Factors Influencing Participation of Children in Early Childhood Development and Education Programme in Bungoma South Sub-County, Bungoma County – Kenya

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Abstract

The purpose of the study was to investigate factors influencing participation of children in the ECDE programme in Bungoma South Sub-county of Bungoma County. Early childhood care and education programmes yield greater investment returns than any other level of education yet it is the age at which children are most vulnerable to life threats like disease, abuse and neglect. This study was guided by the objectives: To examine the influence of common ailments, teachers' motivation and School Feeding Programme on participation of children in the ECDE programme. Systematic Random Sampling was used to identify 21 ECDE centers to be included in the study and 2 teachers from each centre involved directly as respondents. Data collection was done using questionnaires; collected data was further organized into themes then frequencies and percentages obtained. The information was presented on tables to make its interpretation clearer. Results obtained showed that absenteeism rate of 3% - 5% daily in the ECDE centres was due to common ailments; the highest satisfier for ECDE teachers was their good social relationship with other ECDE stakeholders while their highest dissatisfiers were their social status and remuneration; and, the feeding programme was very effective(88%) in enhancing enrolment and daily attendance of children. Based on the findings, the study concluded that childhood diseases affected children to the extent of them missing important school hours; the ECDE teachers' motivation was generally low due to poor remuneration and the status accorded to them and finally, School Feeding Programmes enabled smooth transition from home to pre-school since it acted as a bridge between home and school. The study recommends that local communities be empowered economically to afford nutritious food and medical services for their children; a clear Scheme of Service for ECDE teachers be put in place stipulating their remuneration and School Feeding Programme be availed in every ECDE centre without fail.

Key terms: *Participation, Sanitation, Immunization, Motivation, Retention.*

1.0 Introduction

The Early Childhood Development and Education(ECDE) programme which caters for children between 0-8 years of age is crucial for holistic development of children since it lays a foundation for primary, secondary and further education exposing children to various experiences that enhance their development preparing them for higher level professions and ultimately helping them lead better lives (Peru, Cueto, 2005). In the developing economies, the programme is largely provided by the communities themselves, local authorities, Faith Based Organizations (FBO), and individuals. According to Ahmed (2003), Bangladeshian children affected by hunger and malnutrition as well as ill health did not have the same potential to do well at school in comparison with well nourished and healthy children. In addition, Ahmed (2003) points out that poor health and malnutrition lowers children's cognitive development and performance, reduces their capacity to participate in learning activities or both.

According to Del-Rosso (1999), the National School Nutrition Programme (NSNP) in South Africa aims at fostering better quality education by enhancing children's learning capacity, encouraging regular attendance and punctuality, decreasing gender disparity, addressing micro-nutrient deficiencies and

alleviating short term hunger by providing 30% of daily energy requirement for the child. Del- Rosso (1999) argues that the minimum policy is to feed all grades from R (pre-school) to grade 7 for 196 school days per year. In addition, Agarwal et.al. (2003) advices that menus should provide at least 20% of the recommended dietary allowances for energy, protein, calcium, zinc, iron and vitamin A. Agarwal et. al., (2003) insists that a meal must be served before 10:00 am to enhance the learning capacity. Common ingredients in South African school meals include beans, rice, canned fish, soya, fortified maize meal, fortified bread, fruits and vegetables.

In a survey of primary school children in a rural area in Kwa Zulu-Natal, Grantham-McGregor (2005) revealed that a great number of children had persistent micronutrient deficiencies including inadequate vitamin A status (40%), anaemia (28%) and iodine deficiency (97%). Malnutrition is therefore one of the main causes of childhood ailments. If children are not given the right combination of food , they are likely to fall sick and suffer from deficiency diseases like kwashiorkor, marasmas, scurvy, rickets, night blindness to mention but a few. WHO, (2007) claims that the other main cause of childhood ailments is infection by pathogens like bacteria, fungi and viruses. This mainly results due to poor sanitation or environmental hygiene where food and water gets contaminated by the said pathogens (food and water born diseases), healthy skin comes into contact with infected skin (contact-borne diseases) or a healthy person inhales pathogens from an infected person (airborne diseases). Kent(2004) in Geneva illustrates that lack of safe water, sanitation and hygiene education contributes to diarrhea, cholera, pneumonia and worm infestations which are killers of children under age 5; hence MDG No. 7, seeks to half the proportion of people without access to safe water, proper sanitation and hygiene. Whatever the cause of the ailment, the final impact on the ECDE child's participation in activities is significant; it may have an influence on the child's attendance, performance of class activities, interaction with others, cognitive growth and final transition to primary school i.e. participation. In his speech, Mzee Jomo Kenyatta, while outlining KANU election manifesto blueprint in 1969, indicated that only healthy children could fully utilize the opportunities provided by schools to fully develop their intellectual potentiality. (KANU manifesto 1969).

Children have a right to care that would lead to their holistic development (UNCRC, 1989, OAU 1990 and Republic of Kenya, 1998). To secure this right the conditions necessary for optimal development of children need to be secured within children's environments among which are ECD centres (Bronfenbrenner 1989). To attain this, communities need to focus on some important aspects of the preschool environments including teachers' working conditions, salaries, interpersonal relations and the physical learning environments. Gardner et.al.,(1993), in a study conducted in Canada claim that teachers play a critical role in children's development but their effectiveness largely depended on the existing levels of motivation. To enable ECDE stakeholders prioritize the areas that require urgent intervention in ensuring the conditions necessary for optimal participation and development of children, there is need to establish the extent to which preschool teachers are motivated, as well as the factors that motivate them(Ndani and Kimani, 2010).

According to Okwach (1997), the pre-primary education sub-sector received no funding at all from the government under the Education Development Expenditure until 1997 where it was allocated a mere K£ 2,150,000. Under the recurrent expenditure the sub-sector was allocated K£ 290,000 only. Though currently the Count Governments' involvement in the ECDE sub-sector is increasing, they have not come out strongly in terms of funding pre primary education. For instance, the Ksh. 1.6 billion mentioned in the 2009/10 National Budget Estimates to employ ECDE teachers has not been actualized to date. This may be the reason for reduced enrolment in ECDE training colleges currently. Compared to the primary education sub-sector funding, the government has treated pre-primary education rather casually, leaving a big burden to the community and parents in feeding and providing the physical infrastructure to ECDE children.

2.0 Methodology

Descriptive survey research design was employed in this study because it was useful in the collection of original data from a population which was fairly large to observe directly. The target population was ECDE teachers in the Sub-county. The entire sub-county has about 210 ECDE centers (public and private) with an average of 2 teachers each thus the target population comprised of 420 ECDE teachers.

Bungoma south Sub-county comprises of three clusters or educational zones namely Municipality (110 ECDE centers), Sanga'lo (54 ECDE centers) and Mwibale (56 ECDE centers) . Through Systematic Sampling 10% of ECDE centers were taken to form a sample (Mugenda and Mugenda 2003). This was done by taking every 10th centre from the Municipality, Mwibale and Sang'alo zone's list of ECDE centers generating 11 centers from the municipality zone and 5 centers each from the Mwibale and Sang'alo zones. Two teachers from each center formed the sample required comprising of 42 ECDE teachers.

Questionnaires with both closed and open ended questions titled "Questionnaire on factors influencing participation of children in the ECDE programmes in Bungoma South Sub-county of Bungoma County" were used to obtain information from 42 ECDE teachers. The Likert scale type of questionnaire was also employed on some respondents.The pretesting of the questionnaires was done in five ECDE centres in the neighbouring Bumula Sub-county.

Written consent from the National Council for Science and Technology was obtained to authenticate the carrying out of the study in the office of the sub-county commissioner and the head - teachers of ECDE centres involved. Confidentiality and principles of anonymity were upheld and respondents clearly informed about the purpose of the study they were about to participate in so as to boost their confidence in providing adequate and accurate information.

Qualitative data was first organized into themes, then descriptive statistical method used after frequencies and percentages were calculated from the data obtained. This information was presented on tables to make its interpretation easier and clearer.

3.0 Results and Discussion

The study focused on the influence of common ailments, ECDE teacher motivation and School Feeding Programme on participation of children in ECDE programme in Bungoma South Sub-county, Bungoma County-Kenya.

It was established that majority of the ECDE teachers (52.4%) were between 26 – 35 years of age. No teacher in the sampled group was over 50 years of age. If given an enabling environment including adequate motivation, majority of the teachers were middle-aged and thus strong enough to deliver on their mandate. According to Ndani and Kimani (2010) relevant strategies should be geared towards motivating teachers and providing a child friendly environment in Kenyan ECDE centres. Similarly, Makoti (2005) agrees that key factors influencing ECDE teacher motivation need to be investigated in order to guide communities in areas where they need to concentrate their efforts since most teachers worked in an "unhealthy psychological work environment" without clear terms and conditions of service.

When asked about their experience in service, majority of the teachers, 47.6%, had an experience of between 11 – 15 years which was not very small; thus this study raises the question of whether teaching experience of an ECDE teacher had any influence on participation of children in ECDE or not. Teachers who have been in the field for over 10 years are expected to enhance participation since they understand children and can handle them better. Training at diploma and degree level for the sampled teachers was 23.8% and 2.4% respectively. Majority of the teachers,69% ,were ECDE certificate holders. Abagi (2008) asserts that since

ECDE teachers have only been trained upto certificate level, they taught children basing on the primary school pedagogy which emphasized reading and writing rather than promoting holistic development and school learning readiness. According to Read, Garder and Mahler (1993) teachers have been found to play a critical role in children's development; their effectiveness depends on their level of training as well as levels of motivation.

Majority of the ECDE centres (40.5%) had an enrolment of between 40 – 60 children. Those with more than 100 children (9.5%) were centres attached to public primary schools some of which had basic facilities like classrooms and trained personnel. They however faced the problem of congestion and the facilities available were strained. Most of the centres with fewer children (less than 40) were private institutions managed by individuals or Faith Based Organizations (11.9%). They also however, faced the same challenge of strained meager facilities and lowly motivated teachers.

Based on the marking of the Daily Attendance Register by teachers, 52.4% of the children missed school for 3 – 5 days per week while 47.6% were absent for 0 – 2 days per week. However, it was very rare to have all children present in school every day. This meant that some children missed school daily due to one reason or another thus interfering with smooth running of programmes and acquisition of concepts by children.

(i) Common ailments and Participation of children in ECDE

ECDE teachers were asked to mention the most common ailments among children at their ECDE centres. Their response, in order of prevalence was; Malaria, commom cold, chicken pox , diarrhea, jiggers infestation and measles. Malaria was the most prevalent disease (33.3%) among children especially during second term of the year when there was much rain and maize plantation bushes. Outbreaks of measles and chicken pox (and occasionally mumps) spread very quickly among children who closely interacted with each other. Diarrhea (14.3%) and the jiggers menace (11.9%) may have resulted from low hygiene standards both at home and in school. Common cold and other allergic reactions by hypersensitive children occurred due to change of weather or consumption of foods to which the children were allergic yet the teachers were not aware. Over 80% of children in ECDE centres were affected by one or more of these ailments at one point or another in the course of the year. This heavily interfered with their coming to school (attendance) and active participation in learning activities especially play as also indicated by Del – Rosso (1999) in his report in the National School Nutrition Programme in South Africa. Pruss (2005) asserts that infestation with soil transmitted worms, inadequate sanitation and hygiene (which result in diarrhoea) can be prevented through deworming services and hygiene education to prevent re-infections and re-exposure.

Most ECDE teachers agreed that childhood ailments influenced participation of children in school activities to a very great and great extent (71.5%).WHO (2007) also claims that the main cause of childhood ailments was infection by pathogens due to poor sanitation Asked to explain their responses, most teachers (71.5%) claimed that sick children hardly came to school and even if they did, they were dull and less active in learning activities, especially play. To minimize incidences of illness, teachers questioned suggested that parents ought to be sensitized on common childhood ailments and advised to seek medical intervention for their children early enough. This, they said, would lower absenteeism rate and enhance participation of learners in school programmes. This agrees with the National Nutrition Survey (2010), which revealed that high rates of diarrhea, acute respiratory infection and fever contributed to high rates of malnutrition resulting in lowered enrolments and absenteeism. Hutton and Haller (2004) claims that many children miss millions of school hours due to diarrhea while Hall et. al., (2008) points out that the worm burden in children contributes to much absenteeism.

Majority of ECDE centres, 78.6% obtained water from a borehole in the school compound or in the neighbourhood. Though all ECDE centres had some source of water, most of them did not achieve adequate water, sanitation and hygiene (WASH) standards for the water to be safe for pupils. There was a strong indication that many centres were far from safe water sources like springs and streams thus had to spent considerable amount of time to reach the water. This interfered with class time and is in agreement with a Banglandeshian study by UNICEF (2006) which showed a 15% increase in attendance when water was available within a 15 minute walk compared to an hour or more. Kent (2004) claims that water, sanitation and hygiene (WASH) in schools enhances children's participation and is significant in achieving MDGs related to universal access for primary education, child mortality reduction and increase in gender equality.

Only 16.7% of the ECDE centres had all their children fully immunized.. Majority (52.4%) had only done it halfway thus predisposing their children to life threatening, yet immunizable diseases like measles,polio, chicken pox and whooping cough. Abagi (2008) claims that immunization follow-ups and Growth Monitoring and Promotion (GMP) was not known to many Kenyan ECDE teachers and that the latter did not maintain proper health records. This resulted in children remaining sick for long periods and missing many valuable school hours.

(ii) Teachers' motivation and Participation of children in ECDE

High satisfiers for teachers were: their relationship with children (92.9%), their relationship with school management (76.2%), their relationship with the community (81.0%) and the number of children in their classes (71.4%). Disatisfiers included: Teachers' status in the sub-county, (85.7%), physical conditions of the schools (83.3%), supply of teaching materials (85.7%), parents' expectations of their children's performance (76.2%) and the salary they received (95.2%). The good social relationships were very important in motivating teachers. Ndani and Kimani (2010) agree strongly that Interpersonal relationships such as ECDE teachers' relationship with the children, parents, school administration and each other were very important motivators since they provided a conducive environment for children to develop psychosocially.

Qualities like well maintained classrooms, enough play ground, hygienically kept compound and adequate sanitation measures described the physical and social environments preferred by most ECDE teachers. Unfortunately, many ECDE centres in the sub-county fell short of the above criteria. This coupled with unavailability of equipment and low supply of teaching/learning materials contributed to teachers' dissatisfaction with the physical infrastructure/conditions in their centres. Sanitary facilities and play equipment were in bad shape in many public and community ECDE centres and unsuitable for learning and safety of young children. They did not meet the Early Childhood Development Service Standard Guidelines. Classrooms were less than 8 x 6 metres and in dilapidated condition (Akwach, 2008).

In terms of number of working hours per day, most of the ECDE teachers in centres attached to public primary schools were contented since they only worked for about 6 hours per day. Their counter parts in privately owned ECDE centres were forced to remain in school up to about 3.00 p.m in the afternoon and were heavily supervised by the school administration in order to produce results. The latter may have felt over – worked yet underpaid and seemed to always have a bone of contention with their administrators. This greatly affected their performance and in turn children's' participation in ECDE.

Teachers' remuneration was very poor with some receiving as little as Ksh. 500 up per month. This pay was also irregular thus demotivating many teachers. A few private school owners in big towns paid teachers to the tune of Ksh. 10,000 per month, claims Abagi (2008). Only teachers in two ECDE centres (4.8%) were satisfied with the salary they received. They probably were paid better and on time. They may also have been enjoying fringe benefits from the school like accommodation, free snacks and chances for

capacity building. These are mostly centres run by faith based organizations and private companies in the sub-county.

Finally, many teachers (76.2%) were dissatisfied with the parents' expectation of their children's performance. Many parents were too ambitious and expected their children to achieve language and mathematical competencies too soon. Teachers found such parents unrealistic and were therefore often demoralized.. The need for care that would lead to the holistic development of the child is appreciated globally and a corresponding right granted (UNCRC 1989, OAU 1990 and the Republic of Kenya, 1998). According to Bronfenbrenner, (1989) to secure the right conditions for optimal child development, communities need to focus on pre – school environment including teachers' working conditions, salaries, interpersonal relations and the physical learning environments. The effectiveness of teachers depends on the existing levels of motivation (Read, Gardner and Mahler, 1993).

(iii) School Feeding Programme and Participation of Children in ECDE

Some 40.5% of the teachers indicated that the ECDE centres did not prepare meals in school. Some children went home for meals at noon or carried some packed snack to be taken at breaktime. This was especially the case in urban centres where parents packed some snack for their children since they (parents) knew what their child(ren)'s tastes were. This is in agreement with Abagi (2008) who asserts that children in town centres usually carried 2 – 3 pieces of biscuit or 2 slices of bread. Some carried a packet of chips and soft drink or juice. However, the storage condition for these food staffs was very poor, if not a health hazard. Most centres did not have a kitchen or storage facilities. Some children however, came to school without any snacks yet the school offered none. This was attributed to poverty/lack of food at home. Such children were unable to concentrate in class and were susceptible to malnutritional diseases.

Some 59.5% of the teachers agreed that children had meals in school even if it was the break time snack alone. This snack mainly consisted of maize meal porridge that was taken as a common meal provided through the parents' contribution of cash or maize. This was more common in rural based ECDE centres. The snack was not available throughout the year in some centres as some parents did not provide the maize floor nor pay for it during some months of the year (November - May). According to Abagi's report in 2008, 57% of ECDE centres in Nairobi provided porridge for their 3 – 5 year old children while 50% did the same in the then North Eastern province. In other provinces the percentages of ECDE centres that provided a snack for children was as follows: Coast – 30%, Rift valley 42%, Nyanza 43% and Central 47%. From these figures, it means that many ECDE centres (over 50%) did not provide snacks for their children totally or even partially. Many parents could not afford a balanced diet comprising of enriched porridge, beans, rice, meat and fruit as seen in a few private ECDE centres attended by children from affluent families. This greatly affected children's active involvement in class and resistance to diseases.

4.0 Conclusion

Most ECDE centres had enrolments that were too high compared to the available facilities. The latter were overstrained due to large numbers of children who were congested in them. Due to sharing of sanitary units with the adult members of the school, the children risked being contaminated during toileting thus quick spreading of infections. Some ECDE centres never took any precautionary measures to ensure water was safe for drinking and some parents did not ensure complete immunization for their children; thus childhood diseases including immunizable ones affected children for a long time making them miss school hours. The consequences of this included inability to qualify to transit to the next level, repetition and insufficient involvement in learning activities by the children.

The ECDE teachers' motivation was generally low mainly because government had not mainstreamed them in the remuneration offered to other teachers; they were left under the mercy of poor parents who could not afford to pay them or under selfish private centers' proprietors who over-worked yet under paid them for the essential services offered to children. The low status accorded to ECDE teachers in the district, the dilapidated physical conditions of the schools and very high expectations of children's performance by parents played a big role in lowering the spirit of most ECDE teachers. Though the transition rate was above 50%, other factors like age attainment and pressure from parents caused it rather than qualification of children. The dissatisfied teachers therefore had very little morale to work thus affecting participation of children in learning activities and in achieving the set goals.

The ECDE centres that organized the School Feeding Programme (SFP) had enhanced enrolment and daily attendance by children. The SFP created a conducive environment for smooth transition from home to pre-school since it acted as a bridge between home and school. Involvement in learning activities like play was very low in centres that did not provide some meal or snack for children since some children did not have breakfast at home and relied on the meal in the school. High poverty levels among parents and inadequate Water Sanitation and Hygiene (WASH) conditions posed a great challenge to the sustainability of S.F.P in many ECDE centres in Bungoma South Sub-county.

5.0 Recommendations

The following are recommendations made from the findings herein:

To keep children healthy, communities should be empowered economically through microfinance projects that improve agricultural production and small scale industry so that many of its members live above the poverty line and are thus able to provide nutritious food for their children, access medical services and put in place adequate water, sanitation and hygiene conditions. This will lower the incidences of malnutrition and poor sanitation – related diseases thus giving children a chance to participate in ECDE adequately. The officers in medical facilities should increase sensitization to young parents attending ante-natal clinics on the importance of the 'Early years' of their children so that they can be in a position to reduce illness among children who are at a critical age of growth and development.

On teacher motivation, efforts should be made by the national and the county governments to enhance ECDE teacher motivation through putting in place a scheme of service for them so as to provide a basis for them to access the County Government Public Service Board pay roll. The government and private ECDE practitioners should endeavor to improve the low status accorded to ECDE teachers in the sub-county by painting the ECDE sub-sector a better image than the present one; commitment from the Bungoma County Government should be seen through allocating ECDE financial and other resources to provide Teaching/Learning resources and improve infrastructure at ECDE centres.

As a matter of policy, School Feeding Programmes must be organized by the school managements and properly implemented in all ECDE centres. Availability of SFP will enhance smooth transition from home to school and improve enrolment and attendance of children. Common meals that are nutritionally balanced and adequate should be prepared in school for all the children present and served at an appropriate time. Individually packed snacks should be discouraged by the school management to minimize food contamination and stratification of children based on their economic backgrounds.

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