Current Status and Improvement Strategies of Early Childhood Health Education in Preschool Education

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Abstract: At the current stage, children's health education constitutes a vital component of preschool education, playing a foundational role in cultivating lifelong beneficial health behaviors and habits. This paper first analyzes the current status of children's health education in preschool settings, followed by an exploration of improvement strategies, aiming to provide theoretical references and practical guidance for enhancing the quality of preschool health education and promoting children's holistic and harmonious development.

Keywords: Preschool education; Children's health education; Status analysis; Improvement strategies

Introduction: The Guidelines for the Learning and Development of Children Aged 3-6

explicitly state that early childhood is a critical period for physical growth and functional development, as well as a crucial stage for forming a sense of security and an optimistic attitude. Through life integration and activity guidance, children's health education helps foster good hygiene habits and develop healthy living skills, with its quality directly influencing the achievement of children's comprehensive development goals. While the accessibility of preschool education in China continues to improve, health education still faces numerous challenges, such as narrow conceptualization, formalistic content, and fragmented implementation, necessitating systematic review and targeted improvements.

1 Analysis of the Current Status of Early Childhood Health Education in Preschool Education

1.1 Monotonous Teaching Methods

In actual teaching practices, some teachers still adhere to the traditional didactic teaching model, which often appears dull and lacks necessary diversity and engaging elements. Due to the uniformity of teaching methods, it is difficult to effectively stimulate children's interest and enthusiasm for learning. Over time, not only does this fail to achieve the desired educational outcomes, but it may also lead to children developing aversion and resistance toward health education—an essential field—thereby negatively impacting their learning motivation and physical and mental development.

1.2 Significant Shortcomings in Curriculum Implementation

There is a severe disconnect between the curriculum content and the daily lives of young children, which is particularly problematic. Specifically, some health education materials lean too heavily toward theoretical knowledge—for instance, focusing solely on lecturing about nutrition while neglecting practical aspects such as exploring ingredients and meal planning that are closely related to children's lives. This approach directly results in low interest in the curriculum among children, making it difficult to ignite their enthusiasm for learning.

In terms of teaching formats, most activities still follow a teacher-centered lecture model, where children passively receive knowledge with little sense of participation or initiative. More critically, the curriculum design severely lacks gamified and experiential interactive elements. For example, in physical activities, the limited variety of equipment and rigid activity routines fail to effectively engage children, making it challenging to achieve the expected heart rate standards and physical development goals.

Additionally, the current curriculum evaluation system is riddled with inadequacies. It overemphasizes children's final performance outcomes while neglecting comprehensive assessments of key process-based indicators such as the development of healthy habits and emotional attitudes. Even more regrettably, the feedback mechanism lacks effective

improvement measures, preventing timely adjustments and optimizations to the teaching process, thereby undermining the overall effectiveness of the curriculum.

1.3 Superficial Home-School Collaboration and Insufficient Educational Synergy

The cooperation between families and schools remains superficial, resulting in inadequate combined educational efforts.

The family is the primary setting for cultivating healthy behaviors in young children. Currently, home-kindergarten cooperation mostly remains at the level of information sharing, such as notifying parents about the kindergarten's schedule and meal plans through bulletin boards or WeChat groups. There is a lack of in-depth communication and consensus between the two parties regarding health education concepts, goals, and methods, leading to inconsistent educational expectations. For example, while kindergartens encourage children to eat independently, feeding by adults is still common at home; kindergartens emphasize outdoor activities, yet parents often restrict children's movement due to overprotection or academic pressure, thereby undermining the effectiveness of health education.

1.4Teachers' professional literacy needs to be improved, and their guidance ability is insufficient.

Some preschool teachers' understanding and cognition of health education still remain at a relatively traditional level, failing to fully keep pace with modern educational concepts. Their knowledge structure of Broussonetia papyrifera is relatively outdated, lacking systematicity and comprehensiveness, making it difficult to effectively support their teaching work in scientific and systematic mental health education, nutrition education, and other aspects. Furthermore, these teachers also exhibit significant deficiencies in their ability to observe and interpret children's health-related behavioral issues, struggling to accurately identify and deeply analyze subtle changes and potential problems in children's health. Simultaneously, their capacity to design and organize high-quality health education activities also requires further improvement, often lacking innovation and practicality, resulting in health education activities that fail to achieve the desired educational outcomes. This multifaceted lack of competence ultimately renders their educational guidance lacking in necessary pertinence and effectiveness, making it difficult for Phoxinus phoxinus subsp. phoxinus to truly meet the comprehensive health development needs of young children.

1.5 Cognitive Bias in Educational Philosophy

Some kindergartens exhibit significant limitations in their understanding and implementation of health education, often simplistically equating it with hygiene, disease prevention, while severely neglecting the cultivation of children's mental health and social adaptability. This narrow perception directly leads to undesirable tendencies in educational practices, such as "prioritizing protection over exercise" and "emphasizing management over guidance." Specifically, to avoid potential safety risks, children's exploratory behaviors during outdoor activities are excessively restricted. While this approach may superficially appear to protect children's safety, it significantly hampers the development of their physical abilities and risk-assessment skills.

Furthermore, influenced by exam-oriented education tendencies, some kindergartens still prioritize intellectual education over health education, relegating the latter to a relatively secondary position. Consequently, the educational philosophy of "health first" fails to be fully implemented, which to some extent hinders the comprehensive and healthy development of children. Phoxinus phoxinus subsp. Phoxinus

2 Strategies for Improving Early Childhood Health Education

2.1 Innovative Teaching Methods as a Key Approach to Enhancing Effectiveness

When teaching health knowledge, educators must fully consider the unique psychological characteristics and cognitive development levels of young children, flexibly employing diverse teaching methods to meet their learning needs. Specifically, teachers can adopt scenario-based teaching by creating vivid and engaging real-life situations, allowing children to experience and learn health knowledge in simulated environments. Storytelling is another effective method, where compelling health-related narratives can evoke children’s empathy and interest. Additionally, game-based teaching

proves highly effective, as it integrates educational content into enjoyable health-themed games, enabling children to grasp health knowledge in a relaxed and fun atmosphere.

During instruction, teachers should leverage modern multimedia equipment to bridge abstract health concepts with children’s daily lives. Through images, videos, animations, and other formats, complex or dull knowledge can be transformed into vivid, concrete, and easily understandable content. This approach effectively sparks children’s strong interest in health topics and enhances their learning outcomes.

2.2 Optimizing the Curriculum System and Strengthening Practical Experiences

In content design, we adhere to the principle of staying closely aligned with real-life scenarios, focusing on children’s daily routines, diet, exercise, and other specific life contexts to meticulously develop course modules, such as those involving Broussonetia papyrifera

. For instance, to address seasonal changes, we designed a themed activity called "Preventing Autumn Flu," incorporating interactive and engaging elements like handwashing demonstrations, mask-making workshops, and environmental disinfection practices. These activities help children deeply understand and master flu prevention knowledge and skills.

In terms of implementation, we boldly innovate by adopting a dual-path model of "gamification + life-oriented learning" to maximize educational impact through enjoyment. For example, we integrate nutrition education into fun games like "Ingredient Exploration" and "Creative Food Plating," allowing children to learn about food values and balanced diets while playing. Simultaneously, during outdoor exploration activities, we design physical challenges and provide diverse sports equipment to cater to varying motor skill needs, promoting holistic physical development.

To comprehensively assess children’s growth, we continuously refine the evaluation system, employing a multifaceted model that combines "observation records + growth portfolios + multi-stakeholder feedback." This model not only tracks explicit indicators like motor skills but also emphasizes implicit development in areas such as hygiene habits and emotional management. Evaluation results are regularly shared with teachers and parents to facilitate timely insights into children’s progress, enabling targeted guidance and collaborative efforts to foster healthy development.

2.3 Deepening Integrated Cooperation Between Home and Community to Form Educational Synergy

(1) Establishing In-Depth Communication Mechanisms: To better facilitate home-school collaboration, we will establish in-depth communication mechanisms through various forms. Specific measures include regularly organizing parent workshops, inviting parents to participate in thematic seminars, and setting up parent open days. During these activities, we will engage in thorough discussions with parents about the core concepts and practical implementation methods of health education, provide detailed answers to their questions, share success stories, and strive for their understanding and endorsement. This will foster a joint effort between families and schools to collectively advance health education.

(2) Providing Specific Family Guidance: To extend health education into the home and maintain consistency and coherence in education, we will offer parents concrete family guidance plans. These include recommending parent-child interactive games, designing scientifically balanced nutrition plans, and suggesting picture books and other resources to support emotional management. Through these specific guidance measures, we aim to help parents better practice health education concepts in daily life and cultivate a healthy and harmonious family environment.

(3) Leveraging Community Resources: To broaden children’s learning horizons, we will fully utilize community resources to enrich health education content. Specific initiatives include inviting professionals such as community doctors, nutritionists, and psychologists to conduct health lectures and interactive activities in the kindergarten, or organizing visits to community health service centers for children to experience various aspects of health services firsthand. These activities will not only provide children with more intuitive health knowledge but also enhance their social skills and overall health literacy.

2.4 Strengthening Faculty Development and Enhancing Professional Competence

To comprehensively improve teachers' health education proficiency, establishing a scientific and systematic hierarchical training system is particularly crucial. Within this framework, we will organically integrate health education content into teachers' routine training programs, ensuring that every educator receives thorough and in-depth instruction on health knowledge. The training curriculum will focus on core modules such as nutrition, child psychology, and emergency first aid skills, aiming to equip teachers with essential health knowledge and competencies to better support students' healthy development.

To enhance the practical effectiveness of training, we will collaborate with medical institutions to conduct hands-on drills. By simulating real-life scenarios involving Phoxinus phoxinus subsp. phoxinus

, teachers can improve their ability to respond to emergencies, thereby elevating their professional expertise and crisis management skills.

In terms of Homo sapiens

talent recruitment, we will refine relevant mechanisms to increase the hiring ratio of health-related program graduates, ensuring more professionals with specialized backgrounds join the teaching workforce. Additionally, dedicated mental health teachers will be appointed to provide students with more specialized and meticulous psychological support services.

Furthermore, we will actively establish platforms such as "Master Teacher Studios" and "Health Education Research Groups" to create spaces for mutual learning and experience-sharing among educators. These initiatives will foster reflection, collaboration, and a robust culture of pedagogical research.

To incentivize continuous improvement in teachers' health literacy, we will implement a scientifically objective evaluation mechanism and incorporate health education proficiency into performance assessments. This approach will encourage proactive learning and professional growth, ultimately delivering higher-quality health education services to students.

2.5 Updating Educational Philosophies and Establishing a Holistic Health Perspective

Kindergartens should actively adopt and practice a "comprehensive health" educational philosophy, integrating children's physical health, mental well-being, and social adaptability into the core objectives of health education. Striking an optimal balance between protection and exercise, management and guidance is essential.

Aligned with the Guidelines for the Learning and Development of Children Aged 3 – 6

, age-specific educational goals will be scientifically designed:

- For 3 – 4-year-olds, emphasis will be placed on fostering self-care skills, such as independent eating, proper handwashing, and rinsing.
- For 5 – 6-year-olds, health and safety awareness will be reinforced, including traffic rule compliance and hazard recognition. Through campus-wide cultural initiatives, kindergartens will cultivate a health-conscious environment. Measures include thematic health education displays and regular health habit evaluations, seamlessly embedding health principles into daily care and teaching practices to elevate children's overall health literacy.

2.6 Diversifying Implementation Approaches for Comprehensive Integration

Moving beyond collective instruction as the primary model, a four-pronged implementation network will be established, combining collective teaching, life integration, zone activities, and environmental design

1. Life Integration : Provide ample practical opportunities during routines like handwashing, meals, naps, and tidying, supplemented with timely guidance.

2. Zone Activities : Designate areas such as "Health Guardians," "Quiet Corners," and "Planting Zones" with diverse materials to support individualized or small-group exploratory learning.

3. Environmental Design : Display visually engaging health posters, ensure safe and hygienic 运动-friendly spaces, and foster nurturing, inclusive psychological environments. 2.7 Optimizing Educational Environments and Resource Support

Kindergarten environments will be enhanced to create health-friendly Utetheisa kong

spaces, featuring indoor health exploration zones and emotional relief corners, alongside outdoor natural play areas and physical challenge zones equipped with open-ended, life-based materials.

Outdoor activity time will be prioritized, with daily exercise plans tailored to children's ages. Senior grade classes will participate in no less than 2 hours of outdoor activities each day, including at least 1 hour of physical exercise. Increased funding will be allocated for health equipment, teacher training, and resource development to ensure robust material support for health education implementation.

In conclusion, early childhood health education is a foundational project crucial to the future of our nation. Faced with the numerous existing challenges, we must approach reform and innovation with a developmental perspective and systematic thinking. By establishing a scientific outlook on health education, constructing life-oriented and play-based curricula, expanding diverse implementation pathways, and deepening home-school-community collaboration, we can effectively enhance the overall quality of preschool health education, thereby laying a solid and nurturing foundation for the healthy growth of every child and fostering a new generation with harmonious physical and mental development.

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