

# Pre-school health education in Hungary

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Health education is not usually considered a part of children's pre-school experience. However, since education is a continuing process, should it not begin as early as possible? Also, for work at school to flourish, it needs to be based on a certain level of skills and abilities already acquired by the child in its home life and perhaps in pre-school institutions.

In Hungary, children start primary school at the age of 6. Mothers may stay at home with their children up to the age of 3, with some State support and the possibility of returning to their job after-

wards. There is a nursery care scheme, although few people use it. Between the ages of 3 and 6, however, over 90% of children go to kindergartens, and it is planned that attendance will be universal in a few years' time. This article is about health education in the kindergarten.

### A national kindergarten scheme

The kindergarten is closely integrated with the nursery and primary schools to which it relates. Children are grouped by age, with a maximum class size of 25. There is a nationwide programme for pre-school kindergarten education, which has been revised quite recently, and is designed to promote healthy development and establish a healthy life-style. It outlines the physical requirements — garden, classrooms and their equipment, toilet facilities, and so on, and also contains a daily programme of activity and rest periods, and mealtimes. This is to

ensure that the children have the right variety of activities, and is not meant to be a rigid timetable. Diet, outdoor activities, care in dressing, and personal hygiene must all be considered.

Although at the beginning of kindergarten schooling the teacher has to play a very directive part, the child's preparation for "independence" begins as early as possible. It must not be forgotten how important is the adults' example, both at home and at school, and co-operation between the two is important. Both contexts have an influence, and parent/teacher meetings, or even home visits, may be helpful.

While the kindergarten education programme gives some suggestions about the level that should be attained by the end of each educational year, the children's individual differences must be taken into account. Also, it is essential that each child understands the reasons behind the training, so that, although these health-related behaviours become automatic, they are not mechanical. The "pastoral care" aspect of health education is, perhaps, best suited to the kindergarten level, and is far more appropriate here than in primary schools.

The effectiveness of pre-school health education can be evaluated both by observing the behaviour of kindergarten children themselves, and by noting whether their good habits persist into the primary school. Evaluation in the kindergarten may also include setting tasks and conducting interviews, as well as verbal questionnaire work. Role play with toys can also reveal some elements of health care.

### Levels of health awareness

We became interested in the level at which different habits are formed, so we studied various groups of children from 3 to 7 years of age. We examined their behaviour with regard to care of teeth, hand-washing, use of handkerchiefs, general body care, and other habits and their food choices. We also sought their views about health and illness. The answers often revealed, indirectly, interesting sidelights regarding the health

education of parents and kindergarten staff! Groups were compared by sex, as well as by home location.

It was interesting to discover that mental development did not seem to be of decisive importance in determining the children's health related behaviour. This was investigated by studying disadvantaged children (from gipsy families, or those in care) who had received similar education to those in the kindergartens. This suggests that the teachers themselves are in a powerful position to influence the general level of health awareness.

In our country regular visits by district paediatricians and nurses to kindergartens, not only to participate in teaching but to advise the teaching staff, is an important preventive task. Health education at this age group is also monitored by hygiene and health education specialists. Nevertheless a paediatrician can contribute to health education more effectively by taking into account aspects of the child's life both at school and at home. Health education in kindergartens has supplied the opportunity for a much needed co-operation between teachers and medics.