CREATING A SUPPORTIVE ENVIRONMENT IN THE PRESCHOOL TO IMPROVE WELLBEING OF CHILDREN AND PARENTS

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INTRODUCTION

Background and justification

Early childhood care and development (ECCD) refers to optimizing a child's survival, growth and development by providing the total needs from the time of conception to until the age of five years. This period has been identified as a significant phase of life, because of the rapid brain development occurs during this stage and its abilities to strongly determine the future of a human (Stewart 2001). The Pre School (PS) age span is also included in the early childhood period and children attending to some type of program such as PS will receive an excellent opportunity to encourage development (Mandleco 2004).

Research shows that parent and family engagement in early care and education programs improves results for children, increasing the likelihood of success and achievement and decreasing the likelihood of negative outcomes, both in school and later life (Kagan & Neuman 2001). For instance studies have shown, with the involvement of parents, alcohol and tobacco prevention programs for young children merit with greater emphasis (Hahn, et al. 2009).

As an early childhood care programme, in the Sri Lankan context PS serve as a setting where children and parents engage in daily activities and in which environmental, organizational, and personal factors interact to affect their health and wellbeing. Building on the Ottawa Charter, the Sundsvall Statement of 1992 called for the creation of supportive environments with a focus on settings for health improvement (WHO 2011). Based on it, this study is conducted for well being improvement concerning the significance of the age of PS children and the importance placed on PSs by the families.

Objective

The general objective of the study is to assess the effectiveness of an intervention to create a supportive environment in the PS to improve wellbeing of children and parents.

METHODOLOGY

Study Design and target population

This study was conducted using quasi experimental design, selecting two PSs from the *Anuradhapura* district, as an intervention PS and a control PS from two villages by means of similar socioeconomic background but with an approximate distance. Intervention PS is situated in the *Mihinthale* Medical Officer of Health (MOH) area and the control PS is situated in the *Manupa* MOH area. Target population of the intervention included the teachers, parents and children of the selected PS.

Interventions

In the *Samanala* PS, an intervention was carried out for a period of approximately one and a half years from July, 2007 to February, 2009 with an average of at least one meeting per month. Interventions included discussions with the teachers, discussions with the parents and training sessions for teachers and parents. The topics of the discussions included ECCD, nutrition, alcohol prevention, tobacco prevention and commercial influences on health etc,. These sessions were facilitated with appropriate materials and aids, such as creativity assessment charts, activity mark calendars and peer assessment tools etc.

Logical framework of the study

Logical framework of this study is shown below in figure 1.

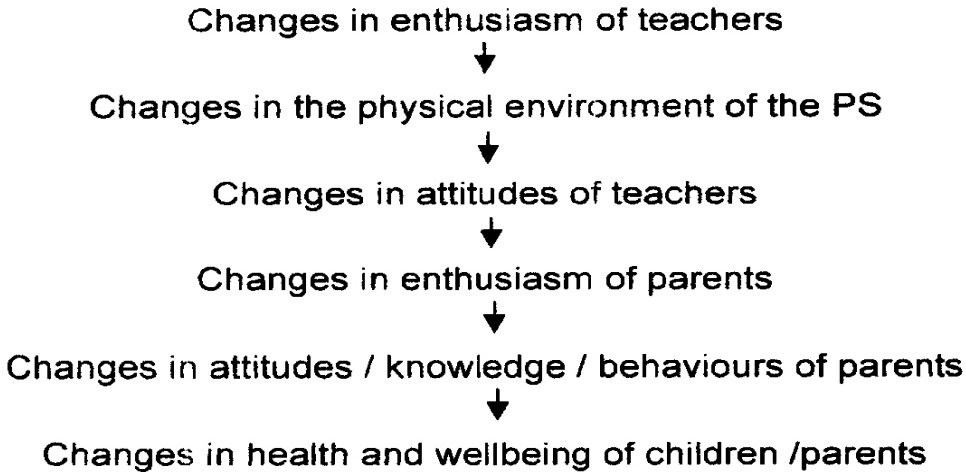

Figure 1- Logical framework of the study

Data collection techniques and analysis

Qualitative as well as quantitative measures were used to assess the changes. Interviewer administrative questionnaires and available abstracts of the PS were used as quantitative assessments. The MINITAB 15 software package was used to analyze the data. As qualitative data collection method, direct observation checklists were used.

RESULTS AND DISCUSSION

Changes in the Pre School

Comparison of the observation checklists with the pre and post status of the PS and with the control PS, it was evident that, physical environment of the PS has improved. Consequently teachers' attention has been improved towards the other determinants of the PS and through the questionnaire conducted with the parents, it was evident that there has been a significant improvement in the intervention PS compared to the control PS in selected child wellbeing components such as fostering creativity, variety of interest and self esteem of children compared to the control PS (Table 1).

Table 1: Mean comparison of the selected child wellbeing components

Child wellbeing component	Mean values	
	Intervention PS	Control PS
Fostering Creativity	3.3	1.72
Fostering Variety of Interest	3.4	1.45
Fostering Self Esteem	4.3	1.36

Abstracts obtained from the PS showed that, comparative time periods which determine the readiness to school has been satisfactorily reduced in children of the intervention PS.

Changes in Parents

According to the analysis of questionnaires, knowledge on ECCD of parents have been significantly improved comparatively with a mean value of 2.05 in the intervention PS and 1.32 in the control PS. And also it was evident that the intervention PS has provided, increased support for the family well being with a 3.4 mean value compared to 0.81 mean value of the control PS. Participation of parents for the PS activities has increased with initiating measures on appreciating their contributions.

When concerning the physical wellbeing, mothers of the intervention PS children, have created a team among themselves to engage in activities to improve physical wellbeing and to measure the body mass index level of others in the community. According to the analysis of the questionnaire, it depict an increased knowledge on physical well being measurements among the intervention PS parents with a mean value of 5.0 and a mean value of 0.80 among the control PS parents.

Parents' knowledge about industrial influences of instant food industry on children had a mean of 1.00 in the control PS but a mean of 1.0938 in the intervention PS. But the awareness on influences on tobacco and alcohol on children has a mean of 1.3333 in the control PS and has a mean of 3.8750 in the intervention PS showing a significant change. Related to alcohol prevention, it was evident that the behavior change of parents in acting on a rejecting manner towards misbehavior after alcohol use had an odd ratio of 3.75, indicating that the frequency of change in behavior is greater in the parents of intervention PS.

Even an approach reached towards the parents, there were inadequacies in fathers' participation in the PS activities and these types of impediments also were measured during the study. Though the knowledge change of the people does not merely produce evidence that they will change their attitudes and behaviours, with the available evidences it can be concluded that they are involved in the process of improving their wellbeing. And also as a formal setting which subsists in the community with an existing staff, setting based approach provide a reasonable opportunity for follow up and sustainability.

CONCLUSION

With the changes shown in the process related to the PS and the parents it can be concluded, as a formal setting, a PS can be used effectively to approach the community in addressing major determinants of health and create changes in families and communities while improving wellbeing of children.

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REFERENCES

Hahn, EJ, Hall, LA, Rayens, MK, Burt , AV, Corley, D & Sheffel, KL 2009, 'Kindergarten Children's Knowledge and Perceptions of Alcohol, Tobacco, and Other Drugs' , *Journal of School Health,* vol 70, Issue 2, viewed 02 October, 2011, <http://onlinelibrary.wiley.com/doi/10.1111/j.1746-1561.2000.tb07241.x/abstract>.

Kagan, SL & Neuman MJ 2001, Human Development in *Highlights of the Quality 2000 Initiative*, 29th Edition, McGraw-Hill/ Dushkin, U.S.A.

Mandleco, B L 2004, 'Growth and Development of the Preschooler', in *Growth and Development Handbook*, 1st Edition, Delmar Learning, Canada.

Stewart, N 2001, *Practical Parenting Your Baby,* 2nd Edition, Octopus Publishing Group Ltd, China.

World Health Organization 2011, *Introduction to healthy settings,* viewed on 02 October 2011, < http://www.who.int/en/>.