

Availability of Caregivers in Early Childhood Care and Education Centres in Anambra State, Nigeria

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ABSTRACT

This study sought to evaluate the availability of caregivers in the early childhood care and education centres in Anambra State, Nigeria. This desire was motivated by the need to determine the extent of availability of caregivers that existed between the public and private as well as urban and rural ECCE centres in respect of the implementation of the minimum standards for ECCE. Evaluative research design was adopted in the study. A total of 60 ECCE centres/pre-primary schools in Anambra State, consisting of 20 private and 40 public as well as 19 rural and 41 urban ECCE centres drawn from 64 private and 942 public ECCE centres in the State were involved in the study. The proprietors and caregivers in the selected schools served as respondents. The instrument for data collection was a Kit on the Evaluation of the Availability of Caregivers in the ECCE Centres in Anambra State, with direct observation and unstructured interview. The instrument was validated by experts and experienced personnel and used to collect data. The internal consistency of the instrument was determined using Cronbach Alpha. The reliability estimate for 0.78. Percentages, frequency count and mean statistics were used to answer the research questions, while chi-square and student t-statistics were used to test the null hypotheses. The major findings of the study were that: private ECCE centres have more number and adequate caregivers. Based on the findings it was recommended that the Federal and State Governments should not stop at approving the ECCE centres, but should as well allocate adequate fund to the education sector to take care of the Early Childhood Care and Education.

Keyword: Evaluation, availability, caregivers, education, Anambra, childhood, care.

I. INTRODUCTION

Early Childhood Care and Education (ECCE) are crucial in the overall development of the child. It is the most delightful, yet risky period in the development of the child, as experience gained at this stage may

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make or mar the child's personality development permanently. Early Childhood Care according to Currie (2001) is the care given to a child that involves health and nutrition while Early Childhood Education is a term that refers to educational programmes, strategies and provisions that are geared towards children formation from birth to the age of five. This time period is widely considered the most vulnerable and critical stage of a person's life. ECCE involves creating an enabling environment that will contribute to the total development of the child. It entails the provision of healthy interaction, support, security, stimulation, protection given to the child from an early age to boost his intellectual and social competencies in future.

According to United Nations International Children Education Fund, UNICEF(2007), Early Childhood Care and Education is the comprehensive nature of the development which takes place in the years before the child enters primary school. It is usually concerned with the linguistic, social, cognitive, nutrition, health care and educational growth of the child in its first five or six years. ECCE therefore, is the care and education of children from birth to primary school age (i.e. to age 6). It covers children's survival, growth, development and learning -including health, nutrition and hygiene, and cognitive, social, physical and emotional development- from birth to entry into primary school. Although, Bassey and Amang (2001) argued that Early Child Care centres can never replace the love, security and nurturing prevalent in the home, they however, stated that:

the program is important to the child because it provides several opportunities to a child which includes among others: play with children of his own age, learn to live in the society, use a variety of toys, materials and equipment suited to his interest; express his feelings and ideas through words and actions, learn about his socio-cultural heritage and that of people of other places, have skilled adults caring for him, supervising his activities and promoting his acquisition of skills and knowledge, acquire personal and community habits of hygiene which will protect him from certain diseases and promote his health, be in a safe, clean and comfortable environment during the day. Others are, enjoy baby friendly initiative for children below two years, brought to the centre and benefit from improved nutritional standards for the other children that will be fed at least once in the centre, as well as develop self-esteem through participatory approach in activities such as child-to-child and Visualization in Participatory Programme (VIPPP) also have safe, happy and busy day (p.59).

The Federal Republic of Nigeria, FRN (2004), in the National policy on education section 2 sub-section 11 refers to Early Childhood/Pre-primary Education as the education given in an educational institution to children prior to their entering the primary school. It includes the crèche, the nursery and the kindergarten. The policy also in section 2 sub-section 13 outlines the purposes of Early Childhood/Pre-primary Education as:

effecting a smooth transition from the home to the school; preparing the child for the primary level of education; providing adequate care and supervision for the children while their parents are at work (on the farms, markets, offices etc); inculcating social norms; inculcating in the child the spirit of enquiry and creativity through the exploration of nature, the environment, art, music and playing with toys etc. developing a sense of co-operation and team-spirit; teaching the child the rudiments of numbers, letters, colors, shapes, forms etc. through play (p.11).

Child Caregiving arrangements are provided for babies and toddlers from birth to age two to two and half years. These have been found to exist in homes designated centres. Home-based arrangements include care that takes place in a child's own home or in the home of someone else. This care may be provided by a relative

(other than the child's parents) or a non-relative. Non-relative care includes care provided by babysitters, nannies, and family day care providers and other such arrangements, which provide socialization environment for these children while their parents attend to economic activities. Pre-primary educational arrangements provide for the education and nurture of children aged 3 to 5 years. These have been variously referred to in Nigeria as Nursery school. They are usually organized in form of school and programs aimed at preparing children for formal schooling. In Anambra State ECCE centres (owned by government and private individuals/organizations) are located in various places (urban and rural) and buildings- campuses of some colleges, premises of some industrial and business organizations. Others are in church premises, residential buildings some part or whole of which are hired for use as nursery schools only or both nursery and primary schools, and so on, while some are set up mainly in some towns as full-fledged nursery and primary schools with their own buildings and premises. The physical structures vary widely in terms of quality and aesthetics from one establishment to another. So do the facilities and equipment.

Given the importance of ECCE program in the research, Federal Government resolve to provide enabling environment to run the program well and evolved a National minimum standard on early child care centers in Nigeria. (Nigeria Educational Research and Development Council)NERDC. The minimum standards are prescribed by NERDC as guidelines for the operation of pre-primary schools. The guidelines bordered on location, ownership, the nature of playground, fencing and office accommodation. Other guidelines to be followed include: classroom accommodation, record keeping, provision of furniture and instructional materials. Requirement regulating personnel, health and nutrition are also outlined. To ensure that children have access to ECCE, the minimum standards on ECCE also specify that the Child Care Centers (CCC) should be accessible, that is to be sited within the neighborhood. This emphasis is in line with UNICEF's Catchment Area-Based Planning, Management and Monitoring (CAP-MM). CAP-MM is a management method which entails the involvement of the community in the management, planning and monitoring as well as accessibility of school by the village members (Ikemi&Oja, 2001). This means that the location of ECCE centres within reach of families opens ways for children to have access to it. Accordingly, Federal Government of Nigeria, FRN (2004), has also resolved to monitor, regulate and control the operations of ECCE centres nationwide in line with the minimum standards.

To further ensure effective implementation of the ECCE program and show the importance of a teacher in the implementation of the minimum standards, National Commission for Colleges of Education, NCCE (2007) developed a manual for the training of childhood education caregivers/teachers at the Nigeria Certificate in Education (NCE) level. NCCE (2007) notes the crucial nature of ECCE which requires caregivers who are knowledgeable, skilled and equipped to handle instruction at the pre-school level. The NCCE (2007) further enumerates specific roles of caregivers in the discharge of their duties to include the following among others: assist the child to develop good table manners, assist the child to develop social skills, facilitate emotional stability of the child; assist the child to develop inquisitiveness and to explore the environment; and identify children with special needs for early intervention and referrals. The caregivers also discharge instructional roles in pre-schools. They nurture, teach, and care for children who have not yet entered kindergarten.

Research has shown that the benefits of ECCE programme, if adequately implemented, would include not only the Intellectual (cognitive) aspect of the child's development, but also the health, nutrition, social and

emotional as well as the physical aspects of the child in a child-friendly environment. Despite the existing research works on ECCE none was conducted to evaluate the implementation of ECCE in Anambra State. More so, as observation has shown that Anambra State is one the states with a high number of approved ECCE centres in the country, however, the extent of compliance to set standards is doubtful in the state. This scenario therefore, portends that the implementation of the ECCE programme at the moment may be without regards to set standards. It is against this background that this study evaluated the availability of caregivers in the early childhood care and education centres in Anambra State, Nigeria.

Research Questions

What caregivers are available in the ECCE centres in compliance with the requirements on human resources/personnel in ECCE centres based on the national minimum standards for ECCE centres?

Hypothesis

The public and private ECCE centres do not differ significantly in compliance with practices and provision as required in the national minimum standards for the operation of ECCE as relates to conditions of caregivers.

II. Empirical literature

Shim, Hestenes and Cassidy (2004) conducted a study on teacher structure and child care quality in pre-school classrooms and found that co-teacher structure was associated with higher quality child care and more positive teacher behaviour than a hierarchical two-teacher structure or a single-teacher structure. Rao and Pearson (2007) carried out an evaluation of ECCE program to examine the effectiveness of different early childhood programming strategies. The findings of the ECCE evaluative study indicates that children's developmental functioning differ between the children who participated in ECCE and those who did not.

III. RESEARCH METHODOLOGY

Design of the Study

The design of the study is evaluative survey. It is designed to evaluate the extent to which ECCE providers in Anambra state (public and private) comply with the national minimum standards for ECCE in terms of the availability of caregivers.

Area of the Study

The study was carried out in Anambra State which is one of the States in the South-East geo-political zone.

Sample and Sampling Procedures

The sample size for the study consists of 20 private and 40 public ECCE centres drawn from the six education zones in Anambra State. The multistage sampling technique would be adopted in the selection of the sample for the study. This is because the population involved is large and it is spread over a wide geographical

area. In the first stage, three out of the six education zones were randomly selected viz – Awka, Ogidi and Onitsha Education zones. Each of these zones has not less than three local government areas.

In the second stage of selection, from the list of the 11 local government areas in the three education zones, three local government areas would be randomly selected viz – Awka South, Oyi and Onitsha North local government areas. In the three local government areas, there are a total of fifty privately owned ECC centres and eighty publicly owned ECC centres. In the third stage, a total of twenty privately owned centres and forty publicly owned ECC centres were randomly selected using simple balloting with replacement procedure. These are made up of nineteen ECCE centres located in the rural communities and forty-one ECCE centres located in the urban communities and they formed the sample for the study.

Instrument for Data Collection

The instrument for data collection for this study is a Kit on the Evaluation of the Availability of Caregivers in the ECCE Centres in Anambra State (KEACECAS). It is a combination of questionnaire, observational schedule, (evidence form) and structured interview. Some aspects of the evaluation would require direct observation and the proprietors, caregivers and few attendants will be interviewed in each centre. The evidence form will be used to collect evidence on the key issues to make judgments about compliance to the national minimum provisions in each centre.

The instrument was developed by the researcher with the information got from the review literature and the provisions of the national minimum standard for ECCE in Nigeria. A four (4) point rating scale will be used both for indicating the extent of problems in the questionnaire and the pitched judgment in the evidence form as follows: - Strongly agree (SA) 4 points; Agree (A) 3 points; Disagree (DA) 2 points and Strongly Disagree (SD) 1 point.

The instrument was given to three (3) lecturers at the University of Nigeria, Nsukka: two (2) were professionals in Childhood Education and another expert in Educational Measurement and Evaluation to ascertain the face-validity of the KIT. They were requested to examine the instrument to ensure that the language of the instrument relate to the purpose of the study, research questions and hypotheses. After a critical scrutiny of the items of the instrument, their comments and corrections helped in the final development of the instrument.

To ensure the reliability of the instrument, 30 copies of the questionnaire were administered to 10 proprietors and 20 caregivers in privately owned and public ECCE centres selected from urban and rural areas in Enugu State. The subjects used in the trial test were outside the study area and therefore included in the study. Data collected were analyzed using Cronbach Alpha method to find the internal consistency of the instrument. Cronbach Alpha is used for instruments that are not scored dichotomously. The internal consistency 0.784.

Method of Data Collection

The method of data collection involved a combination of extensive direct observation with interview as well as use of questionnaire. The practice of using multiple methods of data collection is often an appropriate and helpful technique and different methods (such as observation and interviewing), different data sources and even multiple investigators with varying theoretical perspectives can be used).

The researcher and/or assistant visited the sampled centres and used the evidence form to collect evidences of the key issues through direct observation and unstructured interview. The observational and interview data were immediately transcribed into a rating scale using the pitched judgment five point rating. After the observation and interactions, the copies of the questionnaire were administered to the caregivers to identify the problems encountered by the centres in the implementation of the national minimum standards.

Method of Data Analysis

The data collected were analyzed using descriptive statistical tools of percentages and frequency count, and mean scores, in order to provide answers for the research questions. The minimum level for compliance with the national minimum standard for operating ECCE centres was assumed to be 50%. The chi-square and t-test statistics were used to test the null hypothesis formulated for the study at .05 levels of significance. The chi-square and t-test statistics were used to determine if there were significant differences in the mean scores of the respondents.

IV. RESULTS

The results of the study are presented in line with the research question and hypothesis that guided the study.

Research Question One

What caregivers are available in the ECCE centres in compliance with the requirements on human resources/personnel in ECCE centres?

Table 1: Number and Availability of Caregivers in ECCE centres

	Number and availability /adequacy of caregivers (Key Issues)	Compliance	Ownership					
			Private			Public		
			N	%	Dec.	N	%	Dec.
a.	One caregiver and one helper per 20-25 children of 0-3 years olds	Not Complied	14	70.0	Not	33	82.5	Not
		Complied	16	30.0	Com.	7	17.5	Com.
b.	One caregiver and one helper for 30-35 children of 3-5 year olds	Not Complied	7	35.0		34	85.0	Not
		Complied	13	65.0	Com.	6	15.0	Com.
c.	Medically fit and committed caregivers and	Not Complied	13	65.0	Not	10	25.0	

	helpers who are trustworthy		7	35.0	Com.	30	75.0	Com.
		Complied						
d.	Caregivers for 0-3 year olds with basic literacy and not less than 21 years	Not Complied	9	45.0		17	42.5	
			11	55.0	Com.	23	57.5	Com.
		Complied						
e.	Caregivers for 3-5 year olds preferably NCE holders, retired teachers, nurses or any other with secondary school certificate and not less than 21 years	Not Complied	14	70.0	Not	25	62..5	Not
			6	30.0	Com.	15	37..5	Com.
		Complied						
f.	Helpers with primary six basic literacy certificate and not less than 21 years	Not Complied	7	35.0		34	85.0	Not
			13	65.0	Com.	6	15.0	Com.
		Complied						
g.	Able-bodied and responsible numbers of he community as security guards	Not Complied	18	90.0	Not	15	37.5	
			2	10.0	Com.	25	62.5	Com.
		Complied						
h.	Caregivers familiar with requirements for operating standard ECCE canthers	Not Complied	8	40.0		36	90.0	Not
			12	60.0	Com.	4	10.0	Com.
		Complied						
i.	Caregivers screen children periodically to detect any special needs	Not Complied	7	35.0		35	87.5	Not
			13	65.0	Com.	5	12.5	Com.
		Complied						
j.	Caregivers fellow up interaction on children	Not Complied	5	25.0		30	75.0	Not

performance	15	75.0	Com.	10	25.0	Com.
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Complied

The data presented in Table 1 show the number and availability of caregivers/helpers in the public and private ECCE centres in Anambra state. The data indicate that while sixty percent of the private ECCE centres complied with the required number of caregivers/helpers in compliance with the human resources/personnel requirements in the ECCE centres as indicated in items 1 b, d, f, h, I and j, only thirty percent of the public ECCE centres complied with the required number of caregivers/helpers as indicated by items are 1 c, d, and g.

Hypothesis One

The public and private ECCE centres do not differ significantly in compliance with practices and provisions as required in the National minimum standards for the operation of ECCE as relates to conditions of caregiver/helpers.

Table 2: Chi-square Test on the compliance of Public and Private ECCE centres Regarding Number and Availability of Caregivers/Helper Practices in Public and Private ECCE Centre

Source	Cal value	df	Assymp sig. (2-tailed)
a. One caregiver and one helper's 20-25 children of 0-3 year olds.	1.186	1	.276
b. One caregiver and one helper for 30-35 children of 3-5 year olds	15.205	1	.000
c. Medically fit and committed caregiver and one helpers who are trustworthy	8.996	1	.003
d. Caregivers for 0-3 year olds with basic literacy and not less than 21 years.	.034	1	.854
e. Caregivers for 3-5 year olds preferably NCE holders, retired teachers, nurses or any other with secondary school certificate and not less than 21 years	.334	1	.563
f. Helpers with primary six or basic literacy certificate and not less than 21 years.	15.205	1	.000
g. Able-bodied and responsible members of the community as security guards	16.648	1	.000

h.	Caregivers familiar with requirements for operating standard ECCE centres	16.663	1	.000
i.	Caregivers screen children periodically to detect any special needs	17.264	1	.000
j.	Caregivers follow up interaction on children performance	14.023	1	.000

The results presented in Table 2 show the influence of ownership on the number and availability of caregivers/helpers practices in Anambra State in compliance with the provisions as required in the national minimum standards for ECCE. The results show that the public and private ECCE centres in Anambra State differ significantly in compliance with the availability of caregivers/helpers practice and provisions as required in the national minimum standards for ECCE. The calculated chi-square values of 1.186, .034, and .334 in respect of items 1 a, d and e are significant at .276, .854 and .563 respectively and therefore not significant at .05 levels of significance. From the table, one can see that the calculated chi-square values of 15.205, 8.996, 15.205, 16.648, 16.663, 17.264 and 14.023 in respect of items 1 b, c, f, g, h, I and j are significant at .000, .003, .000, .000, .000, .000 and .000 respectively and therefore significant at 0.5 levels of significance. Since the obtained chi-square values for almost all the items (7 out of 10 items) are far greater than the critical values at .05 levels of significance at 1 degree of freedom, the null hypothesis of no significant difference is rejected. This implies that the private ECCE centres complied more with the number of caregiver/helpers than public ECCE centers in Anambra State.

V. Discussion of the findings

The result of the study reveals that in Anambra State: private ECCE centres complied more with the number of caregiver than, the public and private ECCE centres differ significantly in compliance with practices and provisions as required in the National minimum standards for the operation of ECCE as relates to conditions of caregiver.

The finding of the study agrees with the FGN/UNICEF (1993) situation and policy analysis (SAPA) study which reported that 80% of the pre-primary institutions were owned by private business and partners. The report went on to say that in these centres, teachers were not professionally qualified and instructional materials were hardly available. The finding of the study however disagrees with the finding of Rao and Pearson (2007) who carried out an evaluation of ECCE programmes to examine the effectiveness and different early childhood programming strategies. The researchers systematically observed early care and education practices in community preschools in Cambodia.

In general, the observations from the several studies revealed deficiencies in the quality of ECCE delivery in all schools, especially the public ECCE centres in Nigeria. This finding goes a long way in painting the picture clearer on the extent of gap in the full implementation of the national minimum guidelines on the operations of the ECCE centres in Anambra State.

The finding of the study disagrees with the finding of Rao and Pearson (2007) that carried out an evaluation of ECCE programme in the Republic of Cambodia, to examine the effectiveness of different early childhood programming strategies and reported that all stakeholders preferred the state preschools to both the community preschools and home-based programme. This preference was because of their longer hours of operation, the formal training that teachers received and clear line of management from the Ministry of Education, Youth and Sports. They behaved that the state preschool system was well-established, well-managed and highly functional. The finding agrees with the finding of Offorma, Ibiam, Uzoegwu and Igbokwe (2008) who conducted a study on blind sports in pre-primary education in creating a global culture of peace strategies for curriculum development and implementation. The study found out that pre-primary schools were not well administered by government; that the government approved the establishment of the schools but proprietors provided the facilities. It further concluded that among others that the pre-primary schools did not adhere strictly to the minimum standards set out for running the early childhood education.

VI. Conclusions

From the findings of the study and discussion that followed, the researchers concluded that in Anambra State, private ECCE centres complied more with the number of caregiver than, the public. Also, the findings showed that private ECCE centres differ significantly in compliance with practices and provisions as required in the National minimum standards for the operation of ECCE as relates to conditions of caregiver.

This conclusion implies that the Federal and Anambra State Governments could appreciate more, the need for closer monitoring of the universal basic education programme to ensure that caregivers in ECCE centres receive formal training in ECCE programmes with clear line of management from the Ministry of Education.

It could make the private proprietors of ECCE centres to accept that for the preprimary schools to be well administered, government would not stop at approving the establishment of the schools but could monitor the activities in the private ECCE centres to ensure that they adhere strictly to the minimum standards set out for running the early childhood education. The finding of this study has some implications for pupils.

Limitations of the Study

- The conclusions and generalization of this study could be limited by some respondents not being interested in the study, as such they filled the questionnaire haphazardly, which implies that their responses may not be the true position of things in the public, private, urban and rural ECCE centres.
- The difference in the ownership and location of ECCE centres under study could be a limitation to a study of this nature. Generalizing from the opinions of proprietors and caregivers from public, private, urban and rural ECCE centres on the same issue may not show the true state of early child care delivery services.

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