

Research on the Problems and Improvement Strategies of Rural Early Childhood Teachers' Health Education Competence



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Abstract: The health concept of the new era calls for the return and renewal of the identity of rural early childhood teachers, as health educators, what makes them competent in their professional roles? The health education ability of rural early childhood teachers has become an important factor affecting the physical and mental health of rural young children. This study points out that the development of rural early childhood teachers' health education ability is not balanced, rural early childhood teachers' health education curriculum resources development ability is weak, and it points to the lack of rural early childhood teachers' family health education guidance ability. Therefore, based on the analysis of the problem, we start by updating the concept of health education for rural early childhood teachers, establishing the evaluation system of rural early childhood teachers' health education ability, integrating the rural early childhood health education resources, and carrying out rural early childhood health education garden-based teaching and research. Therefore, based on the analysis of the problem, we put forward the strategies to improve the health education ability of rural kindergarten teachers from four aspects: updating the health education concept of rural kindergarten teachers, establishing the evaluation system of rural kindergarten teachers' health education ability, integrating rural kindergarten health education resources, conducting rural kindergarten health education garden-based teaching and research and reflection.

Keywords: rural kindergarten teachers; health education competence; enhancement strategies

Introduction

Early childhood education in rural areas has always been a major issue in China's education system. Early childhood education in rural areas has always been an area of great concern in China's education system, and early childhood health education, as a crucial part of it, has also attracted much attention. In recent years, health and safety accidents in rural kindergartens have occurred frequently, and we need to pay attention to the health of rural early childhood teachers while paying attention to the health of young children in rural areas, we need to pay more attention to the health

education of rural early childhood teachers and their ability to engage in health education, and the ability of rural early childhood teachers to educate young children in health has a far-reaching impact on their physical and mental health, behavioral habits and cognitive development in rural areas.

1. Problems in the Health Education Ability of Rural Early Childhood Teachers

In the current early childhood health education, the health education ability of rural early childhood teachers faces a series of challenges and problems. The existence of these problems restricts the effective implementation of rural early childhood health education and affects the physical and mental

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health development of young children. The following is a detailed analysis of the problems of rural early childhood teachers' health education capacity:

1.1 Uneven development of rural early childhood teachers' health education capacity

The uneven development of rural early childhood teachers' health education ability is reflected in the fact that on the one hand, the development of physical education ability is better, the physical health education ability is second best, and the mental health education ability is poorer. Early childhood health mainly contains physical and mental level health. (Gu, 2009) And from the content of kindergarten health education, kindergarten health education contains kindergarten mental health education, kindergarten physical education, physical health education contains kindergarten body cognitive education, kindergarten diet and nutrition education, kindergarten safety education, kindergarten living habits and living ability education in four aspects, (Zhang, 2019) due to the lack of a comprehensive understanding of health education, some rural teachers failed to Due to the lack of a comprehensive understanding of health education, some rural teachers fail to fully recognize the importance of health education in the overall development of young children, and simply equate it with physical education or health education, and rural early childhood teachers participate in more opportunities for training in physical education health education compared to other types of health education, and carry out more physical education health education activities in rural kindergartens, so comparatively speaking, rural early childhood teachers are better at physical education. On the other hand, there is a single teaching method and teaching approach that reflects a specific health education competency. For example, when rural kindergarten teachers carry out physical health education, they more often integrate it into the day-to-day life, or even simply equate physical health education with the day-to-day life of the nursery, ignoring the use of specialized educational activities to cultivate children's good hygiene habits and good dietary habits, which in turn affects the children's daily living habits and health. In addition, in the case of

mental health education, which requires experiential education, teachers in rural kindergartens often use lectures and lack of interaction and practice, which makes it difficult for children to understand and experience, thus neglecting the active participation of young children, so that young children are usually in a passive position of acceptance and lack of opportunities for independent exploration and experience. For the cultivation of young children's positive mindset, emotional expression has not been effective.

1.2 Rural early childhood teachers' weak ability to develop health education curriculum resources

Native resources are an important carrier for promoting effective learning for young children and are an important supplement to kindergarten curricula in resource-poor areas. (Li, 2023) In the vast expanse of the countryside, everything nurtured by nature can be an important resource for early childhood health education. However, in rural kindergarten health education, early childhood teachers' ability to develop local health education resources is relatively weak. On the one hand, this is reflected in the "one-size-fits-all" understanding of the early childhood health education program, copying the model of urban teachers, without in-depth observation, flexible combination of rural early childhood health education and development of the actual situation and the objective needs, which will make the curriculum learning to lose the rural soil and become a "tree without roots", which is the most important resource for early childhood health education. This will make the curriculum learning lose the rural soil and become "wood without roots", and it will be difficult to create diversified and lively health education scenes. On the other hand, there is a lack of theoretical guidance in the process of developing local health education curriculum resources in rural areas, the application of which is seriously formalized. Influenced by the urban garden-based curriculum research boom, at present in rural areas, many early childhood teachers show great enthusiasm for the application of local curriculum resources, but due to the lack of theoretical guidance, in the process of integrating local health resources and trying to apply them, they

can only mechanically imitate some successful experiences, so that the development of curriculum resources cannot be flexibly integrated in accordance with the age characteristics of young children and different local environments, without exploring the suitable curriculum resources for rural areas. Integration did not go to explore the theory of rural health curriculum resource development, so the health curriculum resource development is all castles in the air, into a source of water (Liu, 2021).

1.3 Rural early childhood teachers' family health education guidance capacity is insufficient

Rural early childhood teachers' family health education guidance capacity is insufficient, on the one hand, reflecting insufficient knowledge of family health education guidance, rural early childhood teachers not only need to have health education guidance capacity corresponding knowledge but also need to have family education guidance capacity corresponding knowledge. Limited by insufficient educational resources and a lack of professional training opportunities, some rural teachers lack an in-depth understanding of new concepts and methods of health education. Their understanding of basic health knowledge, hygiene habits, and common children's health problems still needs to be improved. Moreover, rural kindergarten teachers, may face more grandparents, and in popularizing health education to grandparents, they are bound to face conceptual gaps and communication barriers. Therefore, in the face of these difficulties, many teachers are prone to choose to escape, resulting in the inability to improve their ability to guide family health education. On the other hand, it is reflected in the inaccurate positioning of the role of parents. In the process of family health education guidance, most kindergarten teachers' understanding of the role of parents is still limited to being guided and initiators, and only a small number of teachers can realize that parents are collaborators. It has been pointed out that from the founding of New China to the present, the evolution of parents' roles has gone through four stages, and the evolution of their roles reflects the transformation of parents of young children from outsiders to collaborators in family education guidance. (Cai & Deng, 2022) The

relationship between the family education instructor and the target of family education instruction should be a cooperative relationship based on the common desire for children's healthy growth. In the process of family health education guidance, although teachers and parents play different roles, play different roles, but both them should be harmonious coexistence, but most rural teachers in the process of family health education guidance and the role of parents do not know correctly and do not correct their position, thus limiting their family health education ability to develop.

2. Strategies for Improving the Health Education Ability of Rural Teachers

2.1 Updating the health education concepts of rural early childhood teachers

To update the health education concepts of rural early childhood teachers, on the one hand, rural early childhood teachers are organized to learn the modern concept of early childhood health education, emphasizing the importance of health education in the overall development of young children. On the other hand, they are guided to change their concepts, and through training and seminars, teachers are guided to abandon traditional concepts and set up the educational concept of "big health". Due to the influence of traditional cultural concepts, many rural kindergarten teachers place too much emphasis on the inculcation of health knowledge and neglect the cultivation of healthy behaviors and comprehensive health literacy of young children. At the same time, because parents may have traditional expectations of education, focusing on the learning of traditional academic knowledge, the health of young children is only concerned about food, clothing, and warmth, ignoring the value of health education and the benefits of long-term development of the child, and thus the rural teachers to cater to the needs of parents, and even more neglect of their health education concepts of updating and transformation. In addition, in some rural areas, the traditional cultural concepts of health education for young children there is a certain degree of constraints, such as sexual education, mental health, and other aspects of avoidance. (Li, 2022) And causes rural teachers in

the attention to young children's health education more only recognize physical exercise, and lack of comprehensive understanding of health education. Therefore, to update rural early childhood teachers' health education concepts we can take the following measures: first, organize professional training and seminars, invite professional health education experts to conduct training for teachers, and share the latest health education concepts, methods, and resources. This helps to enhance teachers' professional knowledge of health education. Second, utilizing Internet resources to provide teachers with online learning opportunities, including distance training and webinars, so that they can access the latest health education knowledge anytime, anywhere. Third, establish health education teams: Health education teams are established in rural areas, consisting of professionals and experienced teachers who work together with other educators to share resources and experiences. These measures can help rural early childhood teachers improve their health education ability and update their educational concepts so that they can better adapt to the needs of young children and provide more effective support for health education.

2.2 Establishing an evaluation system for rural early childhood teachers' health education competence

Some teachers lack the willingness or ability to learn on their own and have a low awareness of the need for professional development, which makes their progress in the field of health education relatively lagging. Therefore, it is possible to establish a health education evaluation system for rural early childhood teachers, clarify the evaluation standards, make the teachers clear about the goals and requirements of rural health education through the feedback of the evaluation results, help the teachers to find the shortcomings and formulate improvement measures, stimulate the endogenous motivation of rural early childhood teachers, and form a virtuous cycle of continuous improvement. (Liang, 2022) Establishing an evaluation system helps to monitor and improve the health education capacity of rural early childhood teachers. The following are some suggestions for establishing an

evaluation system: first, clarify the evaluation objectives: determine the objectives of the evaluation system, and clarify the desired effects. This may include improving the health education knowledge of rural early childhood teachers, enhancing the diversity of teaching methods, and promoting healthy behaviors among rural young children. Second, determine the evaluation indicators: determine the specific indicators of the evaluation system, which may include the level of knowledge, teaching methods, student participation, parental satisfaction, and so on. Ensure that these indicators are consistent with the core objectives of rural early childhood health education. Third, develop evaluation tools: design evaluation tools for assessing the health education competence of rural early childhood teachers, which may include questionnaires, observation records, and instructional design assessments. The tools should be designed to specifically address the objectives and indicators. Fourth, multi-party participation in the development: In the process of establishing the evaluation system, multiple parties should be involved, including health education experts, rural kindergarten administrators, rural early childhood teachers themselves, and rural parents. This helps to ensure that the evaluation system is comprehensive and reasonable. Fifth, clarify the evaluation cycle: determine the periodicity of the evaluation, for example, once every school year or semester, so that problems can be identified and adjustments can be made promptly. (Li, 2020) Sixth, establish a self-evaluation mechanism: provide rural early childhood teachers with opportunities for self-evaluation so that they can reflect on their health education competence, and self-evaluation can be an important part of teachers' professional development.

2.3 Integrate rural early childhood health education resources

The lack of educational resources and facilities restricts rural early childhood teachers from carrying out more innovative activities in health education. Therefore, integrating rural early childhood health education resources can help rural early childhood teachers improve their health education ability. On the one hand, urban and rural resource sharing, with

the help of modern information technology, realize resource sharing and experience exchange between urban and rural early childhood teachers in health education, on the other hand, external resource introduction, and actively seeking support from external resources, such as inviting experts to give lectures or workshops to provide more learning opportunities. (Liang, 2017) To enhance the health education capacity of rural early childhood teachers, resource integration and sharing a very important parts. The following are some of the initiatives. First, establish an educational resource platform for rural health education by creating an online platform for teachers to upload and share resources such as lesson plans, teaching materials, and activity designs related to health education. This can provide teachers with a wider range of learning resources. Second, internal resource integration within kindergartens, establishing a resource-sharing mechanism within kindergartens to encourage rural early childhood teachers to share each other's experiences and teaching resources in health education. Third, professional community formation, creating professional communities for rural early childhood health education, including online forums or physical organizations that enable teachers to exchange experiences, share resources, and solve problems with each other. Fourth, community resources can be used: to expand cooperation with local communities to enrich health education activities with resources provided by community health institutions, social organizations, and so on. Fifth, cooperation in developing local teaching materials: kindergartens cooperate with local education bureaus to jointly develop health education teaching materials adapted to local cultures and characteristics, to improve the localization of resources. Sixth, introducing volunteers: professionals or university students are recruited as volunteers to provide additional health education support to those who have them, such as conducting special lectures and organizing practical activities. Seventh, establish cooperative networks: other rural kindergartens establish cooperative networks to jointly improve health education through distance training and resource sharing. These initiatives can provide rural kindergarten teachers

with more quality health education resources and promote the enhancement of their professional competence through various types of cooperation and reasonable integration based on establishing a rural health education resource-sharing platform.

2.4 Carry out rural kindergarten health education garden-based teaching and research and reflection

Encourage teachers to carry out regular health education teaching and research activities among themselves, and share teaching tips and successful experiences. Advocating teachers to conduct teaching reflection and summarize successful practices and problems encountered in health education practice can help rural kindergarten teachers to jointly improve their health education capacity. Carrying out garden-based teaching and reflection is an important way to improve the health education capacity of rural early childhood teachers. First, determine the objectives of garden-based teaching and research: Define the specific objectives of garden-based teaching and research, which may include improving the level of health education knowledge, improving teaching methods, and promoting healthy behaviors among young children. Second, form a teaching and research group: Form a specialized teaching and research group within the kindergarten, including teachers who specialize in health education, the kindergarten director, and possible outside experts, to form a cooperative research team. Third, determining research direction: discussing together within the group to determine the research direction of the garden-based teaching and research, which may include teaching methods, selection of teaching materials, and children's participation in specific health education topics. Fourth, collect information and literature: collect information and literature in the fields of education, psychology, health education, and other fields related to the research direction, to provide theoretical support for the garden-based teaching and research. Fifth, field observation and recording: Conduct field observation of the activity development process, record in detail the performance of teachers and children in the teaching process, as well as possible problems and room for improvement. Sixth, regular teaching and research

meetings: Regular teaching and research meetings are held to share teaching and learning experiences, discuss research progress, and solve problems encountered in health education teaching practice, to encourage rural early childhood teachers to learn from each other and grow together. Seventh, establish a long-term mechanism: incorporate health education garden-based teaching and research and reflection into the kindergarten's long-term development plan, so that it becomes a regular activity for kindergarten health education improvement. By carrying out garden-based teaching and research and reflection, rural early childhood teachers are able to gain an in-depth understanding of the teaching process of health education, discover problems and make timely adjustments, realize the continuous improvement of the quality of early childhood health education, and promote the enhancement of the health education capacity of rural early childhood teachers.

Conclusion

The health education ability of rural early childhood teachers is an important factor affecting the physical and mental health development of rural young children. The health education competence of rural early childhood teachers can be effectively enhanced through strategies such as updating education concepts, establishing a health education competence evaluation system for rural early childhood teachers, and integrating rural early childhood health education resources. At the same time, the government, education department, and society should work together to provide more support and opportunities for rural early childhood teachers and promote the balanced development of urban and rural early childhood health education.

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Conflict of Interest

The author declares that she has no conflicts of interest to this work.

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