

**Midlands State  
University**  
Established 2000



**FACULTY OF EDUCATION**

**DEPARTMENT OF EDUCATIONAL FOUNDATION**

**THE EXTENT TO WHICH SAFETY AND HEALTH IS PROVIDED IN ECD  
LEARNING ENVIRONMENT IN URBAN SCHOOLS IN BULAWAYO  
METROPOLITAN PROVINCE.**

**BY**

**GRACE MUTAZU**

**REG NO R173900M**

**A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF EDUCATION  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS OF THE BACHELOR OF  
EDUCATION IN EARLY CHILDHOOD EDUCATION DEGREE.**

**GWERU**

**ZIMBABWE**

**DEC 2018**

**MIDLANDS STATE UNIVERSITY**



**FACULTY OF EDUCATION**

**DEPARTMENT OF EDUCATIONAL FOUNDATIONS MANAGEMENT AND  
CURRICULUM STUDIES**

**APPROVAL FORM**

The undersigned certify that they have read and recommended to Midlands State University for the acceptance of a dissertation entitled:

**The extent to which safety and health is provided in ECD Learning environment in urban schools in Bulawayo Metropolitan province.**

Submitted in Partial Fulfilment of the requirements of the Bachelor of Education in Early Childhood Education Degree at Midlands State University by

Student: .....Signature.....Date.....

Supervisor: .....Signature.....Date.....

Chairperson: .....Signature.....Date.....

External examiner: .....Signature.....Date.....

**MIDLANDS STATE UNIVERSITY**



**RELEASE FORM**

**NAME OF STUDENT: GRACE MUTAZU**

**DISSERTATION TITLE: The extent to which safety and health is provided in ECD Learning environment in urban schools in Bulawayo Metropolitan province.**

**DEGREE TITLE: BACHELOR OF EDUCATION IN EARLY CHILDHOOD EDUCATION DEGREE.**

**YEAR: DECEMBER 2018.**

Permission is hereby granted to the Midlands State University Library to produce single copies of this dissertation and to lend or sell such copies for private, scholarly or educational research purpose only. The author reserves other publication rights of the dissertation nor may extensive extracts from it be printed or otherwise reproduced without the author's written permission.

SIGNED: ..... : DATE.....

Address : Gweme village ,Chief Chitsa, Gutu

Phone Number: 0773632171

Email Address: mutazu71@gmail.com

Date : December 2018

## DECLARATION

I, Mutazu Grace declares that this research report herein is my own work and has not  
Been copied or lifted from any source without the acknowledgement of the source

.....

...../...../.....

**(signed)**

**(date)**

## **DEDICATION**

I dedicate this work to my children Molly, Rumbidzaishe, Rufaro and Ruvarashe and my brother Davis.

## **ACKNOWLEDGEMENTS**

I would like to thank God for allowing me to grow in the field of education. It is only through him that I have come this far in academic journey.

For this project to be a success, a number of people were involved. The researcher wishes to extend her sincere thanks and gratitude for the support and involvement of all who participated directly or indirectly. I wish to extend my sincere thanks and gratitude to my supervisor Doctor A. Gudyanga. She guided me all the way and sacrificed a lot of time and effort to ensure that this project was a success.

I would also like to extend my gratitude to the Ministry of Primary and Secondary Education, Reigate District officials heads of the schools involved and their staff for their support and cooperation. Without my brother, Francis Mutazu and my uncle Lloyd Simbanegavi the project would have been a nightmare for me. Last but not least I would like to thank my husband and my three children for allowing me to abandon them and focus on my study.

## ABSTRACT

The purpose of the study was to find out the extent to which safety and health is provided in ECD Learning environment in urban schools in Reigate District in Bulawayo Metropolitan Province. Data were generated using qualitative research. The researcher used the descriptive survey design to explore issues related to health and safety in ECD centres. It allowed the use of interview and observations guides. The sample of participants comprised of two school heads, six ECD teachers, two TIC's and twenty ECD pupils purposively selected from two schools in Reigate District. The research instruments used exposed that safety and health is provided in ECD learning environments in Airport Cluster in Reigate District to a lesser extent due the negative attitudes of teachers during implementation of health and safety issues, under qualification of some of the teachers, lack of financial resources to support this worth cause and too large teacher pupil ratio. The researcher then recommended that the government, ~~therefore~~ should facilitate the objective and effective implementation of health and safety policies in ECD learning areas by the use of intermediaries such as school administrator's teachers, family members, SDCs, NGOs and other stakeholders. There was need for refurbishment of school buildings and grounds and the need for them to be maintained to be free of health and safety hazards.

## CONTENTS

|   |     |
|---|-----|
| <b>APPROVAL FORM</b> .....                    | 2   |
| <b>RELEASE FORM</b> .....                     | 3   |
| <b>DECLARATION</b> .....                      | 4   |
| <b>DEDICATION</b> .....                       | 5   |
| <b>ACKNOWLEDGEMENTS</b> .....                 | 6   |
| <b>ABSTRACT</b> .....                         | 7   |
| <b>CHAPTER 1</b> .....                        | 11  |
| <b>INTRODUCTION</b>                           |     |
| 1.1 INTRODUCTION.....                         | 11  |
| 1.2 BACKGROUND OF THE STUDY.....              | 11  |
| 1.3 STATEMENT OF THE PROBLEM.....             | 12  |
| 1.4 PRIMARY RESEARCH QUESTIONS.....           | 13  |
| 1.4.1 SUB RESEARCH QUESTIONS.....             | 153 |
| 1.5. JUSTIFICATION OF THE STUDY.....          | 153 |
| 1.6 ASSUMPTIONS.....                          | 13  |
| 1.7 DELIMITATIONS.....                        | 14  |
| 1.8. LIMITATIONS OF THE STUDY.....            | 174 |
| 1.8.1 TIME .....                              | 175 |
| 1.8.2 BUREAUCRACY.....                        | 175 |
| 1.8.3 BIAS.....                               | 185 |
| 1.8.4 FINANCIAL CONSTRAINTS.....              | 185 |
| 1.9. DEFINITION OF TERMS.....                 | 196 |
| 1.9.1. EARLY CHILDHOOD DEVELOPMENT (ECD)..... | 196 |
| 1.9.2. HEALTH .....                           | 196 |
| 1.9.3. SAFETY .....                           | 196 |



|  |                                     |
|--|-------------------------------------|
| 1.9.4. CAREGIVER.....  | 196                                 |
| 1.9.5 ATTITUDE.....  | 206                                 |
| 1.10. SUMMARY .....  | 207                                 |
| <b>CHAPTER TWO .....</b>   | <b>218</b>                          |
| <b>REVIEW OF RELATED LITERATURE .....</b>  | <b>218</b>                          |
| 2.1 INTRODUCTION .....   | 218                                 |
| 2.2. QUALIFICATIONS AND EXPERIENCE OF ECD TEACHERS .....   | 218                                 |
| 2.3 ATTITUDE OF ECD TEACHERS TOWARDS HEALTH AND SAFETY IN ECD CENTRES.....                           | 239                                 |
| 2.4. OTHER FACTORS AFFECTING THE IMPLEMENTATION OF HEALTH AND SAFETY IN ECD CENTRES.....             | 20                                  |
| 2.5 SUPPORT AVAILABLE FOR THE IMPLEMENTATION OF HEALTH AND SAFETY IN ECD LEARNING ENVIRONMENTS ..... | 25                                  |
| 2.5 SUMMARY .....  | <b>Error! Bookmark not defined.</b> |
| <b>CHAPTER THREE .....</b>   | <b>30</b>                           |
| <b>RESEARCH METHODOLOGY.....</b>   | <b>30</b>                           |
| 3.1 INTRODUCTION .....   | 30                                  |
| 3.2 RESEARCH DESIGN .....  | 30                                  |
| 3.3 POPULATION AND SAMPLE.....   | 30                                  |
| 3.4 SAMPLING TECHNIQUE.....  | 31                                  |
| 3.5 DATA GENERATING INSTRUMENTS.....   | 31                                  |
| 3.5.1 CLASSROOM OBSERVATION GUIDE .....  | 32                                  |
| 3.5.2 INTERVIEW GUIDE.....   | 32                                  |
| 3.5.3 DOCUMENT ANALYSIS GUIDE .....  | 423                                 |
| 3.6 DATA GENERATING PROCEDURES.....  | 433                                 |
| 3.7 DATA PRESENTATION.....   | 433                                 |
| 3.8 DATA ANALYSIS. ....  | 444                                 |
| 3.9 DATA MANAGEMENT PLAN .....   | 444                                 |

|   |                                      |
|---|--------------------------------------|
| 3.10 ETHICAL CONSIDERATIONS .....   | 455                                  |
| 3.10.1 INFORMED CONSENT.....  | 455                                  |
| 3.10.2 CONFIDENTIALITY .....  | 465                                  |
| 3.10.3 AVOIDING HARM.....   | 466                                  |
| 3.10.4 PRIVACY AND ANONYMITY.....   | 476                                  |
| 3.10.5 DECEPTION .....  | 476                                  |
| 3.11 SUMMARY .....  | 476                                  |
| <b>CHAPTER 4.....</b>   | <b>Error! Bookmark not defined.7</b> |
| <b>DATA PRESENTATION ANALYSIS AND DISCUSSION .....</b>  | <b>497</b>                           |
| 4.1 INTRODUCTION .....  | <b>Error! Bookmark not defined.7</b> |
| 4.2 BIOGRAPHIC DATA .....   | 497                                  |
| 4.3 QUALIFICATIONS AND EXPERIENCE. ....   | 498                                  |
| 4.4 ATTITUDES OF TEACHERS TOWARDS HEALTH AND SAFETY ISSUES IN<br>ECD  | LEARNING                             |
| ENVIRONMENT.....  | 519                                  |
| 4.4 FACTORS AFFECTING THE IMPELMANTATION OF HEALTH AND SAFETY<br>IN EDC LEARNING ENVIRONMENTS .....                 | 41                                   |
| 4.5 SUPPORT THAT IS AVAILABLE FOR THE IMPLEMENTATION OF HEALTH<br>AND SAFETY ISSUES IN ECD CENTRES IN SCHOOLS. .... | 573                                  |
| 4.6 SUMMARY .....   | 605                                  |
| <b>CHAPTER FIVE.....</b>  | <b>Error! Bookmark not defined.6</b> |
| <b>SUMMARY, CONCLUSIONS AND RECOMMENDATIONSErrror! Bookmark not<br/>defined.6</b>                                   |                                      |
| 5.0 INTRODUCTION .....  | <b>Error! Bookmark not defined.6</b> |
| 5.1 SUMMARY .....   | <b>Error! Bookmark not defined.6</b> |
| 5.2 CONCLUSIONS .....   | <b>Error! Bookmark not defined.7</b> |
| 5.3 RECOMMENDATIONS .....   | <b>Error! Bookmark not defined.7</b> |
| <b>REFERENCES.....</b>  | <b>48</b>                            |

## **APPENDICIES**

|  |    |
|--|----|
| APPENDIX A .....                             | 53 |
| LETTER FROM COLLEGE .....                    | 54 |
| APPENDIX B.....                              | 55 |
| LETTER FROM MINISTRY.....                    | 56 |
| APPENDIX C.....                              | 57 |
| INTERVIEW GUIDES FOR HEADS OF SCHOOLS.....   | 58 |
| APPENDIX D.....                              | 59 |
| INTERVIEW GUIDES FOR TEACHERS IN CHARGE..... | 60 |
| APPENDIX E.....                              | 61 |
| INTERVIEW GUIDE FOR TEACHERS.....            | 62 |
| APPENDIX F.....                              | 63 |
| OBSERVATION GUIDE.....                       | 64 |
| APPENDIX G.....                              | 65 |
| DOCUMENT ANALYSIS GUIDE.....                 | 66 |

## **CHAPTER ONE**

### **THE RESEARCH PROBLEM**

#### **1.1 INTRODUCTION**

This study seeks to establish the extent to which health and safety is provided in ECD learning environment in urban schools in Bulawayo Metropolitan province in Reigate District. The researcher presented the background, statement of the problem, and significance of the study. Assumptions, limitations and delimitations of the study are also outlined. A definition of keys terms was also outlined.

#### **1.2 BACKGROUND OF THE STUDY**

According to World Health Organisation (2014), health is a state of complete physical, mental, and social well-being and not merely the absence of diseases or infirmity. It is the state of wellness. Bruce, Meggit, and Greiner, (2013) defined safety as the behaviours and practices that protect children and adults from risk of injuries. Health and safety issues are of paramount importance at ECD level. The Ministry of Education introduced the statutory instrument 106 of 2005 in a bid to address the issue of provision of health and safety in ECD centres. This statutory instrument seemed to have been taken for granted by most schools and teachers as knowledge of it is not evident. This assertion comes into play because the

statutory instrument for example specifies the expectations for water and hygiene facilities at the ECD centre. For example, toilets have to be provided in the ratio of one squat hole to twelve children for a centre; and many other necessities relating to running water, separation of toilet facilities between staff and children. These recommendations are not being observed fully as most ECD facilities are overpopulated and cannot meet the least standards as recommended. (Dyanda Makoni Mudukuti & Kuyanana, 2005).

The act is in line with the Millennium Development Goal (MDG) number 2, which is aimed at achieving universal primary education by 2005. This initiative resulted in increase in number of ECD children and centres around the country. Previous researches have been addressing health and safety issues mainly in rural areas centres neglecting urban centres which are experiencing increases in the number of children leading to high teacher pupil ratio, thus shortage of caregivers in ECD centres has caused many accidents and exposed many learners to health risk at a tender age. The increase of the ECD populations in urban centres cause an increase on the pressure exerted on the existing infrastructure and already strained services.

Just after independence there was an increase in the number of centres from 1,000 to 9,000 (6,000 in rural areas and 3,000 in urban areas), but only a few of the centres were registered (The Nziramasanga Commission, 1999). The Nziramasanga commission (1999) alludes that in 1998 and 1999 Early Childhood Education coverage was estimated at 405,000 children representing 34% of ECE going age. Due to the laxity in policies governing registration, most of the centres operated with inappropriate and inadequate sanitary facilities (The Nziramasanga Commission, 1999) thereby compromising the delivery of WASH (water

sanitation and hygiene education) services as well as safety issues in ECD centres. As a result of the recommendations of the Nziramasanga Commission, the ECD programme was engrossed into the existing primary administration structure, thus raising the question on the extent to which the school heads and head can plan, systematize, expertise, co-ordinate, and govern the ECD programme.

Seemingly, none of the studies explored dwelled much on the health and safety of ECD learning environment in urban schools. The quality of learning and performance is dependent on it. The current study diverged from the thrust of the earlier studies, to establish the extent to which health and safety is provided in ECD learning environment in urban schools in Bulawayo Metropolitan, Reigate District schools in Airport Cluster.

### **1.3 STATEMENT OF THE PROBLEM.**

The question of health policies in learning institutions has always been addressed half-heartedly in Zimbabwe (The Nziramasanga Commission, 1999). The hesitancy to grab health issues head-on could be accredited to lack of data on which to base decisions or uncertainties adjacent to the importance of ensuring good health and sanitation to the total development of the child. Lack of clean water, cleanliness and hygiene education (WASH) contributes to diarrhoea, cholera and pneumonia, which are the leading killers of children under the age of five.

Children under the age of five are very playful and full of enthusiasm. They have a zeal to experiment with new things without the involvement of adults. High teacher-pupil ratio, poor sanitation and shortage of water in many urban areas requires educators to put in place health and safety measures to ensure that children are not exposed to risk of getting diseases. As

mentioned in the background of the study, children are vulnerable or exposed to injuries and diseases if their surrounding environment is not safe.

#### **1.4 PRIMARY RESEARCH QUESTION**

What is the nature of health and safety provision in Reigate District.?

##### **1.4.1 Sub research questions.**

**1.4.1.1** What are the qualifications and experience of teachers teaching ECD in Reigate District schools?

**1.4.1.2.** What is the attitude of ECD teachers towards health and safety in schools?

**1.4.1.3.** What other factors are affecting the implementation of safety and health in ECD centres?

**1.4.1.4** What support is available for the implementation of health and safety in ECD centres?

#### **1.5. JUSTIFICATION OF THE STUDY**

The study is significant to different shareholders in that it shows the extent to which the selected schools applied the safety and health necessities of the legal framework that established ECD centres in Zimbabwe. It is therefore envisaged to assist in the improvement of the implementation of the ECD programme. It is significant to ECD teachers, Teachers in Charge (TIC), school heads as this helps improve the application of the ECD programme. It is also important to policy makers, educational planners and the government as it will provide valuation of the role of school heads and parents in the management and administration of safety and health standards. In this regard, it may guide in coming up with policies

monitoring and evaluation of safety and health programmes at ECD centres across the country.

In this regard, ECD practitioners are afforded the chance to analyse and replicate on the position of quality safety and health provisions to the total development of the child. In addition, methods generating data involving holding dialogues with the ECD teachers and the school heads is empowering (Wiersma, 2014) The research findings benefited policy makers, teachers, heads, learners and parents to improve health and safety issues thereby ensuring a clean and safe environment for ECD learners. It is anticipated that centres have a range of policies formulated and procedures relating to health and safety issues. It is expected that the stakeholders regularly review and update these on an ongoing basis.

## **1.6 ASSUMPTIONS**

It is assumed that:

- 1.6.1** Respondents selected to answer questions will be willing to do so and the response will be genuine.
- 1.6.2** The main data generation instruments will be well constructed and well understood to extract the information sought.
- 1.6.3** All ECD practitioners and administrators involved will be qualified for the job.
- 1.6.4** The researcher came across undesirable attitudes from different shareholders such as heads, teachers as well as learners.

## **1.7. DELIMITATIONS OF THE STUDY**



The study was restricted to Airport Cluster in Reigate District in Bulawayo Metropolitan Province. The study focused on two ECD A and two ECD B classes randomly selected from two schools, twenty pupils, four ECD teachers, two Teachers in Charge and two heads of schools. The study was confined to establishing the extent to which health and safety is provided in ECD learning environment.

## **1.8. LIMITATIONS OF THE STUDY**

Since the study was conducted in schools that have normal timetable of operation of which some administrators are difficult to work with as this will hinder the smooth running of daily activities. Also, the researcher could not gather meaningful data from many of the children in question since they are still young to understand the impact of the research and health and safety issues surrounding them. To minimise the effect of their limited time the researcher made sure that all appointments were made on time and in advance.

Some of the limitations encountered are time, bureaucracy, bias and monetary constraints affected the running of the research study.

**1.8.1** The researcher did not get enough time to do the research as she had coursework assignments and the researcher needed to be at school every time and again. Respondents like teachers, heads and TICs had limited time to attend to the researcher. Social issues affect the researcher as she is a mother living separately with her family.

### **1.8.2 Bureaucracy.**

Bureaucracy is an organisational structure that is characterised by many rules, standardised processes, procedures and requirements, number of desks, meticulous division of labour and responsibility, clear hierarchies and professional, almost impersonal interactions between

employees (Creswell, 2014). Thus providing necessary administrative functions as that of issuing permits when one is piloting a research study. For example, to carrying out this research, the University had to give the researcher a confirmation letter, the school as well writes a letter to the DSI confirming employment status and the researcher had to write own letter explaining the topic, research question and had to wait for the reply from the Ministry`s offices. The processes involved in trying to establish the required documentation take a lot of effort and time and have an influence on the quality of data collected.

### **1.8.3 Bias**

Bias causes false conclusions and is potentially misleading. In this research, bias occur when systematic error is introduced into sampling or testing by selecting or encouraging one outcome or answer over others. In line with Simundic (2013) bias is any trend or deviation from the truth in data gathering, analysis, interpretation and publication. It can occur either deliberately or involuntarily. In this regard it can also diminish the accuracy of observations made by the researcher. Language used may cause bias and even outcome bias may influence the data generated due to the differences in culture between the researcher and the participants. The participants can as well give biased information if they do not understand what is actually needed by the researcher.

### **1.8.4 Financial limitations**

The researcher dealt with schools in the Bulawayo Metropolitan province Reigate District under Airport Cluster minimise travelling long distances as she did not have cash. The researcher printed data generating instruments and transport herself to and from the University as well as to the participants` hence two schools were sampled. Lack of resources restricted the area of study focused on. The exposure of a wider area could have facilitated in the simplification of the findings. The conclusions are therefore restricted to two centres that are to be studied.

## **1.9. DEFINITION OF TERMS**

For the purpose of this study, some important terms which are ECD, health, safety, caregiver and attitude to be used in this research are going to be defined below:

### **1.9.1. Early Childhood Development (ECD)**

Feeney (2015) defined Early Childhood Development as the effort to educate and care for young children in a school setting. For the purposes of this study, Early Childhood

development refers to children who are receiving formal and non- formal learning at the age of four to eight years in primary schools. ECD is a vital means of availing children with an essential experience to prescribed schooling. Children learn and grow through organised individual and collection of play activities (Lee 2013).Therefore Early Childhood Development can be referred to as an educational programme that caters for the learning and development of children holistically from birth through the age eight. It shall be referred to as ECD in this study

### **1.9.2. Health**

Health is a state of complete physical, mental and social well-being and not merely the absence of diseases or infirmity (World Health Organisation, 2012). It is the state of wellness. In this study health refers to the state of being free from physical or psychological diseases or malfunction.

### **1.9.3. Safety**

According to Bruce, Meggitt and Granier (2010) safety are the behaviours and practises that protect children and adults from risk or injury .For the purpose of this study, safety refers to the condition or feeling of being secure or protected from danger or any risk which threatens the wellness of children. It is freedom from whatever exposes one to dang

#### **1.9.4 Attitude**

It refers to the psychological inclination that is expressed by assessing a certain situation, procedure, individual, object or surroundings with some degree of goodwill or disfavour (Mai & Haddock, 2010).

#### **1.10. SUMMARY**

Previous researches have been focused in addressing health and safety issues mainly in rural areas centres neglecting urban centres which are experiencing increases in the number of children leading to high teacher pupil ratio, thus shortage of caregivers in ECD centres has caused many accidents and exposed many learners to health risk at a tender age. The increase of the ECD populations in urban centres cause an increase on the pressure exerted on the existing infrastructure and already strained services. It is against this background that the researcher was prompted to carry out a research to establish the extent to which health and safety is provided in ECD learning environment in urban schools in Bulawayo Metropolitan, Reigate District schools in Airport Cluster. However, there were limitations to the study such as time, bureaucracy, bias and financial constraints that affected the running of the research study.

## **CHAPTER TWO**

### **REVIEW OF RELATED LITERATURE**

#### **2.1 INTRODUCTION**

This chapter refers to the arguments offered and past studies of health and safety in ECD environment that are similar to the present study. It involves summary of arguments and previous studies about health and safety and also shows how these studies or arguments relate or differ with the current study, thus establishing the knowledge gap. Literature was reviewed in form of themes which are: qualifications and experience of ECD teachers, attitudes of ECD teachers towards health and safety in schools, factors contributing to implementation of health and safety in schools and support available for the implementation of health and safety in ECD classes.

#### **2.2. QUALIFICATIONS AND EXPERIENCE OF ECD TEACHERS.**

The past 15 years have seen a global acknowledgment that an investment in the early years of children's lives is paramount; this led to an expansion of Early Childhood Care Education (ECCE) services globally (UNESCO, 2015). Despite this progress, the pre-primary education has been experienced asymmetrically across countries and regions so as to deliver quality ECE at scale. The Education 2030 target is a framework that focuses on increasing equal and

quality provisions of pre-primary education. The capacity to retain, recruit, and support qualified personnel for ECD settings is essential for ensuring that the 2030b target is met.

The basic conceptual framework for this section is based on the understanding that a firm ECD knowledge base involves a set of professional competencies, abilities and specific teaching skills, which can lead to high-quality ECD and positive child developmental outcomes (Bowman 2001 et al; Vartuli, 1999). Berk (2001) submits that the training of teachers should be associated with greater importance to childhood teaching skills. Through a comparison of early-childhood teachers with a general education diploma to teachers who hold a higher education ECD qualification, Berk (2001) observes that teachers with an ECD qualification, despite of the certain specific major areas, which in-turn facilitates discussions which are more responsive, encouraging and inspiring during interaction with children. In that same regard, Snider and Fu (1990) suggest that teacher education with more ECD content is essential to produce high-quality teaching skills. This argument is supported by empirical evidence, which in-turn demonstrate that teachers' knowledge, beliefs and the implementation of developmentally appropriate practices are positively correlated with ECD education and early childhood coursework (Sinder and Fu, 1990; Vartuli, 1999).

File and Gullo, (2002) note that educators from child development-related educational programmes have a stronger and; more consistent attitude towards developmentally appropriate practices than those in other education programmes. Teachers with a tertiary-level specialized ECD or child development-related qualification often display more sensitive and less harsh and detached behaviours (Howes et al, 2002). Moreover, the literature suggests that more knowledge in ECD encourages teachers to adopt developmentally appropriate

practices (Vartuli, 1999), which are likely to facilitate supportive and nurturing interactions that are essential to high quality ECD (Ackerman, 2005).

### **2.3 ATTITUDE OF ECD TEACHERS TOWARDS HEALTH AND SAFETY IN ECD CENTRES**

There is no agreed definition of attitudes among scholars. Various authors define the term attitude in different perspectives. For example, Maio and Haddock (2010) and Icek (2005) define attitude as a psychological tendency that is expressed by evaluating a certain situation, person, object or environments with some degree of favour or disfavour. Fazio (1995) on the other hand defines attitude as an association in memory between a given object and a given summary evaluation of the object.

Although there are various definitions of the term attitude, all of them emphasize the notion that attitude involves the expression of an evaluative judgement about a person, an object or issue (Maio & Haddock, 2010). This means that the term evaluation is the main aspect of attitude (Icek, 2005). Specifically in this work the term attitude refers to the psychological tendency which regular ECD teachers have towards health and safety in schools. This study intended to evaluate the attitude of teachers towards health and safety in regular primary schools in Bulawayo Metropolitan Province. Attitudes are either positive or negative. Schau, Stevens, Dauphince and Del Vecchio (1995) structured the term attitude into three components: affective, cognitive and behaviour.

Teacher comfort is indicated as the most important aspect of any school environment. If teachers and pupils are comfortable, then learning becomes much easier, safe and healthy. Being comfortable is a combination of several different factors that include adequate usable

space, noise control, lighting, temperature, climate control and sanitation. Attitudes are therefore inversely affected by all these factors.

#### **2.4. OTHER FACTORS AFFECTING THE IMPLEMENTATION OF HEALTH AND SAFETY IN ECD CENTRES**

There are some factors that affect the implementation of health and safety issues in school, some of these factors are effective management, health and safety training, leadership, health provisions in schools, sanitation, the surrounding environment as well as teacher participation. ECD centres work hard to implement and apply the ECD programme as enunciated in the different Statutory Instruments and Circulars. The researcher looked at the factors that positively and negatively affect implementation of the health and safety issues in ECD centres in Zimbabwe.

Some ECD centres faces classroom size problems. The sizes of the classrooms that do not meet the required standard, inappropriate and inadequate play materials. According to Chikutuma (2014), other challenges include limited indoor and outdoor space. In some ECD centres there is no adequate equipment. Barnett (2014) assets that small class size and low teacher-pupil ratio offers health and safety benefits. Most ECD classes in Bulawayo schools are characterised by high teacher pupil ratios, large enrolments with a class of up to 50 pupils or more. This negatively affect health and safety of pupils as they are prone to communicable diseases like measles, chicken pox and even influenza.

Previous researches show that the ratio of teachers and children in all the ECD centres shows that all ECD teachers had more than the limit of twenty children per ECD teacher. Some ECD centres use furniture that is not age appropriate. This is due to limited funding as



parents play a major role in financing education at ECD level, Barnett (2014). The performance of ECD centres are therefore a reflection of the economic conditions of the community in which the centre is found. In some cases government did not play any other role in the funding of ECD centres, except the provision of trained ECD teachers. Statistics and the ratios given may be an indication that there is still a shortage of trained ECD teachers too.

Another challenge in the implementation of the ECD health and safety programme is related to the qualifications of school heads and TICs. Most school heads do not have any special qualifications in ECD education. The same applies to the TICs, though some of them are in the process of studying for the Bachelor of Education in ECD. Lack of training in ECD education, compromises the school heads' attitudes towards the ECD safety and health programme, Barnett (2014).

Abuse and neglect is the other safety provision which needs to be addressed by authorities and schools in ECD centres. Abuse mainly comes in form of maltreatment of children (Department of Education, 2014). Abuse can be in form of inflicting harm or failing to act to prevent harm. Children may be abused by adults or other children. Physical abuse involves hitting, shaking, throwing, poisoning, burning, drowning and suffocating (Department of Education, 2014). Parents and teachers sometimes inflict pain on pupils in an effort to discipline them. This research intended to prevent such kind of abuses from happening in schools especially in ECD classes and suggest alternative ways of disciplining children.

UNICEF (2006) highlights the following as the minimum health provisions in ECD schools. At a minimum, schools should have a first-aid kit or medicine cabinet for basic accidents or injuries. Proximity to a clinic enables health personnel to visit the school periodically and permits children to be taken to clinic for treatment. However, around the country there are schools which are distanced from health facilities.

Sexual abuse involves forcing or enticing a child to take part in sexual activities (Department of Education, 2014). This form of abuse may involve physical contact, assault by penetration or non-penetrative acts such kissing, rubbing and touching outside of clothing, (UNICEF, 2015). These are some of health provisions looked at in schools in schools.

UNICEF (2015) observes that thirty-five percent of the world's population lacks quality and safe sanitation facilities and seven hundred and sixty-eight million people still utilize unsafe drinking water sources and sanitation services combined with poor hygiene practices. This has been found to lead to an increase in the deaths and illnesses of thousands of children less than five years of age due to diarrhoeal diseases (UNICEF, 2015). This entails that water services, sanitation services and hygiene need to be perpetually maintained. Water is considered as one of the most important resources in the sustenance of ecosystems which in-turn provide life sustaining facilities for plants, people and animals.

Maughreen (2015) puts forward that; contaminated water is a central health hazard globally. This entails that unsafe water and unhygienic conditions and environments not only affect the attendance and learning capacities of children but have adverse effects on the health of children. UNICEF (2015) recommends that, in elementary schools, water sources need to be

situated throughout the school, especially in areas where food is shared or served among children. The provision of water to children during meal times is paramount since children need water for washing hands and drinking. This submission underlines that ECD centres need reliable and safe sources of at all times to promote and ensure sanity.

In that respect, UNICEF (2013) submits that the following water sources provide safe drinking water: tap; borehole; and; protected well. UNICEF (2013) goes on to say that water from other sources like dams and unprotected wells must always be boiled before use. According to Makonye (2014) the Mayor of Masvingo; Hubert Pfidze admitted that mounds of pampers dogged and blocked water at Mutirikwi water works which in-turn resulted in the consumption of unsafe water by the city for a certain period. This shows that though tap water is considered to be safe; the water may sometimes be unsafe for drinking. Therefore, ECD institutions must ensure that there is adequate and safe drinking within their premises. The contamination of trusted water sources presents new challenges for ECD centres in the maintenance of the sanity and safety of children.

UNICEF (2014) describes basic sanitation is as the state of having access to facilities for the safe disposal of human waste (faeces and urine) as well as having the ability to maintain hygiene services such as garbage collection and waste management, waste water treatment and disposal. This indicates that, the need for better sanitation in schools is therefore very clear. Schools lack adequate sanitation facilities and the poor sanitation contributes to children's death from diarrhoea each year. The basic submission underlined here is that chronic diarrhoea can deter child development by obstructing the absorption of essential nutrients and decreasing the effectiveness of life saving vaccines.

At issue here is the adequacy of housing, the availability and quality of water and sanitation, drainage and waste removal, and the quality of neighbourhood conditions. (Bartlett, 2014). The scale of the problem was highlighted by a study of child poverty in low- and middle income countries (Gordon et al., 2003). Deprivation was defined in terms of the circumstances most likely to affect children's health and development.

A study carried out by Runyowa (2013) explored the experiences of ECD centres in Masvingo district in terms of the quality of meals with regards to diversity and size of portions and WASH provisions. One school was purposively sampled. There is a growing realisation globally that pre-schooling is critical to the future educational achievements of children. Abundant evidence is available that the first five years of life to a child are crucial to a good start in life. Even though pre-school education has been a feature of Zimbabwe's education system, the concept of Early Childhood Development Centres (ECD) which cater for the 0-5 year olds is relatively new.

Runyowa (2013) state that, from a nutritional perspective, the feeding patterns of infants and toddlers are an avenue worth unlocking. The study explored the extent to which ECD centres adhere to meal diversity, size of portions and frequency, hygiene practices and the regulatory framework governing the provision of correct quantities and quality of food for preschool children. According to Minnet (2015) food hygiene is concerned with the care, preparation and storage of food to prevent food poisoning. This indicates that good storage of food, careful preparation of food and correct food handling are important techniques. Minnet (2015) states that child care centres must observe principles of food poisoning because food poisoning

bacteria can exist in dirty and bits of leftover food lying around attract flies. The principles include washing hands with soap and water as well as drying of hands on clean towel before handling food.

Minnet (2015) goes on to say the kitchen should be kept clean. He emphasised on regular cleaning of floor, work surfaces, sink, cooking utensils, dish clothes, drying of cloth and waste bin. This indicates that hygiene impacts the environment that surrounds the child at home and at ECD centres. How food is handled is a contributing factor to hygienic practices. Food handling by staff and children maybe a challenge in ECD centres. Malaba (2012) states that food should be handled with clean hands. Raeburn and Raeburn (2014) believe safe food handling by children and staff in child care centres prevents contamination of food and this should be done when fruits are shared. This implies that washing of hands by staff and children is of paramount importance.

The provision of adequate nutritional meals to ECD children in terms of diversity could be a problem to stakeholders. Dietary diversification has long been identified by nutritionists as a key element of high quality diets (UNICEF, 2015). Increasing variety is recommended in most dietary guidelines internationally to ensure adequate intake of essential nutrients and to promote good health. According to Malaba (2012) variety is essential in children's diet. This implies that a variety of foods should be provided to children in care including a range of textures and tastes. The food should be appropriate to the developmental stages of different age groups.

According to UNICEF (2015), meals in ECD centres should include porridge with peanut butter or fresh milk or margarine, fruits such as oranges, bananas, mangoes, or maheu or nhopi, sadza and beans and cooking oil or vegetables such as rape, cabbage, and matemba with peanut butter or milk. (Raeburn and Raeburn, 2014) propounds that variety is the spice of life. They recommend that foods such as vegetables, fruits, cereals, lean meat, fish, chicken, milk, yoghurt and cheese. This indicates that different food items should be provided to children in ECD centres. According to Manwa et al. (2013) Zimbabwe is facing acute food insecurity and high cost of food as a result of persistent droughts and economic downturn.

The country is currently facing financial problems to fund the education system. This has resulted in less preference to ECD programmes on the new dispensation. Therefore, this makes it difficult for caregivers to plan and follow proper food budgets and this may compromise quality of meals provided to ECD children. Dietary factors are associated with increased risks of chronic diseases. Leer (2013) states that lack of dietary diversity is a particularly severe problem among poor populations from the developing world because their diets are predominantly based on starch staples and often include little or no animal products and few fresh fruits and vegetables.

According to Balkin, Cardy and Mejia (2008) effectively managing workplace, safety and health requires far more than reducing the number of job related accidents and injuries. In practice, legal and ethical issues, many of which involve a careful balancing of individual pupil's rights, school regulations and the needs of the Ministry of Education are frequently called upon to develop and implement policies to deal with health safety issues in schools.

According to Armstrong (2009), Health and Safety training is a key part of the preventive programme which should periodically take place in schools. It should also take place

following an employment of new staff to the ECD job or a change in working methods .Safety training spells out the rules and provide information on the potential hazards and how to avoid them. It is important to recognise that in addition to these direct challenges; there is need for employees to remain absolute and committed to health and safety programs. Various institutions encounter challenges when employees deliberately ignore or are, generally hostile to health and safety considerations put in place by the institution (Khanka, 2009).

Walters (2011), submits that consideration should be put on the impact of the institution to the surrounding community and even the environment in which the organization operates. Basic principles of hazard reduction and risk minimization are the foci of contemporary health and safety programmes in schools, specifically in ECD centres. World Day for Safety and Health at Work (2011) submits that the dynamics and complexities of the 21<sup>st</sup> Century which include(s): rapid growing technologies, developments in energy such as electricity and gas gave impetus to the re-visitation of assessment and management methods. This also entails that there is need to revisit the methods of safety and health at ECD centres in line with the current challenges brought about by the changing world.

For Armstrong (2009:9) “leadership is the process of inspiring people to do their best to achieve a desired result”. Leadership can also be defined as the capacity to convince others to behave in a different way; with their consent. Team leaders such as headmasters, generally, function to achieve certain tasks with the help of the followers, which include: teachers and caregivers. According to Nzuve (2007), the attitude of the supervisors to the safety and health program is reflected in the attitude of their followers to the same programs. In this regard, headmasters should serve as examples through the implementation of the programs at their

schools or centres. This, in-turn, demonstrates the seriousness of the health and safety program to the followers.

In that regard, exemplary head of schools constantly consult their teachers, ensuring that they recommend solutions to certain problem; which in-turn makes them a team. Newstrom (2007:63) notes that; “participation is the mental; and; emotional involvement of people in-group situations that encourages them to contribute to safety and health goals and share responsibility for them”. For Newstrom, such a definition implies three basic yet essential ideas of: involvement, responsibility and contribution.

In summary; the major impediments in the administration of ECD health and safety programmes include quite a range of factors from insufficient play centre equipment, lack of technological accessories, delayed payment of tuitions, absenteeism during bad weather, lack of teacher skills, classroom shortages and the mixing of toilets for ECD-A and ECD-B classes and high teacher to pupil ratio.

## **2.5. SUPPORT AVAILABLE FOR THE IMPLEMENTATION OF SAFETY AND HEALTH IN ECD CENTRES.**

Early Childhood Development is paramount from the perspective of the then Zimbabwe’s Ministry of Education Sport Arts and Culture (Nziramasanga, 1999). At present, under the Ministry of Primary and Secondary Education, educational provisions and care for the four to five year olds is guided by Statutory Instrument 106 of 2005 which pegs guidelines to assure quality ECD aiming at quality health, safety, nutrition and education as indicators for the all-round development of learners. Statutory Instrument 106 of 2005 give guidelines that highlight that ECD centres may be registered and operated only if they conform to prescribed



standards such as: a total of two comma two five square metres of indoors and five comma five square metres outdoors playing space per child. The ECD learning environment is also required to have child-sized toilets in the ratio of one toilet to twelve children as well as wash basins in the ratio of six children per basin. In this regard, Chitukuma (2015) noted that infrastructure grants were availed by the government in-order to develop the buildings and other infrastructure in schools.

In other cases, the School Development Committees have introduced levies in order to offset the costs of the development of infrastructure in schools. According to Statutory Instrument 106 of 2005, the ECD environment should have child-sized furniture, hot and cold water and a ratio of 20 children per teacher. The Statutory Instrument further prescribes that the personnel to be employed in the ECD centre should have the appropriate training in ECD or should have experience in ECD. The Statutory Instrument also prescribes that personnel dealing with Early Childhood Development children should go for X-rays and medical check-ups every year and should they be found unhealthy the personnel should be given time off to take their medication until they are fit again to deal with ECD children.

The provision of health and safety promotes and supports the Early Childhood Development children's well-being. Health factors include cleanliness, environmental influences, consideration of children with Zimbabwe Journal of Educational Research health problems or learning needs, nutrition, learning behaviour, licensing of the programme and immunisations stipulated by the government (Govindasamy, 2010; Thomas & Thomas, 2009). Physically and psychologically healthy children learn well as compared to the unhealthy ones (Myers, 2004; UNICEF, 2000) and a healthy development, especially in early years, provides the

basis for successful formal experience (Govindasamy, 2010). Adequate nutrition is critical for normal brain development and early detection, and intervention gives children the best chance for healthy development and to provide adequate nutrition, the government introduced feeding schemes in the schools.

Safety factors such as on-site availability of sanitary facilities, clean water supply, classroom maintenance, adequate space and the availability of appropriate furniture have an impact on the quality of ECD education (Myers, 2014). The government, Non-Governmental Organizations and SDCs have been seen to support the implementation of health and safety by directing resources towards construction of flash toilets and drilling of borehole in the Bulawayo Metropolitan area. Allocation of funds and arrangement of indoor and outdoor environments may contribute to a smooth implementation of health and safety for ECD classes. A curriculum that is supported by funding subsequently impact on the quality of ECD programmes in terms of health and safety.

The International Convention on Human Rights Article 24 maintains that member states should recognise the right of the child to enjoyment of the highest attainable standards of health by way of combating disease and malnutrition through the provision of adequate nutritious food (Gunhu 2011). Education and health are inseparable as nutrition deficiency, diarrhoea and worm infestations, related to inadequate sanitation and hygiene affect education (UNICEF, 2006). Studies in Bangladesh by UNICEF (2009) on de-worming and adequate sanitation found an increase in attendance and performance of learners when these were implemented. Poor sanitation leads to poor attendance and performance of learners consequently compromising the quality of ECD programmes. When clean water is available

attendance improves as the children are free from diarrhoea and other associated diseases. Children are taught to wash their hands all the time they use the toilets. The toilets are also designed in a way that they are user friendly.

An environment characterised by sanitation, good water, and health encourages development in children as they are found to increase in participation. Gunhu (2003) submits that an all-inclusive safety and health programme ensures that an institution is prepared to accommodate children before enrolment. The availability of a safety and health programme heightens the children's capacity for social and physical development which is instituted in quality ECD programmes. Some schools introduced the availability of soap for washing hands which resulted in low incidences of diarrhoea and high attendance figures at school.

Improved water and sanitation helps fulfil each child's right to health and education. Therefore, safe water and sanitation are major factors in protecting children from infestations and other illnesses. Access to improved water and sanitation does not on its own necessarily lead to improved health. There is clear evidence showing the importance of hygienic behaviour, in particular hand washing with soap at critical times: after defecating and before eating or preparing food FAO (2014). Hand washing with soap at all times can reduce incidences of diarrhoea which is the second leading cause of death among children under five years of age.

In fact, recent studies suggest that hand washing by soap at all times can reduce the number of diarrhoeal bouts by almost fifty percent (UNICEF, 2015). Also, good hand washing practices have also been shown to reduce incidences of other diseases notably pneumonia,

trachoma, scabies, skin and eye infections and diarrhoea related diseases like cholera and dysentery WHO (2014). This indicates that good hand washing is of paramount importance in human health. Toilet hygiene is also crucial in ECD centres. The toilets must be kept clean at the ECD centre. Toilet disinfectants like jik should always be used to thoroughly clean the floors and toilet seats. The toilet is a place that is highly susceptible to the growth and spread of germs, hence strict hygiene has to be observed. A water point near the toilet is necessary so that children can wash their hands before and after using the toilet. The use of soap, ash and hand sanitizers is encouraged in ECD centres.

Gwatirera et al. (2014) focused on the provision of water, sanitation and hygiene which they termed (WASH) in schools in their research, provide safe drinking water, improves sanitation facilities and promotes lifelong health. It improves the well-being of children and their families and paves way for new generations of health children (UNICEF, 2014). WASH in schools provides a health, safe and secure school environment, which can protect children from health hazards, abuse and exclusion. It ensures quality education, because children who are health and well-nourished can fully participate in schooling and gain its maximum benefits (UNICEF, 2016).

## **2.6 SUMMARY**

Literature was reviewed using themes such as: qualifications and experience of ECD teachers, attitudes of ECD teachers towards health and safety in schools, factors contributing to implementation of health and safety in schools and support available for the implementation of health and safety in ECD classes. Barnett (2014) asserts that, lack of training in ECD education, compromises the ECD teachers and school heads' attitudes

towards the ECD safety and health programme. The International Convention on Human Rights Article 24 maintains that member states should recognise the right of the child to enjoyment of the highest attainable standards of health by way of combating disease and malnutrition through the provision of adequate nutritious food (Gunhu 2011). The next chapter will present the research methodology.

## **CHAPTER THREE**

### **THE RESEARCH METHODOLOGY**

#### **3.1 INTRODUCTION**

The researcher describes the research methodology used to generate the data that was used to critically establish the extent to which health and safety is provided in ECD learning environment in urban schools in Bulawayo Metropolitan province. The research design, population and sample and sampling technique were discussed. The researcher went on to outline data generating instruments and the procedures used, data presentation as well as data analysis. Lastly data management plan and ethical considerations were also highlighted.

#### **3.2 THE RESEARCH DESIGN**

The research design for this research is a descriptive survey used through qualitative methods. Mouton (1996:175) submits that the research design serves to “plan, structure, and execute” the study in a bid to maximise the “validity of findings”. Yin (2003:19) also submits that “a research design is an action plan for getting from here to there, where ‘here’ may be defined as the initial set of questions to be answered and ‘there’ is some set of (conclusions) answers”. The research design, is, thus, directly related to the objectives of the research and more specifically, the questions which guide the research. The research design is, thus, itinerary of the research which, basically, guides the researcher in answering the questions set at the initial point of the study. In this case, this study seeks to find out the nature of safety and health provision in Reigate District in of the Bulawayo Metropolitan Province in

Zimbabwe. This justifies, the suitability of the descriptive survey which is instrumental in the description of research participants. Polit and Beck (2004:234) state that a descriptive survey “is used to designate any research activity in which the researcher gathers data from a portion of a population for the purpose of examining the opinions, characteristics or intentions of that population”. In the context of this research, the research seeks to describe the opinions of headmasters and teachers towards healthy and safety at their different schools. The study also seeks to describe the minimum qualifications of teachers teaching ECD in the District understudy. As such, the descriptive survey is the research design that informs this research; this then explains this researcher’s choice of the method of data analysis which is discussed in a later section of this chapter.

### **3.3 POPULATION AND SAMPLE**

Malhotra (2013) defines a population as the aggregate of all individuals sharing some common set of characteristics that comprise the universe for the purpose of the research. This refers to the overall target group from which a study group of individuals that conform a specific criteria and to which generalisation of the results of the research was selected. In this research study the targeted population was limited school heads, ECD teachers, Teachers in Charge and ECD pupils. In the same vein Jones and Owen (2012) defines a sample as a group of items drawn from the target population for examination. Creswell (2014) underlines that a sample is a smaller part of the population but should be representative to the attributes of the whole group. In the context of this study, the total sample of respondents was thirty comprising of two schools heads, six ECD teachers, two TIC’s and twenty ECD pupils selected through purposive sampling at the two schools selected in Reigate District. The sample of this research was considerably sufficient to meet the research questions of the study

### **3.4 SAMPLING TECHNIQUE**

Sampling is the process of selecting a representative group from the population under study. In this research non-probabilistic sampling technique was used to purposively select relevant and suitable participants to the research. Purposive sampling technique was used to select a sample of thirty participants.

Purposive sampling involves the deliberate selection of elements from the population; a process which, generally, involves the researcher's bias (Creswell 2014). Denzin and Lincoln (2000) submit that in purposive sampling, subjects are selected for a reason tied to the research objectives. This is done to produce a sample that is related to the research questions and research objectives of the researcher. This entails that a sample should. This sampling technique is utilized for this reason this technique provides the researcher with the privilege of selecting samples from the population which are directly related to the aims and objectives of the study. It also ensures proper representation of the universe and prevents unnecessary and irrelevant items. It gives better results if the investigator has the capacity of keen observation and sound judgement.

### **3.5 DATA GENERATING INSTRUMENTS**

The researcher employed non-participant observation, interview guides and document analysis methods. On the other hand Cohen and Marion (2011) allude that research instruments are measurement tools designed to obtain data on a topic of interest from the research subjects. The researcher designed data gathering instruments that generated enough information from which the researcher can come up with reliable conclusions ( Chromo



2009). Furthermore, Bell (2010) asserts that the extent of data generating is influenced by the use of diverse methods that result into data with different depth. This in-turn totally obliterates the dichotomies between the expectations of the sample and uncovers some valuable information as one technique caters for the drawbacks of the other (Chromo, 2009). This increases the reliability and validity of the current research's findings.

### **3.5.1 CLASSROOM OBSERVATION GUIDE**

It is a qualitative method with roots in traditional ethnographic research. In non-participant observation the objective is to help researchers learn the perspectives held by study population (Creswell, 2015). Qualitative researchers presume that, there are multiple perspectives within any given community. Researchers are interested in knowing what those varied viewpoints are and in understanding relationships among them.

Creswell (2015) asserts that qualitative investigators accomplish this through observation alone or both observing and participating in the study of community's daily activities. Participant observation always take place in a community's daily activities. The researcher approached participants in their own environment. The researcher engaged in a participant observation to try and learn from the perspective of an insider so as to solicit information. The researcher observed pupils, teachers, and administration staff, in their environment as they carry out their day to day activities such as learning and playing, and take note of health and safety issues. During the observations, the researcher made use of note books to record research data. An observation guide rating the toilets, classrooms, toys and playing fields were the main instrument in regard to this method.

### **3.5.2 INTERVIEW GUIDE**

According to Holmes (2014), an interview is a set of predetermined field questions which direct the flow of questions asked. The interview method entails a one on one questioning approach in which there is an interviewer and interviewee (Namara, 2015). A formal interview was carried out with the administrators and teachers. Questions to be asked during the interview were compiled and sent to the interviewee in advance, three days before the interview. Interviews have their own merits in that the interviewer can detect feelings and emotions of interviewee and take advantage of body language. Data generation through interviews is also effective as it allows for probing.

Respondents expressed themselves freely. And other important aspects which were not part of the interview guide were also be discussed which might be helpful. However, since open ended questions were asked, data analysis and compilation might be difficult as the researcher have to consolidate all the responses given by respondents and group them according to their meaning.

### **3.5.3 DOCUMENT ANALYSIS GUIDE**

Bowen (2009) submits that this is a form of qualitative research in which documents are interpreted by the investigator to provide voice and meaning to a study. In addition, Bowen (2009) notes that document analysis guide is an essential part of most schemes of triangulation; which is the combination of methodologies in a single study. Documents concerning health and safety issues at the school were used to gather information. Documents include any papers be it policies, minutes or memos, which provide more or less direct evidence of decisions, transactions, statues, thoughts, debates or actions, which are directly or

indirectly related to the purpose of a research inquiry (Namara, (2014). Documents have their limitations. Documents may be made for the purpose of being present and may not truly reflect the actual things recorded. It was for this reason that the researcher decides to use other methods like interviews and observations to ensure reliability of findings. Documents can also contain data that cannot be observed, provide details that informants have forgotten and can track change and development. For the purpose of this research, document analysis involved the scrutiny of all health and safety related documents in schools. This included any analysis of, environmental checklist, health record anecdotal record book and statutory instrument 106 of 2005

### **3.6 DATA GENERATING PROCEDURES**

The researcher obtained an introductory letter from the Midlands State University. Secondly, the researcher seek permission from the Ministry of Education through District Education Officer. This researcher obtained authority to conduct the study in the selected schools. The letter is stamped and dated to show endorsement. Permission to conduct the study was sought from Reigate District Schools Inspector (DSI). Dates for interviews were given to two selected schools in Reigate District.

### **3.7 DATA PRESENTATION**

Data was presented using tables, figures and percentages which are easy for analyses and interpretation. Namara (2014) highlights that data presentation is characterized by the drawing of conclusions from the selected data. This can be represented through charts, figures and table in a bid to summarize, describe and explain findings. The following chapter focuses on the presentation of findings.

### **3.8 DATA ANALYSIS.**

According to Mugenda and Mugenda (2012) brings order and meaning to generated data. Quantitative data were analyzed using descriptive statistical methods. Data generated from observations, interviews and documents was analysed descriptively and narratively, mainly in continuous writing to make conclusions since the research is a qualitative design. Descriptive data analysis was used to interpret information gathered. In making the analysis, the researcher made reference to Statutory Instruments and school records which were used in this research to determine the ideal health and safety standards in schools.

Thematic analysis was used to analyse qualitative data. Creswell (2014) explains that thematic analysis is a widely used data analysis method. It focuses on identifying patterned meaning across the data set. It is a type of data analysis where themes emerge from the data set and are not imposed. Data generation and analysis takes place simultaneously. The researcher examined data generated from various participants and identified themes that emerge as the researcher examines data. The researcher grouped the data together and allocated codes. The purpose of thematic analysis is to identify patterns of meaning across a data set that provides an answer to the research questions being addressed. Patterns are identified through a rigorous process of data familiarisation, data coding, theme development and revision. The approach is very useful when analysing data from interviews and focus groups.

### **3.9 DATA MANAGEMENT PLAN**

The data management plan is a document that enunciates the ways in which data is handled during the research and also after the completion of the research project. Joppe (2010)

submits that digital technologies have made the storage, retrieval, analysis and sorting of information much easier and accessible. In the context of this thesis, data is generated and stored digitally in a laptop, flash disk and by way of saving on email for permanent storage. This provides safety for the data. Data can also be stored traditionally as hard copies for future use. Data collected during the research was kept confidentially and for the purpose which it was intended for.

### **3.10 ETHICAL CONSIDERATIONS**

It is essential to consider other humans and the environment and a host of other factors when undertaking a research. This underlines the importance of ethical considerations in any given research. This is as such since it helps in the prevention of harm to the research participants who are crucial in any research. Chiromo (2009) submits that ethics are guidelines of the dos and don'ts of any research. Therefore, ethics are the researcher's guidelines throughout the conduct of the research. According to Blumberg (2016) ethics are defined as the 'norms or standards of behaviour that guide moral choices about our behaviour and our relationships with others. The research adhered to high ethical standards to promote trust, accountability and mutual respect, which are key values in dealing with different people from different institutions. Ethical practices were followed to avoid damaging the reputation of the researcher, respondents and Midlands State University. The following ethics were considered to protect participants from harm or abuse by the research:

#### **3.10.1 INFORMED CONSENT**

Participation was voluntary. The researcher obtained consent from participants through explaining to them what the research seeks to achieve. Informed consent according to

Chiromo (2009) entails that the research participants must have complete information about the research including how the research might be utilized. These considerations obligate the researcher, to the maximum degree of his or her own capacity to ensure that the research participants must not be put in harm or danger due to the processes of the research. Given that this study also involves young children, consent was sought and obtained from the parents. This is done to ensure that the children are not victimized and taken advantage of.

### **3.10.2 CONFIDENTIALITY**

Information provided should not be traced back to the participants. The researcher maintained confidentiality. Creswell (2014) states that assurance must be given to participants to the effect that the information they provide will not be given to third-parties. In the context of this current thesis, research participants were not coerced to provide information they would otherwise have felt uncomfortable to share with this researcher. The researcher also explained the purposes of the information which they provided to this research, this includes materials such as photos and audios. It was made clear to the participants that the information shall be used strictly for academic purposes.

### **3.10.3 AVOIDING HARM**

Participants should be protected from physical, social, emotional and spiritual harm. Cohen and Manion (2011) state that research participants must be protected from all kinds of harm including psychological. This entails that the participants were assured that any information they gave remains private and confidential and would only be utilized for academic purposes.

#### **3.10.4 Privacy and Anonymity**

The researcher assured participants the right to privacy. This means that all the information they provided will not be used with their names attached to it. This consideration obligates the researcher not to disclose the identity and names of the participants of the research (Cohen and Manion, 2011). This also entails that the researcher the names of the participants must not be attached to the appendix. Instead of using names, this study utilizes numbers to identify the participants.

#### **3.10.5 Deception**

Chiromo (2009) submit that deception entails the researcher's non-disclose of the complete truth concerning the study. This complements the principle of informed consent. This researcher provided the research participants with the complete processes of the research though the researcher underlined that she has no control of the context of interpretation of the findings by the readers.

### **3.11. SUMMARY**

Descriptive survey design was used to explore issues related to health and safety in ECD centres. It is a statistical generation of the qualitative data. This design allows the use of a variety of methods to generate data and it enables the researcher to generate more information through use of interview and observing lessons from teachers, caregivers, headmasters and parents. The use of interviews, the interviewer can detect feelings and emotions of interviewee and take advantage of body language and probing. Thematic data analysis was used to analyse qualitative data. Creswell (2014) explains that thematic analysis is a widely used data analysis method. It focuses on identifying patterned meaning across the data set. The research adhered to high ethical standards to promote trust, accountability and mutual

respect, which are key values in dealing with different people from different institutions. The next chapter will present, analyse and discuss research findings.



## CHAPTER 4

### DATA PRESENTATION ANALYSIS AND DISCUSSION

#### 4.1 INTRODUCTION

The chapter concentrates on the presentation and analysis of data produced from participants through interview, observation guides and document analysis. The data was generated from heads of schools, learners' teachers and teachers in charge of the two selected schools in Bulawayo Metropolitan Province in Reigate District. Data were presented, analysed and discussed focusing on the extent to which safety and health is provided in ECD learning environment in urban schools in Reigate District in Bulawayo Metropolitan Province in Reigate District.

#### 4.2 BIOGRAPHIC DATA

**Table 4.2 Biographic data of the Participants.**

| Category             | ECD Pupils   | ECD Teachers  | Teacher in Charge                                   | Heads  |
|----------------------|--|---|---|--|
| <b>Sex</b>           | 10 females<br>10 males   | 6 females   | 2 females   | 1 male<br>1 female   |
| <b>Age</b>           | 5 boys: 6 – 7 years<br>5 girls : 6-7 years<br>5 boys: 7-8 years<br>5 girls : 7-8 years | 31years 1 female<br>32 years 1 female<br>35 years 2 females<br>43 years 1 female<br>53 years 1 female | 38 years 1 female<br>59 years 1female               | 56 years<br>61 years   |
| <b>Qualification</b> |  | 2 females :BECE<br>3 females :Diploma in Education (ECD)<br>1 female : Certificate in education       | All the Teachers in Charge had diploma in Education | Male- Diploma in Education<br>Female- Certificate in Education |

|                   |  |   |                                    |   |
|-------------------|--|---|------------------------------------|---|
| <b>Experience</b> |  | 6 years-female 1<br>8years- females 2<br>18 years-female 1<br>23 years-female 1<br>32 years-females 1 | 10 years-1female<br>22 years-1male | Male- 6<br>years<br>Female- 26<br>years |
|-------------------|--|---|------------------------------------|---|

Heads of the schools are gender balanced. Gender disparities were noted on teachers in charge and the ECD teachers as shown by table 4.1. The teachers were cognisant of the importance of health and safety in their environment. The Heads demonstrated a great deal of knowledge about the government policy on health and safety in schools.

#### **4.3 QUALIFICATIONS AND EXPERIENCE.**

When interviewed, five out of six teachers (83%) said they were diploma and were more than five years experienced. On the other hand one out of six (17%) said she was a certificate holder. Both teachers in charge (100%) said they were qualified and were more than ten years' experience when they were interviewed. Through interviews it was noted that one head (50%) is qualified and the other head (50%) is under qualified. This was also supported by document analysis of teachers files which revealed that, five out six teachers (83%) possess the minimum qualification required to teach ECD and one out of six teachers (17%) is under qualified. She is a holder of a Certificate in Education. Hence qualification and experience proved to be contributing factors affecting the extent to which safety and health is implemented in ECD environments for learning. However experience enabled all the six teachers to manage safety and health issues in the ECD centres to a certain degree. Data generated through the interviews and document analysis shows that lack of training of teachers in the area of health and safety issues contributes to failure of implementation of the health and safety issues in ECD centres. Literature that was reviewed earlier suggests that

more expertise and experience in ECD inspires teachers to adopt developmentally appropriate practices which are likely to enable supportive and cultivating interactions that are critical to high quality ECD learning (Ackerman, 2005).

Other indications from analysis of teacher's files, shows that four (67%) teachers have been exposed to health and safety issues during their course of study. Armstrong (2009) propounds that Health and Safety training is a key part of the preventive programme which ought to take place periodically in schools. Safety training spells out the rules and provide information on the potential hazards and how to avoid them.

Experience plays a chief role as it brings the desired results during the implementation of health and safety activities in schools. Teaching is a comprehensive profession requiring practitioners to take on a variety of roles. Ward (2010) is in agreement with this as he pronounces that qualification and experience are a precondition and should be possessed by a classroom expert to an effective integration of safety and health in the ECD learning environment. Teaching qualifications typically involve subject matter expertise, psychological awareness and classroom management which comes with health and safety issues.

#### **4.4 ATTITUDES OF TEACHERS TOWARDS HEALTH AND SAFETY ISSUES IN ECD LEARNING ENVIRONMENT.**

Data obtained through interviews revealed that, four out of six (66%) of the teacher participants have positive attitude towards health and safety issues in their teaching environment. Teachers also agreed that the content of school health and safety policies should

be inclusive based on mental maturity and ability of the pupils. Two out of six teachers (34%) indicated that they have a negative attitude towards health issues. For example when probed on attitudes one of the teachers said;

*Am too busy to be sharpening pencils for learners they do it for themselves*

The researcher through the interviews noted that the teachers who are well acquainted with health and safety policies of their schools are those coming from the Head with a positive attitude

Data generated through observation concurs with data collected through interviews where it was observed that four out of six teachers (66%) escorted learners to the toilet and sharpened pencils for learners, thus displaying an optimistic attitude towards safety and health issues. As a result, at early age (ECD) the content of school safety and health policy should be included so that all aspects are clearly dealt with. The researcher also noted through observation that the two out of six (34%) ECD teachers with a negative attitude could have been influenced by their Head who also had a negative attitude in terms of health and safety on ECD learning Environment. These teachers do not escort learners to the toilet and they sent learners alone for outdoor play. Furthermore, observation guide indicated that thirteen out of twenty learners (65%) demonstrated a positive attitude. Learners could be seen washing hands after visiting the toilets and taking turns during outdoor play. This showed that they have a positive attitude towards health and safety issues. The other seven out of twenty learners (35%) displayed a negative attitude. These learners were seen not to be washing hands after visiting the toilets. During snack time they could eat before washing their hands.

This was also supported by document analysis where three out of six (50%) teacher do a health check every day before commencing lessons and record findings in the health record book. These three teachers do follow ups on checklists regularly and they also make use of the anecdotal record book to track child behaviour. Three out of six teachers (50%) displayed a negative attitude evidenced through document analysis. They were not having the health record books with them and they rarely record incidents or accidents in their records books. Two out of six (33%) teachers schemed for health and safety but did not evaluate the lessons, this displayed a negative attitude whiled the other four (67%) evaluated showing strengths and weakness and possible solutions.

TICs reports indicated that both of them (100%) had a positive attitude towards health and safety issues. They make detailed follow ups in the department and they write consolidated reports termly. Information from one out of two (50%) of the head's reports through document analysis revealed that she has a positive attitude. She held staff development meetings regularly and supervise the feeding programme more constantly. Teachers are also sent for workshops on health and safety issues. Policy documents like the SI 106 of 2005 is in place in the files analysed. On the other hand the other head of school (50%) do not have policy documents in place and no detailed reports on health issues at the school. Document analysis did not reveal a positive attitude on the part of this head of school.

Hence positive attitudes assist continuity and a desirable outcome to health and safety in education. All pupils will appreciate the importance of safety. However, negative attitudes of teachers affect implementation of health and safety issues in ECD learning environments. It might promote discrimination as no or very little attention will be given to learners with

disabilities. This is supported by reviewed literature where Gal et al (2012), revealed that negative attitudes can end up resulting in declining academic performance and intensify the division of pupils with learning disabilities thereby interrupting the successive implementation of educational policies.

All study participants have a need to be involved in school safety and health issues in order to reduce risks in the ECD learning environment. Teacher comfort is indicated as the most important aspect of any school environment. If teachers and pupils are comfortable, then learning becomes much easier, safe and healthy. Being comfortable is a combination of several different factors that include adequate usable space, noise control, lighting, temperature, climate control and sanitation and an abuse free environment. Attitudes are therefore inversely affected by all these factors.

#### **4.5 FACTORS AFFECTING THE IMPLEMENTATION OF HEALTH AND SAFETY ISSUES IN ECD LEARNING ENVIRONMENT.**

Interview schedule findings showed that one out of two (50%) Head of schools had a positive impact on the application of safety and healthy procedures in the two schools. She sent teachers for training workshops and give support to the teacher were ever there is a need. When asked on the state of water at her school she said

*The school has since drilled two boreholes and is looking forward to install the third one by year end.*

She further stated:

*Plans are underway to face lift the play centre*

The other head of school (50%) when interviewed revealed that the school was having one source of water which was the tap. He further indicated that the school was not having funds to send teachers for workshops. On the state of toilets the head said;

*The school cannot afford to pay extra personnel to keep checking the toilets or even to pay the assistant teachers to enhance safety of the school*

The Heads should therefore devise programmes and measures that the pupils and the teachers should follow to ensure adequate provision of health and safety in ECD centres.

Furthermore, it was evident through document analysis that both the teachers in charge (100%) hardly had any training on application of health and safety procedures in ECD learning environments. The research established that four out of six (83%) of the teachers and both Heads (100%) cited that there was lack of funding and capacity that hindered health and safety measures implementation. Participants also noted that a positive good environment will show the pupils the importance of taking care and avoiding risks. The teachers also recommended that Heads should establish priorities for dealing with these issues and take account of health and safety.

All the six teachers (100%), both Teachers in Charge and both Heads through interviews agreed that the government and other stakeholders should provide adequate funding, since implementation of safety policies involves extensive modification of existing buildings, the purchase of expensive safety equipment and fittings and capacity development at all levels including the supply of safe clean fresh water. The respondents in their totality also noted that communications about health and safety with the ECD teachers and their pupils, should be concise, well thought out, in a logical sequence, and relate to their role.

Through observations it was noted that three (50%) of the teachers were using child centred approaches. The teacher pupil ratio is too large at an average of 1 teacher to 60 pupils. This makes it very difficult for the educators to effectively implement the safety and health issues according to policy. In line with the Statutory Instruments 106 of 2005 requirements of the toilet pupils, ratio, that of washing basins and learners and the class ratio the school heads indicated that they are overwhelmed by the large numbers of pupils. This makes it difficult to manage the cleanliness and safety of the ablution facilities and the safety conditions both indoors and outdoors environments during learning.

The researcher also noted that learners living with disabilities are not well catered for as the teachers are always overwhelmed by the number of pupils. The research findings through observations of four out of six (83%) teachers indicated that due to the related realities of the third world countries, there is prerequisite for greater emphasis on school infrastructure development and resuscitation and effective policy implementation that deals with infrastructure maintenance and development than on developing additional policies which will further put pressure on the national budget. Observations also revealed that five learners out of twenty (25%) do not mind cleaning the toilet seat when using the toilet while the (75%) would request for a tissue paper to wipe the toilet seat.

It was evident that lack of funding and capacity hindered safety measures implementation and also hindered infrastructure development of facilities. Document analysis revealed that one out of two Heads (50%) do not have enough policies on health and safety in the policies file. Safety policies enhanced implementation of safety measures therefore healthy and safety



policies should be put in place and funding should be availed. The documents also revealed that the source of income for the schools was only the levies from parents which some learners have not paid since beginning of year as revealed by the register. The schools have dilapidated buildings which need refurbishment but funds are a challenge. document analysis indicated that the school last received grants from the government in 2016.

From the above findings it is highly proven beyond doubt that non-existence of adequate resources affect application of health and safety issues henceforth produce undesirable attitudes in teachers towards application of the policy. Fogelman and Secer (2012) in literature review propound that reorganization of the physical environment and providing adequate and proper apparatus and materials are important in the growth of the teachers' attitudes.

The Government should play a fundamental role in all phases of the policy process, and should ensure execution of defined policies. Mechanisms including financing that strengthen the place and duty of government in policy administration and the misunderstanding of the policy process will help upsurge efficient and impactful execution of research and modernization for health policies. Most of the building infrastructure is in bad state due to lack of refurbishment finances.

#### **4.6 SUPPORT THAT IS AVAILABLE FOR THE IMPLEMENTATION OF HEALTH AND SAFETY ISSUES IN ECD CENTRES IN SCHOOLS.**

Data generated through interviews revealed that five out of six (83%) teachers believed that capacity building in planning and policy coordination is being supported by the teaching staff

themselves in order to link closely the environmental and economic planning functions. One teacher (17%) in an interview highlighted that there was no support that the school was getting in line with health and safety.

She said:

*Even when you have the zeal to improve on health and safety issues you are demoralised because there is no support that you get from the authorities*

Five teachers out of six (83%) noted that physical setting of school buildings and school surroundings is a key aspect in the overall safety and health of learners, teachers, and administrators. TICs (100%) through interviews also concurred with the teachers on the same note. Student achievement can be compromised either positively or negatively by the state of the environments. Both heads of schools (100%) through interviews indicated the fact that the government help their institutions with grants, research and policy implementation and training of personnel. Both heads said:

*NGOs are also involved in Capacity-building, Education, Training and Awareness-raising in schools.*

In addition, all the participants (100%) through interviews said that NGOs participate in various steering committees and forums which have been established to spearhead health and safety issues in schools. Four teachers out of six (67%) two TICs (100%) and two Head (100%) identified the need to strengthen this partnership even further and indicated that mechanisms to develop partnerships need to be drawn up. Observations further revealed that ten out of twenty learners (50%) were benefiting from safe drinking water from the borehole. The other ten learners were drinking water from the tap which the condition of cleanliness left a lot to be desired. Data generated through observations revealed that the SDC was constructing an ablution block at the other school and there was on going feeding programmes at both schools under the initiative of the government and support from the

SDC. Parents were also seen to be cleaning the classroom for learners as a way of enhancing health and safety issues. This was also revealed by document analysis where both heads (100%) and TICs (100%) files indicated development plan for the year. Document analysis of the head's files also revealed that SDC is funding the feeding programme in both schools.

From the above findings therefore there is need for refurbishment of school buildings and grounds and the need for them to be upheld to be free of hazards, and to stimulate learning. Reviewed literature supports the view that safety and health factors such as on-site accessibility of clean facilities, clean water supply, classroom upkeep, reasonable space and the readiness of child sized furniture have a bearing on the value of ECD education (Myers, 2014). This is in line with the SI 106 of 2005 which governs the establishment of ECD centres in schools.

The SDC committee should be authorised to deal with on-going upkeep and repair issues, as well as on-going emerging of buildings and health or safety matters related to the physical setting of schools and school grounds. It was also noted that, administrators should try all means to ensure that all necessary resources are available for the teachers and caregivers not to dig into their pockets, especially considering the harsh economic conditions the country is currently facing. Education and health are inseparable as nutrition shortage, diarrhoea and bacteria related to inadequate cleanliness hygienically affect education (UNICEF, 2006).

Government institutions should undertake a central duty in all phases of the policy development and should ensure application of defined policies. Strong mechanisms including financing the programme strengthen the position and role of government in policy

management and the oversight of the policy development will help increase well-organized and impactful application of research and novelty for health policies.

#### **4.7 SUMMARY**

Lack of adequate funding is a factor that militates against the employment of safety and health in ECD learning environments. The research has revealed that negative teachers' attitude on health and safety issues were rooted in lack of health facilities in schools and lack of support from the government. The explanations and deductions were made in a descriptive manner, as well as an analysis of the numerical data for easy understanding. The next chapter will present the summary, conclusions and recommendations of the study.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

#### **5.1 INTRODUCTION**

The researcher in this chapter outlines the summary, conclusions and recommendations that can contribute to the execution of health and safety issues in Reigate District

#### **5.2 SUMMARY**

The researcher was inspired to do this study after observing that teachers were not much worried about safety and health issues in the ECD learning environment. The study was envisaged to support in the enhancement of the execution of the ECD programmes. The researcher encountered a major limitation of finance because the researcher had to meet the costs of trying to pursue relevant information that assisted her in carrying out the study. The researcher incurred costs of travelling to the University with her project concurrently trying to get feedback from the supervisor.

Literature review was done using sub research questions as themes which were: qualifications and experience of ECD teachers; attitudes of ECD teachers towards health and safety in schools; factors contributing to implementation of health and safety in schools and support available for the implementation of health and safety in ECD classes. Snider and Fu (1990 ....p405) are of the view that “ teacher education with more ECD content is essential to produce high quality teaching skills”. This is reinforced by other pragmatic evidence, which

establish that teachers' beliefs, facts, and actual application of developmentally appropriate practice are absolutely interrelated with ECD education and early childhood coursework (McMullen and Alat, 2002; Snider and Fu, 1990; Vartuli, 1999). The proceeding analysis shows that stakeholders could play a leading role in advancing health and safety issues and eradication of accidents, sickness and injuries in the ECD learning environment.

A descriptive survey design was used to explore issues related to safety and health in the ECD learning atmosphere. In this research purposive sampling was used to select suitable participants. Bell (2010) argues that the degree of data generating is inclined by the use of changing methods that convey about data of diverse complexity. The instruments used to generate data were interview guides, observation guides and document analysis guides. Data generation through interviews allows for probing to achieve intended results. Document analysis was also essential because documents may contain data that cannot be observed or found through interviews. The researcher observed pupils, teachers, and administration staff, in their environment as they carry out their day to day activities such as learning and playing, and take note of health and safety issues. During the observations, the researcher made use of note books to record research data.

### **5.3 CONCLUSIONS**

The researcher came up with the following conclusions:

**5.3.1** Some ECD teachers were not having enough knowledge on safety and health issues in the ECD learning centres.

**5.3.2** Large teacher pupil ratio and little support from heads of schools hence teachers end up having a negative attitude towards health and safety issues

**5.3.3** The working environment was not conducive for learners and teachers for health and safety practices to be fully implemented.

**5.3.4** Schools have insufficient funds to meet safety needs. Most schools health service programmes are sole-source financing provided by school levies or parents

## **5.4 RECOMMENDATIONS**

In relation to the above of the findings, the researcher came up with the following recommendations:

**5.4.1** ECD teachers should go for in service training every now and then on health and safety issues and safety awareness seminars to be held to equip their personnel with safety drills in case of emergency

**5.4.2** The Education Ministry therefore should make a strong follow up to ensure that policies are being adhered to in terms of establishment of ECD centres.

**5.4.3.** Further the government should employ more teachers so that the ratios are reduced

**5.4.4** On the same note the teachers should be self-motivated and have the young learners at heart before considering themselves

**5.4.5** The administrators therefore should facilitate the objective and effective implementation of health and safety policies in ECD learning areas by the use of

intermediaries such as school administrators, teachers, family members, SDCs, NGOs and other stakeholders.

**5.4.6.** The community and government must ensure that communities are educated especially on the rights of children

**5.4.7** Teachers should keep updated health records for each child as this would help to monitor his /her records.

**5.4.7** The study could be carried out at a large scale in other districts or provinces.



## REFERENCES

- Ayasi, R.A. (2003). *Put Children First: for Every Child Health, Education, Equity, protection: Advance Humanity*. Harare: UNICEF.
- Armstrong, M. (2010). *Armstrong's Essential Human Resource Management Practice, a Guide to People Management, 12th edition*. London: Kogan Page.
- Barnett, C., Schulman, D. & Shore, M. (2014). *Health and safety issues in education*. Dublin Harper
- Bruce, T., Meggit, C. & Greiner, J. (2013). *Child care and education*. London: Hodder Education
- Bowen A, (2013). *Cluster Randomized Controlled Trial Evaluating the Effect of a Hand washing Promotion Programme in Chinese Primary Schools*. J. Trop. Med. Hygiene, 76: 6.
- Bernard, H.W. (1973). *Child Development and Learning*. Boston: Allyn and Bacon.
- Creswell J, W. (2015). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research*. Upper Saddle River; New Jersey: Pearson, pp. 169-180.
- Department of Education (2014). *The Learning Environment*. Brisbane: Sage

- Chireshe, R. (2013). *The state of inclusive Education in Zimbabwe: Bachelor of Education (SNE) students` Perception*. Journal of Social Science, 34(3).pp223-228.
- Chiromo, A, S. (2009). *Research Methods and Statistics in Education a student`s Guide* Gweru: Midlands State University.
- Cohen, L, & Marion, L. (2011). *Research Methods in Education*, London: Routledge Falmer, 446 pp. indexed.
- Cologan, K. (2013). *Inclusion in Education towards Equity for students with disabilities*. Australia, Macquarie University, Institute of Early Childhood.
- Curtis, A. M. (1996). *A Curriculum for The Pre-School Child: Learning to Learn*. London: Routledge.
- Dyanda, C. Makoni R. Mudukuti A, & Kuyanana A (2005). *Evaluation of the National Early Childhood Development Programme*. Harare, Government Printers, 2015.
- Feeney, S., Christensen, D. & Moravick, E. (1991). *Who Am I in The Lives of Children? An Introduction to Teaching Young Children*. New York: MacMillan.
- Fenald, L. C. H., Weber, A., Galasso, E. & Ratsifandrihamanana, L. (2012a). *Socioeconomic Gradients and Child Development in a Very Low Income Population: Evidence from .Madagascar*. Development Science, 14 (4): 832847.
- Feeney, R., Kariger, P., Hidrobo, M., & Gertler, P. (2012b). *Socioeconomic Gradients in Child Development in Very Young children: Evidence from India, In donesia, Peru, and Senegal*. PNAS, 109, Supplement 2.

- Grham, S., Cheung, Y., Cueto, (2014). *Developmental Potential in the First 5 Years for Children in Developing Countries*. The Lancet, 369 (9555): 6070.
- Gordon, C. J., Barry, O. & Zeitlin, M. (2013). *Culture and Early Childhood Development: Handbook of Early Childhood Development Research and Its Impact on Global Policy*. Oxford: Oxford University Press.
- Government of Zimbabwe (2015). *Statutory Instrument 106 of 2015*. Harare: Government Printers.
- Govindasamy, S. (2010). *Teacher training as a prerequisite for quality ECD programmes in South Africa (Unpublished MEd thesis in Teacher Education)*. Pretoria, University of South Africa. 70 Zimbabwe Journal of Educational
- Dhlomo, T. (2011). *Integrating early childhood development education into mainstream primary school education in Zimbabwe: Implications to water, sanitation and hygiene delivery*. Journal of African Studies, 3(7), 135-143.
- Harmse, H. J.; du Toit, M.E. & Broeksman, M.M. (1998). *Education for Life*. Pretoria: Education Bureau.
- Hendrick, S. (1986). *The Whole Child: Early Education for The Eightees*. Columbus: Charles E. Merrill Pub. Co.
- Horst, V. (1991). *Planning for Early Learning: Education in The First Five Years*. London: Paul Chapman Pub.

- Howes, C. (1986) *Keeping Current in Child Care Research: An Annotated Bibliography*.  
Washington D.C.: National Association for The Education of Young  
Children.
- Heckman, J. J. (2015). *Schools, Skills and Synapses*. *Economic Inquiry*, 46: 289–324.
- Hyde, A.L. & Kabiru, M.N. (2003). *Early childhood as an important strategy to improve  
learning outcomes*. Grand Baie Mauritius: Association for the  
development of education in Africa (ADEA).
- Manwa, L., Ndamba T.G. & Mamwa, L. (2012). *The dietary problems of child-feeding  
schemes in Gutu district of Masvingo*. Masvingo: Great Zimbabwe  
University.
- Martinez, S, Pollitt, S. & Perez, V. (2014). *The promise of preschool in Africa: A randomized  
impact evaluation of ECD in rural Mozambique*. Mozambique: The  
World Bank & Save the Children.
- Malaba, T., (2014). *Focus on food and nutrition 1*. Harare: College Press
- Minet, P, (2013). *Child care and development*. Cambridge: John Murray
- Morrison, G. S. (2015). *Early childhood education today*. Englewood Cliffs: Prentice Hall
- Myers, R.G. (2004). *In search of quality in programmes of Early Childhood Care and  
Education (ECCE). A paper prepared for the 2005 EFA Global  
Monitoring Report 2005*. Paris: UNESCO.
- Namara, C. & Devercelli, A... (2013). *Early Childhood Policies in Sub-Saharan Africa:  
Challenges and Opportunities*. *International Journal of Child Care and  
Education Policy*, 6 (2):21-34.

- Newstrom, J. W. (2007). *Organizational Behaviour Human Behaviour at Work, 12th edition*  
London: Tata McGraw Hill.
- Nziramasa, C.T. (1999). *Report of the presidential commission of inquiry into education  
and training*. Harare: Government Printers.
- Nzuve, M.N.S. (2007). *Management of Human Resources a Kenyan perspective,*  
*Occupational Health and Safety Act. (2007), Laws of Kenya:*  
Nairobi.
- Odhiambo, C. B. (2003). *Poverty in Diminishing Health and Safety, Nairobi: Africa  
Newsletter on Occupation Health ND Safety;13:65-6*
- O’Leary, Z. (2014). *The essential guide to doing your research project (2<sup>nd</sup> ed)*. Thousand  
Oaks, CA: SAGE Publications, Inc.
- Redhouse.J. (2016). *Investing in our Young People. Chicago: University of Chicago*
- Sharma, N. (2010). *Education for children with disability: Reflections on ‘best practices’ to  
assimilate children in the mainstream. In N. Sharma (Ed.) The social  
ecology of disability (pp.125-149). Technical Series 3, Lady Irwin  
College. Delhi: Academic Excellence.*
- Statutory Instrument 106 of (2015). [CAP 25:04]. *Education (Early Childhood Development  
Centres) Regulations*. Harare: Government Printers.
- Tassoni, P. (2012). *Child Care and Education*. Oxford: Heinemann.
- Walters, D. (2003). *Workplace Arrangements for Occupational Health and Safety in the  
21st Century, School of Social Sciences, Cardiff University, United  
Kingdom.*

UNICEF. (2011). *Defining quality in education. A paper presented by UNICEF at the meeting of The International Working Group on Education.*

Florence, Italy/New York: UNICEF.

UNICEF. (2008). *Evaluation of the national early childhood development programme*

.Harare: Ministry of Education.

UNESCO, (2015). *EFA: Paving the Way Forward. Education for All in Africa.* Dakar:

UNESCO Regional Office

## **APPENDIX A**

### **LETTER FROM COLLEGE**





# MIDLANDS STATE UNIVERSITY

P. BAG 9055  
Gwêru  
Zimbabwe

Telephone: (263) 54 60404/60337/60667/60450  
Fax: (263) 54 60233/60311

---

## FACULTY OF EDUCATION DEPARTMENT OF EDUCATIONAL FOUNDATIONS, MANAGEMENT AND CURRICULUM STUDIES

---

16 August 2018

### TO WHOM IT MAY CONCERN

The bearer..... is a  
B.Ed/MED/PGDE student at this University. She / He has to undertake research and  
thereafter present a Research Project in partial fulfilment of the degree programme.

In this regard, the university kindly requests both your institution and personnel's  
assistance in this student's research endeavours.

Your co-operation and assistance is greatly appreciated.

Thank you

.....  
**Dr. C. Manyumwa**  
**(Chairperson – Educational Foundations Management and Curriculum Studies)**

MIDLANDS STATE UNIVERSITY  
Dept of Educational Foundations  
Mngmt. and Curriculum Studies  
23 AUG 2018  
BY: C. MANYUMWA  
CHIEF EXECUTIVE OFFICER



## **APPENDIX B**

### **LETTER FROM MINISRTY**

all communications should be addressed to  
"The Provincial Education Director"  
**Telephone: 09-69511**  
**Telegraphic: "SCHOLASTIC"**  
**Telex: 50531 MPSEMN ZW**  
**Fax: 09-77027**



**Ministry of Primary and Secondary Education**  
**Bulawayo Metropolitan Province**  
**P O Box 555**  
**Bulawayo**  
**Zimbabwe**


24 October 2018

Grace Mutazu  
**MIDLANDS STATE UNIVERSITY**

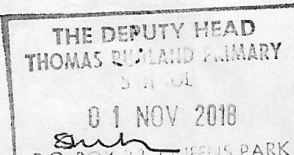
**RE: PERMISSION TO CARRY OUT A RESEARCH: THE EXTENT TO WHICH SAFETY AND HEALTH IS PROVIDED IN ECD LEARNING ENVIRONMENT IN URBAN SCHOOLS: A CASE STUDY OF INDLOVU IYANYATHELA AND STHOMAS RUDLAND PRIMARY SCHOOL: REIGATE DISTRICT: BULAWAYO METROPOLITAN PROVINCE**

With reference to your application to carry out a research on the above mentioned topic in the Education Institutions under the jurisdiction of the Bulawayo Province permission is hereby granted. However, you should liaise with the Head of the Institution/School for clearance before carrying out your research.

It will also be appreciated if you could supply the Bulawayo Province with a final copy of your research which may contain information useful to the development of education in the province.

  
N MUNGA  
**For: PROVINCIAL EDUCATION DIRECTOR**  
**BULAWAYO METROPOLITAN PROVINCE**

  
THE HEAD  
INDLOVU IYANYATHELA LADANGANI  
SCHOOL  
26 OCT 2018  
P. O. BOX 555, BULAWAYO  
TEL 09-212100

  
THE DEPUTY HEAD  
THOMAS RUDLAND PRIMARY  
SCHOOL  
01 NOV 2018  
P.O. BOX 11, WITENS PARK

## **APPENDIX C**

### **INTERVIEW GUIDE FOR THE SCHOOL HEADS**

## **INTERVIEW GUIDE FOR THE SCHOOL HEAD**

My name is Grace Mutazu I am a student at Midlands State University studying towards a degree in Bachelor of Early Childhood Education. My Registration number R173900M. The purpose of this visit is to conduct an interview for academic purposes only. The research is on the extent to which safety and health is provided in ECD learning environment in urban schools in Bulawayo Metropolitan Province.

1. What are the qualifications and experience of teachers teaching ECD at your school?
2. What are the attitudes of teachers towards healthy and safety practices at your school?
3. What other factors are affecting the implementation of safety and healthy in your ECD learning environment?
4. What support is available for the implementation of health and safety in ECD centres?

## **APPENDIX D**

### **INTERVIEW GUIDES FOR TEACHERS IN CHARGE**

## **INTERVIEW GUIDE FOR TEACHERS IN CHARGE**

My name is Grace Mutazu. I am a student at Midlands State University studying towards a degree in Bachelor of Early Childhood Education. My Registration Number is R173900M. The purpose of this visit is to conduct an interview for academic purposes only. The research is on the extent to which safety and health is provided in ECD learning environment in urban schools in Bulawayo Metropolitan Province

1. What are your qualifications and experience as well as that of teachers teaching ECD at your school?
2. What are the attitudes of teachers towards health and safety your ECD centre?
3. What other factors are affecting the implementation of health and safety practices at your ECD centre?
4. What support is available for the implementation of health and safety in ECD centers?

## **APPENDIX E**

### **INTERVIEW GUIDE FOR TEACHERS**

## **INTERVIEW GUIDE FOR ECD TEACHERS**

My name is Grace Mutazu I am a student at Midlands State University studying towards a degree in Bachelor of Early Childhood Education. My Registration number R173900M. The purpose of this visit is to conduct an interview for academic purposes only. The research is on the extent to which safety and health is provided in ECD learning environment in urban schools in Bulawayo Metropolitan Province.

1. What are your qualifications and experience as ECD teachers?
2. What are your attitudes towards safety and health issues?
3. What other factors are affecting the implementation of health and safety at your ECD learning environment?
4. What support is available for the implementation of health and safety at your ECD learning environment?



**APPENDIX F**

**CLASSROOM OBSERVATION GUIDE**

## CLASSROOM OBSERVATION GUIDE

My name is Grace Mutazu. I am a student at Midlands State University studying towards a degree in Bachelor of Early Childhood Education. My Registration number R173900M. The purpose of this visit is to conduct an interview for academic purposes only. The research is on the extent to which safety and health is provided in ECD learning environment in urban schools in Bulawayo Metropolitan Province.

Date \_\_\_\_\_

Time \_\_\_\_\_

(i) Attitude of teachers

---

---

---

(ii) Toilet Routine

---

---

(iii) Outdoor free play

---

---

---

(iv)Indoor free play

---

---

(v)Frequency of Toileting

---

---

(vi)Resources available:

---

---

(vii) Classroom environment:

---

## **APPENDIX G**

### **DOCUMENT ANALYSIS GUIDE**

## DOCUMENT ANALYSIS GUIDE

My name is Grace Mutazu. I am a student at Midlands State University studying towards a degree in Bachelor of Early Childhood Education. My Registration number R173900M. The purpose of this visit is to conduct an interview for academic purposes only. The research is on the extent to which safety and health is provided in ECD learning environment in urban schools in Bulawayo Metropolitan Province.

Date \_\_\_\_\_

School \_\_\_\_\_

Time \_\_\_\_\_

### **Documents to be analyzed:**

Teacher's personal files (Qualifications)

---

---

Child study

---

---

Health record book

---

---

Checklist

---

---

Social record book

---

---

Anecdotal record book

---

---

Scheme book

---

---

TIC and Headmasters reports

## **APPENDIX H**

### **TURNITIN REPORT**

## Dissertation

### ORIGINALITY REPORT



### PRIMARY SOURCES

|   |  |                 |    |
|---|--|-----------------|----|
| 1 | <a href="http://uir.unisa.ac.za">uir.unisa.ac.za</a>                         | Internet Source | 4% |
| 2 | <a href="http://saspjournals.com">saspjournals.com</a>                       | Internet Source | 2% |
| 3 | Submitted to Midlands State University                                       | Student Paper   | 2% |
| 4 | <a href="http://www.macrothink.org">www.macrothink.org</a>                   | Internet Source | 1% |
| 5 | <a href="http://www.asianonlinejournals.com">www.asianonlinejournals.com</a> | Internet Source | 1% |
| 6 | <a href="http://www.younglives.org.uk">www.younglives.org.uk</a>             | Internet Source | 1% |
| 7 | <a href="http://www.academicjournals.org">www.academicjournals.org</a>       | Internet Source | 1% |





brage.bibsys.no

Internet Source

19

---

campbellcollaboration.org 

Internet Source

19

---

Exclude quotes      On

Exclude matches      < 1%

Exclude bibliography      On