



THE NURSERY - A LEADING FACTOR FOR HEALTH EDUCATION IN EARLY CHILDHOOD

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ABSTRACT

Purpose: To determine the importance of the nursery for the implementation of health education in early childhood.

Materials and methods:

- Comprehensive medical and social research (2015-2018)
- Sociological methods: documentary, questionnaire and observation
- Participants 533 people in total.

The survey data were processed with STATGRAPHICS statistical software packages; SPSS 19 and EXCEL for Windows. The results are described by tables, graphs and numerical indicators for structure, frequency, averages, correlation coefficients and others.

Results: 83.88% (n = 360) of the parents share that they observe a change in their children from the moment they start attending crèches. There is a significant difference in the habits learned by the children, at the beginning of the observation and at the end ($p < 0.05$; $r > 0.7$).

Conclusion: The nursery is both an opportunity and a means for better health through the health-educational process that takes place in it. It is a major factor playing an important role in shaping the personality and laying the foundations of its attitude to health.

Keywords: crèches, health education, early childhood,

INTRODUCTION

In Bulgaria, most the children in the period of early childhood are raised and educated in nurseries.

Historically, crèches were established in the 19th century. The term 'nursery' was first mentioned in an article published in the magazine 'Popular Science Monthly' in 1896 [1]. Even at that time, these facilities were designed to perform a prophylactic function - to protect young children from diseases due to poor hygiene, which at that time led to high mortality. In our country, 'Nurseries are organizationally separate structures in which medical and other specialists implement the upbringing, education and training of children from three months to three years of age' / Art. 2. (1) of Ordinance No.26 of 18 November 2008 on the structure and operation of crèches and children's kitchen and the health requirements to them / [2]. These

institutions employ professionals - nurses and educators who have the ability to conduct health education [3]. According to G. Petrova (2020), one of the main tasks of the nurse in nurseries is to conduct promotional events among children in order to properly educate them [4].

The literature describes several stages of the process of health education, one of which is the practical - applicable in early childhood. At this stage, skills are built, habits are formed - one of the goals of nursing in the nursery. It is reached by children in early childhood because of the purposeful and continuous actions of nurses working in nurseries. They develop hygienic habits and habits, self-care skills. Unhealthy habits such as using a pacifier, putting objects in the mouth and so on are eliminated.

PURPOSE

The present study aims to determine the importance of the nursery for the implementation of health education in early childhood.

MATERIAL AND METHODS

During the period March 2015 - to February 2018, a comprehensive medical and social study was conducted.

A total of 533 people are included in the survey: 83 nurses working in nurseries and nursery groups in the united children's institutions in the municipality of Pleven; 273 parents of children attending crèches and crèche groups in the united kindergartens in the municipality; 90 children attending nurseries in the municipality of Pleven, admitted and discharged in the period September 2015 - August 2017 and participated in the monitoring and 87 parents whose children are included in the long-term monitoring.

Sociological and statistical methods were used.

SOCIOLOGICAL METHODS:

Documentary method for research and analysis of the available scientific literature on the problem;

Questionnaire method:

• **Anonymous direct individual survey** among nurses working in nurseries and nursery groups in kindergartens in the municipality of Pleven. For this purpose, a questionnaire of 43 originally developed questions was used in accordance with the professional competence of nurses.

• **Anonymous direct individual survey** conducted

among parents whose children attend nurseries in the municipality of Pleven. A questionnaire containing 33 originally developed questions was used;

- **Anonymous direct individual survey** conducted among parents whose children participated in the observation in the last week before their discharge from the nursery - an original questionnaire with 15 questions was presented.

Observation:

An external open panel observation was performed in natural conditions of 90 newly admitted children in the crèches located on the territory of the Municipality of Pleven. An original monitoring protocol developed by the researcher was used to report the results of the observation.

STATISTICAL METHODS

The survey data were processed with STATGRAPHICS statistical software packages; SPSS 19 and EXCEL for Windows. The results are described by tables, graphs and numerical indicators for structure, frequency, averages, correlation coefficients and others.

RESULTS:

The share is high - 71.08% (n = 83) of health care professionals, according to whom the most appropriate age to start health education is early childhood (1-3 years). This has been proven by several authors [5, 6, 7, 8, 9, 10, 11, 12]. The majority - 59.04% (n = 83) of the nurses who indicated early childhood as the most appropriate has over 20 years of work experience in nurseries.

Their answer is not accidental but based on the accumulated professional experience. There is a direct correlation with moderate bond strength (p <0.001; r = 0.46).

According to 81.93% (n = 83) of the nurses in the study, only some parents have enough knowledge to achieve health education among their children. Slightly

more than half - 55.42% (n = 83) of nurses say that at every appropriate moment, discussions are organized on health topics among parents.

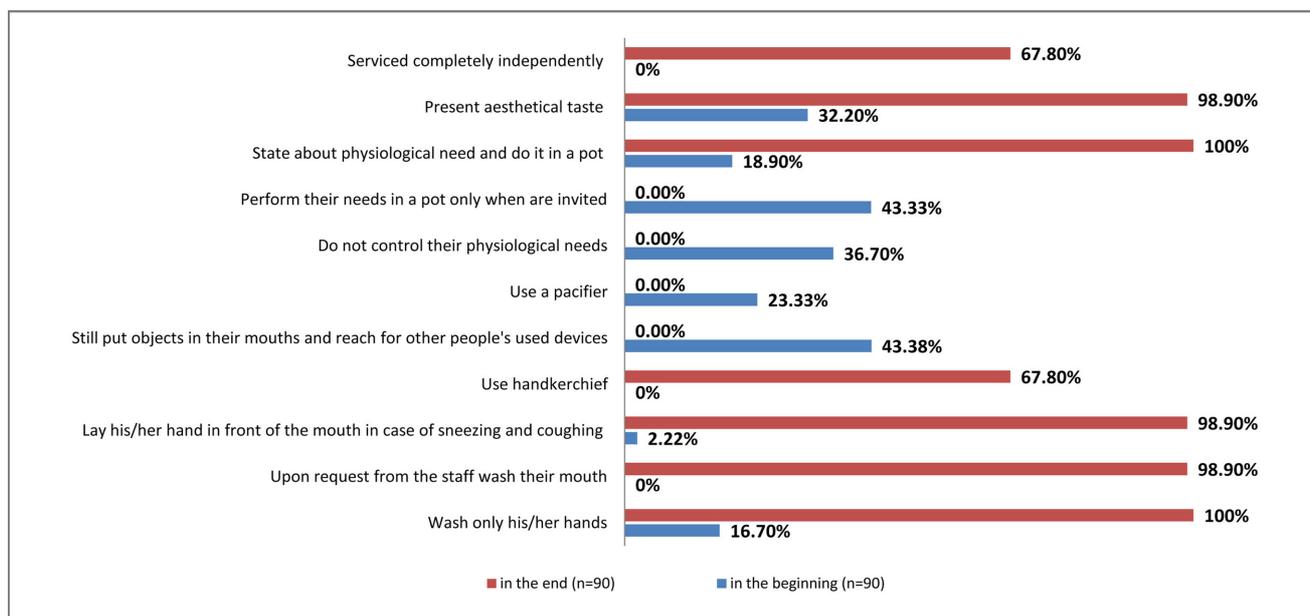
More than half - 59.76% (n = 83) of health care professionals plan health-related activities among children. They use various means (didactic games, game dramatizations, staging, etc.) to achieve the tasks. Only 9.76% (n = 83) admit that they do not.

Training on health topics is conducted not only among parents and children but also among the staff of nurseries in the municipality of Pleven. According to 54.22% (n = 83) of the respondents - trained periodically, mostly nurses, and according to 32.53% (n = 83) - all staff is trained on schedule, depending on the topic and competencies of the target group (nurses or babysitters). Only 2.41% (n = 83) of the respondents share that such training is not organized.

Most of the children do not have hygienic habits when entering the nursery - say 51.81% (n = 83) of nurses. Nurses work on children's habits assimilation daily and purposefully. The observation of the newcomers to crèches found that in a large percentage of them - 72.2% (n = 90) only half of the age-appropriate habits were formed - Fig. 1 (note: without being able to claim lagging in terms of neuropsychological development).

All these results confirm the statement of the nurses that among the majority of children, there are no formed hygienic habits at the time of their admission to nurseries (51.81%, n = 83). There is a significant difference in the acquired habits of the contingent at the beginning of the observation and at the end (p <0.05; r > 0.7). In the end - among 67.8% (n = 90) of the children was observed both coverages of 7 of 9 groups of hygiene habits and self-care habits set in the monitoring protocol and elimination of harmful habits (Figure 1). The results were also confirmed by the parents of the children and testify to the persistent and purposeful activity of the nurses in the kindergarten.

Fig. 1. Hygienic habits acquired during children's stay in nurseries



A very high share of all parents who participated in the study - 83.88% (n = 360), said they found a change in their children since attending crèches. These high results testify to the systematic work of the staff in the State Agency for the implementation of health education among children.

DISCUSSION

The results of the study once again prove that early childhood is the most appropriate period for laying the foundations of health education among the population. A thesis was defended by a number of other authors [6, 7, 8, 9, 10, 11, 12, 13]. The crèche employs qualified professionals with experience - a circumstance that is essential for the proper organization and implementation of the health education process. It has been proven that it is complex and goes through various stages until it is realized in practice. Its implementation requires professional support and skills. According to K. Mystery, C. Minkovitz, A. Riley and team (2012), in order to optimize health in early childhood, the necessary knowledge and skills must be formed in parents [14]. From the received results, it became clear that in the nurseries, health-educational activities are held not only with the children but also with their parents and the staff that raises them. The fact that all subjects in the health education process are trained, albeit periodically on health topics, shows that the leading staff in the kindergarten are aware of the serious impact of the health culture on the health of the individual and society as a whole. On the basis of these decisions, they create conditions for the realization of a constant health-educational process. It, in turn, is the result of the interaction between the subjects in it - children, parents and staff

(in this case). The high results achieved in terms of established hygiene habits among children prove it, as it is involved in the monitoring and elimination of unhealthy practices. The results of the study clearly show that the crèche as an institution that is part of the health care system is essential for health education in early childhood. G. Terzieva (2013) even defines nurseries as a bridge for effective implementation of health education in practice between the family and the school [15].

CONCLUSION

The nursery is a uniquely supportive environment in which all subjects in the health education process can interact simultaneously. It is not just an institution created to help parents in raising and educating their children. The nursery is both an opportunity and a means for better health through the health-educational process that takes place in it. It is a major factor playing an important role in shaping the personality and laying the foundations of its attitude to health.

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