

Health Care and Safety Practices adopted by Caregivers in the Crèches in Lagos State

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Abstract

The major purpose of this study was to investigate the health care safety practices adopted by the caregivers in the crèches in Lagos state. Specifically, the study determined the important health care and safety practices which should be adopted by caregivers in the crèches and those that are actually adopted by caregivers in the crèches in Lagos State. The area of the study was Lagos state. The population for the study was 1005 respondents consisting of 701 caregivers in the crèches and 304 in-house medical nurses. A sample of 353 respondents made up of 237 caregivers and 116 nurses were used for the study. Questionnaire was used for data collection. The data were analyzed using mean. The major findings of the study included 18 important health care practices out of which 17 were adopted and 16 important safety practices out of which 15 were adopted by the caregivers in the crèches in Lagos State.

Key words: health, care, safety, practices, crèche, caregivers.

Introduction

The crèche is a non-maternal formal child-care setting where infants and children are kept for a particular period of time for nursing care, nutrition, sleep, excretion and general comfort of the children. It usually cares for a group of ten or more children often in a church, private home or school (Beith, Pullan and Robertson, 1998). The crèches make use of child caregivers or child minders. These refer to people who take responsibility of caring for the children on a long or short term basis in various child-care settings (Shelov, 1998). They provide the children with healthy, supportive, safe and stimulating environment that will make them feel secure and allow them, proper growth

and development (Strickland and Worth, 2007). The crèches also have medical nurses attached to them. These are regarded as in-house nurses. They see to the treatment of mild illnesses and injuries in the crèches.

The importance of children's health and well being cannot be over emphasized. The happiness of a nation to a large extent depends on the health of the children who are leaders of tomorrow (Robertson, 1998). Good health enhances proper growth and development of children whereas poor health retards their growth and development (Santrock, 2007). The child's health depends significantly on the care and guidance that are offered to him or her during the early years of life

(Shelov, 1998). The uniqueness of young children's health care needs is evident when we consider their motor, cognitive and social development (Santrock, 2007).

The childhood period is a peak time for such illness as respiratory and gastrointestinal upsets. Illnesses, especially those that are not life threatening, provide excellent opportunity for young children to expand their development (Deluca, 1999). These illnesses usually are of short duration and are often handled outside the medical community through the family, day care or school. Such minor illness can increase the young child's knowledge of health and illness and sense of empathy (Santrock, 2004).

Provision of health care to the children also includes keeping them free from injuries. Everyday, life is full of well disguised dangers for children; sharp objects, shaky furniture, reachable hot water faucets etc. Keeping children physically safe is the most basic responsibility of the caregivers and a never ending one (Shelov, 1998). With each new developmental competency, a child has the chance of getting into trouble in entirely new and surprising ways. The emergence of mobility in one form or the other and the more adept use of fingers and hands mean more fun, learning as well as safety issues. The sphere of safety widens to wherever the child can move to (Dixon and Stein, 2000).

Many injuries that occur at home or crèches are predictable and preventable (Shelov, 1998). An accident infers a chance occurrence that is preceded by

no control or responsibility. Because of developmental factors that limit children's physical, cognitive and emotional abilities, they more vulnerable to injury. Children are natural risk takers who attempt actions for which they lack skills. They want to test and master their environments. They therefore need a sense of trust and security that their environment is friendly and safe (Robertson, 1998).

The safety risks of indoor and outdoor environments vary widely. The indoor environment includes a multitude of items that can pose risks. Hazards come from household items, toys, animals, children's food, furniture, paints, medications, electrical outlets and cords among others (United Way Child-care Resource and Referral, UWCRR, 2012). To be able to protect the child from danger that he or she will encounter in and out of the centre, the caregivers have to see the world as the child does (Strickland and Worth, 2007).

The caregivers should be aware of what safety hazards exist in the environment. Knowledge of the potentials for injury will help the caregivers be aware of what is needed to create the protective and secure environment. Injury prevention also offers a plan to manage injuries as they occur with the least distress to everyone concerned. Injury prevention offers children the sense of safety and security needed to develop to their fullest potential (Devon County Council, 2012).

Child caregivers have important health and safety roles for young children (Santrock, 2004). They have the responsibility to provide optimal conditions to maximize the safety and sense of well being of the children in

their care (National Resource Centre for Health, NRCH, 2012). However, available report shows that two studies carried out in some crèches in Abeokuta and Benin City revealed poor hygiene practices that are injurious to children, Olaitan and Adeleke (2007) and Abiodun, Ihongbe and Ogbimi (1985). Hence this study was undertaken to identify the health care and safety practices adopted by caregivers in the crèches in Lagos State.

Purpose of the Study

The major purpose of this study was to investigate the health care and safety practices adopted by caregivers in the crèches in Lagos State.

Specifically, the study determined the:

1. Important health care practices that should be adopted and those adopted by the caregivers in the crèches in Lagos State.
2. The important safety practices that are actually adopted and those adopted by the caregivers in the crèches in Lagos State.

Methodology

Area of the Study: The study was conducted in Lagos state. Lagos state lies in South-western Nigeria. It is a huge metropolis and the most populous conurbation in Nigeria with 9,013,534 inhabitants (NPC, 2006). Lagos is Nigeria's most prosperous city and much of the nation's wealth and economic activities are concentrated there (Lagos State Government, N.D). This has attracted many young entrepreneurs and families seeking a better life from throughout Nigeria and beyond. Many of

these families have both parents with full or part-time employment outside the home. This makes it necessary for them to seek non-maternal care facilities for their children while they, the parents are at work. The use of crèches is one of such facilities.

Population for the Study: The population was made up of all the caregivers in the 304 registered crèches in Lagos State as the time of this study (Ministry of Women Affairs and Poverty Alleviation (MWAPA) 2009). The crèches had 1005 staff made up of 701 caregivers and 304 in-house nurses as at the time of this study. The caregivers and nurses comprised young ladies, middle aged women as well as elderly women. Their ages ranged from 20 to 65 years of age. The nurses were qualified nurses who possessed the nursing certificate from nursing schools and/or university degree in nursing. They work in recognized hospitals but are attached to the crèches. They visit the crèches on scheduled days of the week and are also called upon as need arises. This group was selected because of their knowledge in the health and general care of children make them capable of determining the important child-care practices that should be adopted by caregivers in the crèches. The educational qualification of the caregivers ranged from General Certificate in Education (GCE) or its equivalent and below, to Nigeria Certificate in Education (NCE) and first university degree.

Sample for the Study: A multistage sampling technique was used in selecting the respondents. The first stage involved an initial purposive sampling of seven Local Government Areas which were selected based on their accessibility.

These areas were Oshodi/Isolo, Mushin, Surulere, Ikeja, Amuwo-odofin, Kosofe and Agege which have a total of 169 crèches.

The second stage of sampling involved a cluster sampling of the crèches based on the selected seven Local Government Areas in which 70% of the crèches in each cluster (Local Government Area) were selected. The 70% cluster sampling of the crèches in the seven Local Government Areas yielded a total of 257 caregivers and 120 in-house nurses.

The last stage involved a random sampling of two caregivers and one nurse per crèche which yielded 240 caregivers and 120 nurses who constituted the 360 sample (respondents) for the study.

Instrument for data collection: The instrument for data collection was questionnaire which was developed based on the review of related literature on health care and safety practices and the purpose of study. Research question one was answered by the in-house nurses while the caregivers answered the research question two. The instrument was face validated by two

Home Economics lecturers one each from University of Nigeria, Nsukka and University of Lagos as well as one by child development expert from the Ministry of Women Affairs and Poverty Alleviation (WAPA) Ikeja. Cronbach Alpha reliability index which yielded reliability co-efficient of 0.987.

Data Collection and Analysis Techniques:

Three hundred and sixty (360) copies of the questionnaire were distributed by hand with the help of two trained research assistants. A total of 353 copies were successfully completed and retrieved after a week. These 353 respondents then became the actual sample for the study. The data from the two research questions were analyzed using the mean while a mean rating of 2.50 was used in decision making.

Findings of the study

The following findings were made:

1. 18 important healthcare practices out of which 17 practices were adopted by the caregivers.
2. 16 safety practices out of which 15 were adopted by the caregivers.

Table 1: Mean Responses of In-house Nurses and Caregivers on the Important Healthcare Practices that should be adopted and those that are adopted by the Caregivers in the Crèches.

S/No	Important Health care Practices	Nurses N = 116		Caregivers N= 257	
		\bar{X}	Remarks	\bar{X}	Remarks
1.	Caregivers should check the children daily for signs of infections and illnesses.	3.97	Imp	3.46	P
2.	Children with infectious diseases should not be allowed	3.92	Imp	2.60	P

	in the crèche until properly treated.				
3.	Caregivers should keep children's immunization record and help remind parents when due.	3.25	Imp	2.97	P
4.	Caregivers who have infectious diseases should not be allowed to handle children.	3.91	Imp	2.62	P
5.	Different towels and feeding items should be used for each child.	3.28	Imp	3.51	P
6.	Caregivers should ensure adequate ventilation at all times.	3.08	Imp	3.82	P
7.	Children should not be overcrowded in the crèche room.	3.05	Imp	3.65	P
8.	The floor and furniture should be cleaned and disinfected especially after meals and after any toilet accident or vomiting by the children.	3.11	Imp	3.85	P
9.	Children and caregivers should wash their hands thoroughly especially after toileting or diapering.	3.94	Imp	3.71	P
10.	Refuse should be properly and promptly disposed of.	3.92	Imp	3.85	P
11.	Caregivers should report any case of sudden illness to the in-house nurse.	3.97	Imp	3.52	P
12.	There should be a functional first aid box in the crèche.	3.05	Imp	3.82	P
13.	Caregivers should administer only the medications recommended by a doctor/nurse.	3.29	Imp	3.69	P
14.	Parents' permission should be obtained before giving any medication unless it is from parents.	3.05	Imp	3.71	P
15.	Medications should be given according to the recommended time and dose.	3.45	Imp	3.80	P
16.	The medications should be stored at the recommended	3.72	Imp	3.71	P

	temperature and place.				
17.	Caregivers should not refer to medicines as “sweet” in order to make children take it.	2.91	Imp	1.62	P
18.	One child’s medicines should not be given to others who show similar symptoms of illnesses.	3.09	Imp	2.95	P

X = Mean, SD = Standard Deviation, N = Number, Imp = Important, P = Practiced, NP = Not Practiced

Table 1 shows that all the 18 items were regarded by the in-house nurses as the important healthcare practices that should be adopted by caregivers in the crèches with their mean ratings all above the acceptance point of 2.5. 17 out of the 18 practices were adopted by the caregivers in the crèches. Item 17 was not practiced with a low mean rating of 1.62.

Table 2: Mean Responses of In-house nurses and the Caregivers on the Important Safety Practices that should be adopted and those that are adopted by the Caregivers in the Crèches.

S/No	Important Safety Practices	Nurses N = 116		Caregivers N= 257	
		\bar{X}	Remarks	\bar{X}	Remarks
1.	Caregivers should ensure that the floor are smooth, clean and dry	3.92	Imp	3.89	P
2.	All medicines and cleaning agents should be kept out of children’s reach.	3.94	Imp	3.86	P
3.	They should ensure that plastic bags, ropes, sharp objects and electrical appliances are kept away from children.	3.95	Imp	3.95	P
4.	Table clothes should not be used in the crèches.	3.31	Imp	2.09	N P
5.	Caregivers should ensure that all furniture are in good order with no sharp edges.	3.91	Imp	3.87	P
6.	They should ensure that smoke does not enter into the crèche room.	3.88	Imp	3.31	P
7.	Breakable objects should be avoided.	3.75	Imp	2.74	P
8.	Caregivers should ensure that children do not handle tiny objects such as beads and buttons.	3.78	Imp	3.69	P
9.	Caregiver should ensure that there are a functional fire extinguisher and	3.82	Imp	3.68	P

emergency exit in the crèche.				
10. Caregivers should ensure that the play ground is covered with fine sand, and free from harmful objects.	3.88	Imp	3.82	P
11. The play equipment such as swings and slides should be firm and of suitable height for the children.	3.83	Imp	3.77	P
12. Caregivers should ensure that metal equipment are kept away from the sun.	3.75	Imp	3.69	P
13. Toys should be suitable for the children's age.	3.75	Imp	3.71	P
14. Caregivers should clean and clear away toys after use.	3.63	Imp	3.51	P
15. Caregivers should avoid toys that are tiny enough to be mouthed by the children.	3.78	Imp	3.62	P
16. Any damaged toy should be repaired or discarded immediately.	3.69	Imp	3.57	P

X = Mean, SD = Standard Deviation, N = Number, Imp = Important, P = Practiced, NP = Not Practiced

Table 2 indicates the important safety practices that should be adopted by caregivers in the crèches. All the 16 items were regarded as important and their mean ratings range from 3.31 to 3.95, while 15 of them are adopted by the caregivers.

Discussion of Findings

The study identified 18 important healthcare practices out of which the caregivers in the crèches adopted 17 practices. The findings include that the caregivers do check the children daily for signs of infections and illnesses and that those with infectious diseases are not allowed in the crèche until properly treated. These findings are in agreement with the healthcare recommendations of National Resource Centre for Health; NRCH (2012) that child caregivers have the responsibility to provide optimal

conditions to maximize the health and sense of well being of the children in their care. The findings are also in agreement with the observations of Santrock (2004) that the childhood period is a peak time for such infectious illnesses as respiratory and gastrointestinal upsets. The findings that caregivers keep children's immunization record and help remind parents when due and that the caregivers who have infectious diseases are not allowed to handle children are consistent with the views of Strickland and Worth (2007) that the caregivers provide the children with healthy, supportive, safe and stimulating environment that will make them feel secure and allow them, proper growth and development.

Further findings that different towels and feeding items are used for

each child and that the caregivers ensure adequate ventilation at all times as well as that children are not overcrowded in the crèche room are in agreement with the views of Deluca (1999) that prevention of diseases and infections is one the primary roles of children's caregivers. They are also in line with the views of Hahn and Payne (2003) that caregivers need the tool of sensitivity to manage the spread of disease as well as manage mild illnesses among children. The findings that the floors and furniture are cleaned and disinfected especially after meals and after any toilet accident or vomiting by the children are in consonance with the views of Devon County Council (2012) that caregivers need to provide and maintain a healthy and sanitary environment for the children in their care. It is also consistent with the views of Strickland and Worth (2007) that caregivers need to provide and maintain a healthy environment even when handling illness. The findings that the children and caregivers wash their hands thoroughly especially after toileting or diapering and that refuse are properly and promptly disposed of, are in agreement with the opinions of Santrock (2007) that good health enhances proper growth and development of children whereas poor health retards their growth. The findings do not agree with the findings of Olaitan and Adeleke (2007) that revealed low level of hygiene in crèches through the various bacteria isolated from the floor, toilet, cots and the hands of caregivers in the crèches in Abeokuta. The findings of this study also are not in

line with the findings of Abiodun, Ihongbe and Ogbimi (1985) that discovered rotavirus in the stool specimen of some children in the crèches in Benin City. The above researchers observed that the virus infection was as a result of poor hygiene practices such as improper hand washing and lack of disinfection of the crèche rooms.

The findings on the practice that caregivers report any case of sudden illness to the in-house nurse and that they ensure that there is a functional first aid box in the crèche are consistent with the healthcare recommendations of the NRCH (2012). The findings that caregivers administer only the medications recommended by a doctor/nurse and parents' permission is obtained before giving any medication unless it is from the parents are in agreement with the views of Robertson (1998) who indicated that no medication should be administered without written order of a doctor and parents must provide written permission authorizing the administration of medications. The finding that the medications are given according to the recommended time and dose and that they are stored at the recommended temperature and place are consistent with recommendations of United Way Child-care Resource and Referral; UWCRR, (2012) which indicated that caregivers should administer medications according to the dose and time prescribed. The finding on the practice that one child's medicines are not given to others who show similar symptoms of illnesses is in line with the healthcare

recommendations of Beith *et al* (1998) which also indicated that caregivers should explain what the child is being given and the reason for it. These findings are all in accordance with the opinions of the in-house nurses on the important healthcare practices that should be adopted by the caregivers in the crèches. They also are in line with the views of Deluca (1999) that illnesses that are not life threatening provide opportunity for young children to expand their knowledge and development.

The study further identified 16 important safety practices that caregivers in crèches should adopt out of which 15 of these practices were adopted. They include; the caregivers ensure that the floors are smooth, clean and dry and that all medicines and cleaning agents, plastic bags, ropes, sharp objects and electrical appliances are kept out of children's reach. These findings are consistent with the views of Shelov (1998) that life is full of well disguised dangers for children; therefore keeping the children physically safe is one of the most basic responsibility of the caregivers and a never ending one. The finding that caregivers ensure that all furniture are in good order with no sharp edges and they ensure that smoke does not enter into the crèche room are in line with the observations of Dixon and Stein (2000) that with each developmental competency, a child has the chance of getting into trouble in entirely new and surprising ways therefore the caregivers have to ensure that any potential hazard is out of their way. The finding that

caregivers ensure that breakable objects are avoided in the crèche and that the children do not handle tiny objects such as beads and buttons are in consonance with the views of Robertson (1998) that children are natural risk takers who want to test and master their environments. They therefore need a sense of trust and security that their environment is friendly and safe. . The finding on the practice that caregivers ensure that there is a functional fire extinguisher and emergency exit in the crèche are in agreement with the safety recommendations of the United Way Child-care Resource and Referral, UWCRR (2012) on healthy practices that keep children safe.

The finding on the safety practices that caregivers ensure that the play ground is covered with fine sand, and free from harmful objects is consistent with the opinions of Dixon and Stein (2000) that the sphere of safety issues widens to wherever the child can move. The findings on the practice that the play equipment such as swings and slides are firm and of suitable height for the children and that metal equipment are kept away from the sun are in agreement with the safety guidelines of Devon County Council (2012). The findings also are consistent with the opinion of Robertson (1998) that children are more vulnerable to injuries because of developmental factors that limit their physical, cognitive and emotional abilities. Further findings of the study on toy safety practices showed that the caregivers provide toys that are suitable for the children's age is consistent with the recommendations of

Anyakoha (2007) on criteria that must be met to ensure toy suitability for young children. The findings on the practice that the caregivers clean and clear away toys after use and that they avoid toys that are tiny enough to be mouthed by the children while damaged toys are also repaired or discarded immediately are in line with the observation of Robertson (1998) that the knowledge of the potential for injuries helps caregivers to provide what is needed to create the protective and secure environment. The findings on the safety practices are also in consonance with the views of Shelov (1998) that outdoor and indoor safety issues include caregivers' practices, monitored conditions and children behaviour based on their development levels and physical activities.

Conclusions

The following conclusions were made based on the findings of the study: The in-house nurses agreed to all the 18 important health care and 16 safety practices that should be adopted by the caregivers. The caregivers in the crèches in Lagos State adopted 17 out of these 18 important health care and 15 out of the 16 safety practices. The important health care and safety practices that were adopted by the caregivers include the following: caregivers should check the children daily for signs of infections and illnesses and the children with infectious diseases should not be allowed in the crèche until properly treated. They should ensure that the floors are smooth, clean and dry and all

medicines and cleaning agents should be kept out of children's reach.

Recommendations

Based on the findings and the conclusions made from the study, the following recommendations were made:

- The parents, the owners of crèches and the caregivers should work together to minimize the problems that caregivers encounter in the course of providing childcare for children.
- The government through the Ministry of Women Affairs and Poverty Alleviation should also supervise the crèches regularly to ensure that caregivers and their employers comply with the laid down guidelines on the required child-care practices.
- Home Economics educators should include crèche management in the curriculum so as to professionally train child caregivers that would work in the crèches. This would improve the health and safety practices adopted by child caregivers in the crèches.

References

- Abiodun, P.O; Ihongbe, J.C and Ogbimi, A. (1985). *Asymptomatic rotavirus infection in Nigeria day-care centres*. www.ncbi.nlm.nih.gov/pubmed. Retrieved 9th May, 2009.
- Anyakoha, E.U. (2007). *Home economics for junior secondary schools*. Onitsha: Africana First.
- Beith, K; Pullan, L and Robertson, M. (1998). *Early years care and education*. Oxford: Heinemann.
- Devon County Council, (2012). *Health and safety at a child-care provision centre*. [http://www.bing.com/search?srch=105&FORM=AS5&q=safety+practices=in=c reches](http://www.bing.com/search?srch=105&FORM=AS5&q=safety+practices=in=c+reches). Retrieved 16th February, 2012.

- Dike, I.C. and Anyakoha, E.U. (2008). Parents' provision of safe toys for children: Vital considerations. *Journal of Home Economics Research*, 9:11-18.
- Dixen, S. and Stein, M. (2000). *Encounters with children*. (3rd Ed.). U.S.A: Mosby
- Hahn, D.B. and Payne, N.A. (2003). *Focus on health*, (6th Ed.). New York: McGraw-Hill.
- Lagos State Government (N.D.). *Guidelines on the establishment of daycare centres in Lagos State*. Ikeja: Ministry of Women Affairs and Poverty Alleviation (WAPA).
- Lagos State Government (N.D.). *Lagos State: Geography and people*. www.wikipedia.org/lagosstate.gov.ng/ . Retrieved May 12, 2009.
- NICHD (Early Child Network), (2001). Non material care and family factors in early development: an overview of the NICHD study of early childcare. *Journal of applied developmental psychology*. 22:457-492.
- NRCH, (2012). *Health and safety in childcare and early education*. <http://nrckids.org/>. Retrieved 16th February, 2012.
- Olaitan, J. and Adeleke, O. (2007). Bacteria in daycare environment. *The Internet Journal Of Microbiology*. 3:1 <http://www.ispub.com/ostia/index.htm> p. Retrieved September 15, 2009.
- Robertson, C. (1998). *Safe nutrition and health in early childhood education*. U.S.A: Delmar.
- Santrock, J.W. (2004). *Child development*, (10th Ed.). U.S.A: McGraw-Hill.
- Santrock, J.W. (2007). *Lifespan development*. (3rd Ed). New Delhi: Tata McGraw-Hill.
- Shelov, P. (1998). *Caring for your baby and child: Birth to age 5*. U.S.A: Bantam
- UWCRR, (2012). *Healthy practices that keep the children safe*. <http://www.childcarehelpline.org/healthy-practices.php>. Retrieved 16th February, 2012.