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Full Length Research Paper

Teaching health education in early childhood development centres in Cape Coast Metropolis, Ghana

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Abstract

Health education has become an integral part of our daily living and it is taught in all levels of education the world over. Employing a quantitative approach the study examined the teaching of health education in early childhood development centres in the Cape Coast municipality, Ghana. Thirty registered early childhood development centres in the metropolis were surveyed and 120 teachers selected by simple random sampling technique. The study revealed that health education is taught in most of the centres but it is taught by people who have no training in health education. It was also established that no in-service training is organised for teachers on health education. Again teaching of health education is not monitored and inspected by educational authorities in the metropolis. The study recommends that the educational authorities in the metropolis should assist teachers who handle health education in the early childhood development centres in the form of training and also help the centres to recruit professionals to teach health education. Monitoring of the teaching of health education in the centres should also be given due attention.

Key words: Cape Coast Metropolis, Ghana, Early Childhood Development, Health Education, Social Welfare,

INTRODUCTION

Health Education plays crucial role in the development of a healthy social, psychological, and physical environment of any society (Catford, 1984). Attasseri (2009) sees health education as a process of providing teaching and learning experiences and activities for the purpose of influencing knowledge attitudes, practices and conducts. According to Slentz and Krogh (2001), pre-school education involves institutions which play a key role in early childhood development. The first three years of a child's life are critical to healthy development. During these years, proper stimulation of growing is crucial and it is believed that the vital period of an individual's life extends to 6 years of age (Penn, 2003).

Health education takes place under four main settings, namely, healthcare facilities, workplace, community and schools. Within the school setting, health education is taught at university undergraduate programmes where it is fused in their curriculum activities. Similarly, it is taught in secondary and primary schools but there is not enough evidence to establish the level at which health education is taught in early childhood development centres in Ghana. Secondly, when health education is fused in the curriculum activities of childhood development centres, children will grow and practise effectively what they have been thought. In light of this, Butin and Woolums (2009) suggest that preschool period is the right time to instil social and academic skills into children.

Donatelle (2009) is therefore of the view that health education should contribute directly to an individual's ability to successfully practise behaviours that protect and promote health and avoid or reduce health risks. To him, health education is integral to the primary mission of schools. It provides young people with the knowledge and skills they need to become healthy and productive

adults. According to Donatelle (2009), increasing the number of schools that provide health education on key health problems facing young people is a critical health objective for improving a nation's health.

School health education programmes can reduce health risk behaviours such as tobacco use, poor nutrition, inadequate physical activity, drug and alcohol use. According to the American Cancer Society (1999), because these behaviours are open to change, quality school health education taught by trained and certified health educators provides the best opportunity to promote positive health behaviour among children. In the view of Meillier et al, (1997) for a school health education programme to be comprehensive there should be national health education standards to act as a guide to curriculum development. The standards should focus on increasing functional health knowledge and identifying essential skills that are applicable to all aspects of healthy living. In line with this, Glen et al, (2009), believe health education should teach individuals how to prevent conditions that lead to poor health and give them the knowledge and attitudes to take care of their health.

Early childhood development centres provide a number of activities and services to support young children and their families from conception to school entry age. These centres serve to promote the total development of children through child friendly environments outside what the home provides. Childhood Development Centre also evaluates children's psychological and behavioural development.

Early Childhood Care and Development combines elements from several fields including infant stimulation, child development, health and nutrition (Edwards et al, 1993). In the opinion of Biersteker (1996), the period of time from zero to eight years is one of the most delicate developmental stages in an individual's life. This period is accompanied with rapid brain development and the gaining of foundational skills and abilities which form the basis for future development and as a result, training introduced to an individual at this stage is of great importance. Childhood experts agree that attending a high-quality programme prepares children and opens up their brains for further higher levels of education. It also maximizes the phase of the child's growing brain for learning as it develops rapidly (Slentz and Krogh, 2001, Lomasi, 2007). According to Kanter (2009), the rate of learning, character and quality of development vary from child to child. As a result, different methods and approaches are used in providing health education to school children; confirming Butler's (2005) position that different students learn in different ways, but all students seem to benefit one way or the other from the different methods used. Therefore, examining the methods employed in teaching health education in the early years of children is significant. It is in this direction that the study examined the teaching of health education in early childhood development centres in the Cape Coast Metropolis with the aim to identify the form health education teaching takes, examine the perception of teachers at early childhood development centres on the importance of health education to children below six years. The study is relevant because the findings will contribute to plugging the gaps in knowledge that exists regarding the teaching of health education in Ghanaian schools. This is useful for policy makers in education for restructuring the system of recruitment of teachers in early childhood development centres in Ghana. Secondly, it will serve as a platform for other researchers who want to research into the teaching of health education in Ghanaian schools.

Data and Methods

The Cape Coast Metropolis is located in southern part of Ghana and covers an area of 122 square kilometres and is the smallest metropolis in Ghana with a population of 169,894 (Ghana Statistical Service, 2012). The metropolis is endowed with many educational institutions including the University of Cape Coast and some of Ghana's finest secondary schools (Stearns and Langer 2001).

The study employed a descriptive case study because it helps to describe a single case study studied in-depth to reach understanding about other cases (Thomas, Nelson and Silverman, 2011). The study targeted teachers of Early Childhood Development Centres in Cape Coast Metropolis (CCMA) in the Central Region of Ghana. Information gathered from CCMA and the Social Welfare Department indicated that 30 registered Early Childhood Development Centres were in Cape Coast at the time of the study and all the centres were selected. The topic was first approved by the Department of Population and Health of the University of Cape Coast while approval was sought from the Cape Coast metropolitan directorate of education. Respondents were also assured of confidentiality of their responses, and to ensure anonymity of respondents their names and names of their schools were not included in the questionnaire.

The study involved four respondents from each of the registered centres, giving a total of 120 respondents. In each centre the head teacher was purposively selected and three other teachers were selected using simple random sampling method. In centres where there were only three teachers, they were automatically selected (this occurred in only two centres). The study employed primary data and the main instrument for data collection was a structured 17-item questionnaire containing agreed and disagreed; open and close ended questions. Data were collected between January and March 2011 through the administration of a structured questionnaire. The data were analysed with Statistical Product for Service Solution (SPSS version 16). Simple percentages were used to analyze results and the results presented in

Table 1. Background characteristics of respondents

Key Variables	Frequency	Percentage
Age range		
Below 20	2	1.7
20 – 29	70	58.3
30 – 39	24	20.0
40 – 49	16	13.3
Above 50	8	6.7
Sex		
Male	24	20.0
Female	96	80.0
Marital Status		
Single (never married)	35	29.2
Married	70	58.3
Divorcee	6	5.0
Widowed	9	7.5
Educational Level		
Junior High School	10	8.3
Senior High School	84	70.0
Teacher training College	20	16.7
Other forms	6	5.0
Total	120	100

tables and figures followed by discussions.

RESULTS

Socio demographic characteristics of respondents

This section examines the background characteristics of the respondents. The basic issues captured here are the age, sex distribution of the respondents, their marital status and educational levels. The results are presented in Table 1.

Eighty percent of respondents were females while the rest were males. In an attempt to establish the reason behind the wide disparity between males and females 92 percent of the respondents said proprietors of the centres prefer female teachers to teach at the early childhood development centres to males. It is evident from Table 1 again that the majority (58.3%) of respondents' age ranged between 20 to 39 years. This indicates that teachers or caretakers in early childhood centres in the metropolis are young females between 20 and 39 years. The majority of the respondents (58.3%) were married while 29.2 percent were single.

Table 1, shows that the respondents had different levels of education while some had up to the tertiary level some had only junior secondary certificates. All the respondents have at least basic education and have completed at least Junior High School. The majority of respondents (70 %) had Senior High School education and 16.7 percent had completed teacher training college. Less than 10 percent of the respondents (5%) had other forms of education such as vocational, fashion schools and tertiary education.

Knowledge of teachers on health education

All the respondents said they have heard of school health education in one way or another and are aware of its importance. Ninety-five percent of the respondents indicated that health education is important to children below six, but 86.7 percent said they teach it as part of the curriculum. A third of the respondents (33.3%) said that health education promotes the growth and development of children, 21.1 percent indicated it helps children to avoid diseases while 24.4 percent said it helps children to learn about their health.

The majority of respondents (91.8%) who said they teach health education indicated that management provide the necessary avenue to ensure that health education is taught well in their centres. However, 8.2 percent of the respondents indicated that the prime occupation of managers was the safety of the children.

The Majority of respondents (80%) agreed it is important to introduce health education to children at the early childhood development centres irrespective of their ages. Most of the respondents (68.9%) indicated that health education should be a requirement for the pupils. Similarly, seventy-five percent of the respondents said

Table 2. Ways in which health education is taught in early childhood centres

Methods of lessons delivery	Frequency	Percentage
Theoretical aspects of health education	10	8.3
Practical aspects of health education	30	25.0
Theory and practise	57	47.5
Discussion with children	15	12.5
All the above	8	6.7
Total	120	100.0

special attention must be paid to the teaching of health education in schools. They also suggested that other issues need to be included in their lesson plan. Some of these activities include physical education activities (23.3%), personal hygiene lessons (34.4%), lessons on communicable disease control (16.7%) and accident prevention (4.4%).

As stated earlier on, 86.7 percent of the respondents said they teach health education as part of their curriculum. It is demonstrated in Figure 2 that out of this, 24 percent said they provide education on the human body, 12.5 percent said they provide education on sanitation while 8.7 percent said they provide education on food and nutrition. However, 54.8 percent said they provide all the above mentioned forms of health education.

Table 2 shows the formats in which health education is delivered to pupils in the early childhood development centres; and it is observed that 47.5 percent of respondents teach health education in theory form and also assist the children to practise what they are taught in class. However, 6.7 percent of the respondents said they teach all the forms of lesson delivery including discussions on matters relating to health. While 79 percent of the teachers who disclosed they teach health education said they integrate it into other subjects the rest said they teach it separately.

It was observed that more than 93 percent of the respondents said they have approved syllabus from the Department of Social Welfare. Forty-two percent of respondents who said their schools have syllabus admitted that the syllabus is not followed consistently but base their lesions on their knowledge on the health needs of children. The majority of respondents (78.3%) said they receive visits from health personnel to advise them on how to keep the children healthy, environmental hygiene as well as food and nutrition but not on the teaching of health education. Out of the 94 respondents who get school visits form health personnel, 7.8 percent indicated that the visits are on weekly bases and 27.8 percent said on monthly bases, 36.7 percent indicated one visit per school term (four months). Almost 58 percent (57.8%) of the respondents lamented on the lack of monitoring of the teaching of health education by the personnel of Ghana Education Service and Social Welfare Department in their schools. The minority (42.2%) of respondents, however, explained that the officials monitor teaching methodology generally but not on health education. Similarly, 52.2 percent asserted that officials from Social Welfare Department visiting their centres to monitor and inspect the welfare of children and not teaching of health education.

The study again revealed that in-service training on health education is not provided to teachers at the early childhood development centres in the Cape Coast metropolis. All the respondents (100%) said they had not attended any in-service training on the teaching of health education since they were employed. They were however of the view that since not all the teachers were into health, they would require capacity building in health education to enable them to teach health education effectively. Another portion of the respondents (12.2%) were of the view that the Department of Social Welfare and Ghana Health Service should train teachers on health related issues and methods used in teaching children health education.

DISCUSSION

The study aimed to establish the status of the teaching of health education in early childhood development centres. The specific objectives therefore were to identify the format of health education taught in the early childhood development centres; examine the perception of the teachers on the teaching of health education and assess the methods used in providing health education in early childhood development centres. In all, 120 teachers

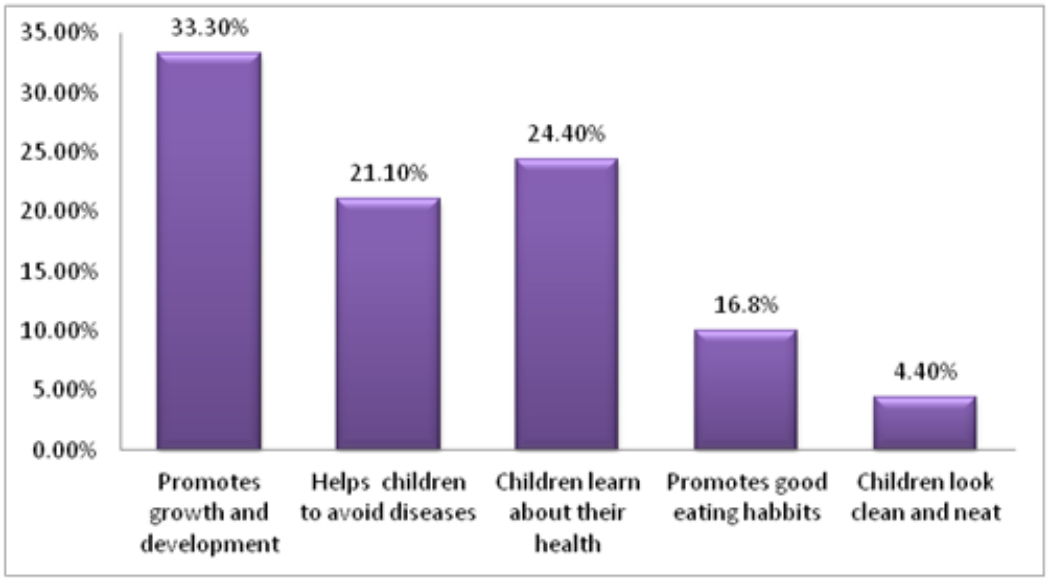

Figure 1. Importance of health education to children below six years (N=120)

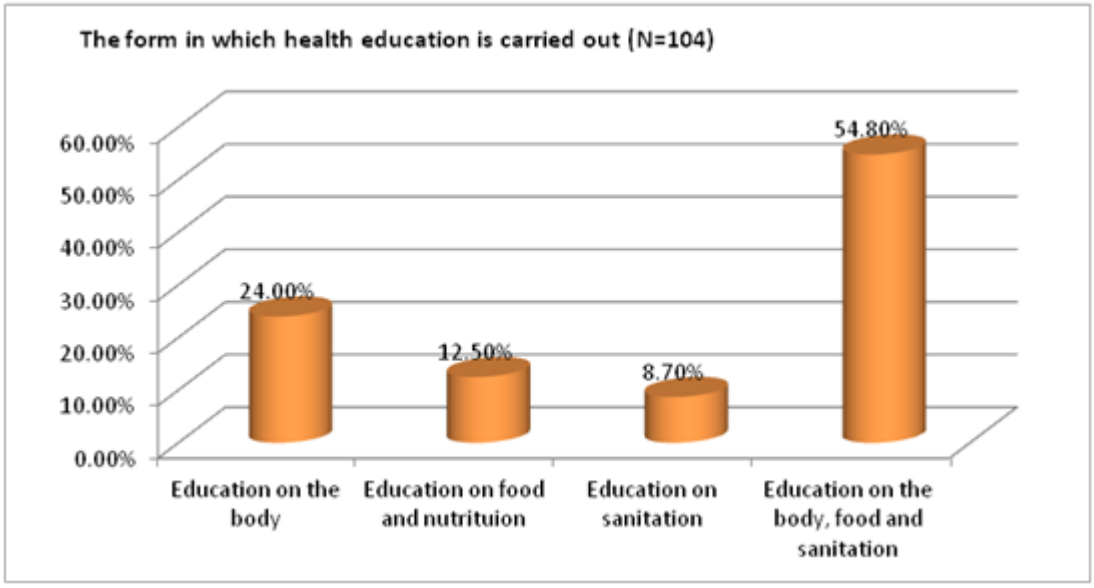

Figure 2. The forms in which health education is taught

from early childhood development centres were selected. The study revealed that the majority of teachers in the early childhood development centres in the metropolis are females, married, and young. This finding was expected since it is the belief of many people that the field of early childhood is significantly a female one (Sanders, 2002; Cunningham and Dorsey, 2004) while married people generally take good care of children than their unmarried counterparts.

The findings suggest that all the respondents have a fair idea about health education and also agreed that health education is important to an individual and but 20 percent did not support the view that it is important for children below six years to be introduced to health education. However not all of the teachers teach health education in their centres. It was also established that teachers teach different forms of health education, over fifty-four percent of the respondents indicated they teach

health education of the body, sanitation, food and nutrition. Another significant issue which came out of the study is that respondents employ different methods in teaching health education. While some of the teach health education as a separate subject others indicated it is fused into the lessons of other subjects such as science. This shows that the teaching of health education in early childhood development centres in the Cape Coast Metropolis takes different ways and forms depending upon the teacher's preferences, abilities and capabilities without reference to any accepted rule or format.

The majority of respondents indicated their schools receive visits from the Ghana Health Service and the Social Welfare Department for other reasons rather than the teaching of health education.

It was realised from the findings that even though health education is taught in most of the centres the teachers do not have any form of training in teaching the subject. This means teachers teach health education from their own experiences. This finding was not expected and contrary to the view of the American Cancer Society (1999) that school health education taught by trained and certified health educators provides the best opportunity to promote positive health behaviour among children. All the respondents indicated there has not been any form of in-service training for them on the content of health education and the methodology of health education in their centres. This finding was not expected because teachers who are teaching a discipline but have not received any formal training on the discipline cannot perform appropriately and therefore need in-service training. The majority of respondents called for a form of in-service training to equip them with information and knowledge to guide them in their teaching of health education. This supports the call by Gachathi (1999) for in-service training for early childhood education instructors.

From the study it is evident that some of the schools do not have approved syllabus for teaching health education, 65 percent of respondents said that the content and methodology for health education depend upon what they are comfortable teaching. This brings to the fore the quality of the teaching of Health Education in early childhood centres in the Cape Coast Metropolis and its effect on children (Sifuna and Karugu, 2000; Peisner-Feinberg 2001). Only a limited number of respondents claimed to use approved syllabus from the Department of Social Welfare. This means that even though health education is taught in some of the early childhood development centres in the metropolis, the study could not establish the authenticity of what is taught.

Furthermore, 75 percent of the respondents suggested that particular attention should be paid to preschool education in terms of health education and issues relating to health and cleanliness. Therefore demanding carefully planned standards for the comfort of the children, (Burudi and Poipoi, 2012) since what an individual learns at this stage is carried on throughout life.

CONCLUSION AND RECOMMENDATIONS

The study results suggest that health education is not taught as a subject in some of the early childhood development centres in the metropolis, in the centres where it is taught, not all teachers follow approved syllabus but rely on their own knowledge about the discipline and their experiences. Secondly, it is found that teachers do not have formal training in the teaching of the discipline and have also not been given any in-service training on the teaching of health education. Finally, the study results indicate that the health education lessons are delivered in different forms as determined by the teacher.

The study is limited in scope due to the number of schools and respondents used for the study. It is therefore suggested that a comprehensive nationwide study is carried out to examine the status of the teaching of health education in early childhood development centres in Ghana to inform policy formulation and implementation.

In line with the conclusions from the study, it is recommended that health education should be made compulsory in all early childhood development centres in Ghana. Secondly, in-service training should be made available for the instructors of health education in the early childhood development centres in the Cape Coast Metropolis. It is further recommended that educational authorities in the metropolis should assist teachers who handle health education in the early childhood development centres in the form of training and also help the centres to recruit professionals to teach health education. Finally, there should be monitoring of the teaching of health education in the centres to ensure proper quality control and effective delivery of health education lessons in the early childhood development centres.

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