three dimensions, it can be reflected that the overall level of health literacy of kindergarten teachers participating in the survey is not high.

Table 1 Health literacy of preschool teachers

Dimension	Average value	Standard deviation	Percentage (%)
Health knowledge and concept	40.2	5.22	59.1
Healthy lifestyle and behavior	31.5	4.89	54.5
Health skills	15.6	5.01	49.3

3.2. Situation of Teachers' Cognitive Concept.

According to the data in Table 2, the percentage of scientific health view is 52.3%, which indicates that teachers have the lowest level of knowledge about scientific health. This dimension includes continuous eye time, screen time and continuous sitting time. It can be seen that preschool teachers lack knowledge about scientific eye use, and that sitting for a long time is harmful to children's growth, development and digestive system. Influences - For example: children's bones are still developing, sedentary will cause deformity of the spine, prone to hump back, scoliosis, chicken breast and other deformities [1]; the percentage of safety literacy is 58.6%. It is concluded that preschool teachers have a low level of safety knowledge. This dimension includes food additives, pushing each other on stairs, fire occurrence, and the main causes of such problems. Teachers pay less attention to children's food safety, injury risk and disaster first aid knowledge; the percentage of chronic disease prevention is 67.5%. This dimension, including night blindness, dental caries and obesity, indicates that preschool teachers are not aware of the prevention of chronic diseases. Therefore, it can be seen that preschool teachers are not clear about the harm that lack of that element will cause to children or how it will harm them. In the case of knowing, we don't know whether it has an impact on children's health in the future; therefore, according to the analysis of the above research data, the overall cognitive concept of preschool teachers on children's health knowledge is below the middle level, which is not optimistic enough.

Table 2 Situation of teachers' cognitive concept

Dimension	Average value	Standard deviation	Percentage (%)
Scientific health view	28.5	4.1	52.3
Prevention literacy of chronic diseases	35.7	4.2	67.5
Safety literacy	29.4	3.8	58.6

3.3. Health Education Behavior of Teachers on Infant Health Education.

According to the data analysis of the questionnaire survey, the percentage of health activities is 59.9% (Table 3). The dimension of health activities, including eye exercises, mental health activities, sports activities and so on, can be found that half of the kindergartens surveyed basically have arranged health activities, such as mental health behavior education activities, outdoor activities and so on. Health education for children through health activities; the percentage of time spent on health activities is 80.1%. This dimension, including break time, frequency of outdoor activities and sports frequency, can be concluded that outdoor activities in kindergartens depend on the situation of kindergartens, most kindergartens can have longer outdoor activities; but some kindergartens use television and multi-media. The reason for this problem is that teachers do not know how to apply multimedia teaching in kindergartens correctly; therefore, it can be shown that preschool teachers can arrange health education activities for children, and carry out health education for children. Some teachers can make rational use of the time of health education activities, but some of them could not make reasonable use of it. Use time and teaching equipment to carry out health education activities.

Table 3 Situation of teachers' health education behavior on children's health education

Dimension	Average value	Standard deviation	Percentage (%)
Contents of health activities	52.1	5.65	59.9
Time for healthy activities	65.3	7.51	80.1

According to the form of the appeal, it can be concluded that teachers do not have a comprehensive knowledge of children's health. They do not know how to carry out health education for children. For example, some teachers know that excessive sugar intake and fast eating will affect children's obesity. Some teachers think that children's obesity need not be prevented, which indicates that teachers are short of it. Lack of obesity brings harm; multimedia teaching can help children learn knowledge other than experience, but too long time for preschool teachers to watch the screen will damage children's eyes, indicating that preschool teachers lack of scientific eye knowledge and correct use of multimedia teaching.

4. Problems of Health Knowledge and Educational Behavior of Kindergarten Teachers

4.1. Teachers' inadequate Knowledge of Children's Health

Among the subjects surveyed, a large proportion of kindergarten teachers graduated from technical secondary schools and colleges, some from junior high schools, and only a small number of teachers graduated from undergraduate colleges and received professional education and training. Although these teachers all know some basic health knowledge, they seldom know scientific health knowledge and scientific health education knowledge. The lack of health knowledge has a direct impact on the educational behavior of children's health knowledge. According to the survey, teachers know little about the health content of obesity and vitamin-deficiency diseases of young children. Children face electronic products and sit for a relatively long time every day. They think that children can sit for a long time. For children's outdoor activities and sports, it is considered that children should participate in outdoor activities more. According to the above, preschool teachers' mastery of children's health knowledge is not high, comprehensive enough, and lack of mastery of health knowledge. Therefore, preschool teachers should improve themselves.

4.2. Teachers' poor Health Literacy

The survey found that preschool teachers aged 20-30 accounted for a large proportion of the teachers in this survey. Young teachers generally showed their lack of healthy behavior and habits. From the questionnaire survey, we can see that many teachers, although they know about health, can not necessarily carry out healthy lifestyle and health education behavior; some teachers have relatively healthy lifestyle and health education behavior. Life style, but science and persistence are difficult to adhere to, and health education for young children could not be unremitting; some teachers know that scientific healthy life style is very important, but life behavior habits will affect their lifestyle, children have the characteristics of imitation, children will imitate the teacher's lifestyle, therefore, it will affect health education for young children.

4.3. The lack of Attention to Health Education for Children.

In 1969, the World Health Organization (WHO) proposed that an important focus of health education is on people and their behavior. When kindergartens arrange curriculum, they can educate children in the field of health, basically arrange children's daily life reasonably. However, in the area of eye health exercises, many kindergartens lack educational activities in this area, pay less attention to children's correct eye use, pay less attention to children's mental health behavior, watch more TV and multimedia, and have more time for each break. Compared with other activities, kindergarten teachers could not make rational use of time and teaching tools to carry out healthy education activities for children.

5. Summary

Through the investigation of this study, it is found that kindergarten teachers need to strengthen their awareness of children's health knowledge, kindergartens need to strengthen the training of teachers' health literacy, and at the same time deepen teachers' health education for children. This study is closely related to China's national policies and policies, puts forward the health literacy of

kindergarten teachers, and the analysis of kindergarten teachers' health knowledge and health education for children, as well as the existing problems, and puts forward targeted suggestions. There are still many shortcomings in this study. For example, the sample of 400 teachers is relatively small, which could not fully reflect the understanding of health knowledge of kindergarten teachers within and outside Chongqing and the impact on educational behavior; the questionnaire designed is limited, and could not fully cover the knowledge and content of health field, and the results will be biased. In conclusion, the views put forward in this study will provide some guidance and suggestions for kindergarten and kindergarten teachers themselves to enhance health knowledge and concept, healthy lifestyle and behavior, and health skills, and promote health education for young children.

Acknowledgements

This research was funded by the Program for Innovation Team Building at Institutions of Higher Education in Chongqing (CXTDX201601040), China.

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