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Features of health competencies of preschool children with intellectual disabilities

Shubayeva Galiya¹,

Bersugirova Tolganay²,

Ibragim Inabat³ 

¹ PhD (Medical Sciences), Associate Professor;
Department of Special Pedagogy Kazakh National Women's Teacher Training University,
Republic of Kazakhstan

² Master of Pedagogical Sciences, Senior Lecturer;
Kazakh National Women's Teacher Training University; Republic of Kazakhstan

³ 1st year student;
Kazakh National Women's Teacher Training University; Republic of Kazakhstan

Abstract.

An important aspect in teaching children with intellectual disabilities of preschool age is the development of healthy lifestyle skills in them. This article conducted a study of the degree of formation of the cognitive component of health-preserving competence of preschool children with intellectual disabilities. Children aged 5–7 years took part in the study. For the study, a task was selected based on children identifying among various items exactly those things that are used for personal hygiene purposes. Based on the results obtained, conclusions were drawn about the need to carry out correctional and developmental work with preschool children with intellectual disabilities to improve their health-preserving competence.

Keywords:

children with intellectual disabilities
hygiene skills
healthcare competencies
healthy lifestyle

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The problem of preserving and strengthening the health of children at an early age undoubtedly begins with the formation of a healthy lifestyle in preschool educational institutions. To do this, it is necessary to form the health-saving competencies of the child, which is especially important when working with children with special educational needs, including intellectual disabilities. As you know, children with intellectual disabilities have their own peculiarities in mastering skills and abilities. Due to the fact that they cannot independently generalize and meaningfully analyze the experience gained in life, they cannot master any competence without specially organized help. This also applies to health care, a healthy lifestyle [1, 2].

For the formation of health-saving competence, health-saving learning technologies are used, which include: monitoring the dynamics of children's health; taking into account the peculiarities of age-related development; compliance with a positive emotional and psychological climate; the use of various types of children's activities that involve the preservation and improvement of health reserves, the formation of a healthy lifestyle [3].

The following components of competence are distinguished: 1) cognitive; 2) emotional-volitional; 3) subject-practical. The formation of any competence in preschool children is considered as a basis for the development of various competencies at an older age, which will allow them to adapt to independent life in the future.

The main content of preschool education and training is aimed at the formation of a child's competence as a result of educational activities. The primary health-saving competence is the child's willingness to independently solve issues related to the preservation of health.

Health-saving competencies include:

- Taking care of your physical health and compliance with the rules of life safety;
- Mastering motor skills;
- Expression of one's emotional state regarding various events;
- Mastering the basics of health protection and personal hygiene skills.

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Some authors note that the skills included in health-preserving competencies are an integral part of indicators of children's readiness for school. For example, the Early Childhood Environmental Rating Scale-Revisited (ECERS-R) is designed for preschool and child care settings (ages 2.5 to 5). The assessment is based on observation of children for 3 hours. It includes 7 subscales, one of which is "Personal Hygiene Procedures" [4].

Self-care skills allow children to independently take care of their life in everyday life without anyone's help. To do this, the child must be well versed in motor skills. The development of motor skills plays a very important role in the acquisition of children's self-care skills. Noor Amiera Alias in 2023 analyzed the difficulties of teachers and parents related to the care of children 4-5 years old through an individual semi-structured interview. In qualitative terms, the data are collected according to the topics: "Limited amount of knowledge", "Time constraints", "Needs guidance", "Child's factors", and "Non-standardised guidance". The result of the study showed that parents understanding of children's needs and development was limited. It is found that parents and teachers lack knowledge about the role of motor skills necessary for children to maintain a certain level of independence in self-care. Offering a module for the development of motor skills to support self-care, the authors propose to conduct further research and consider the possibilities of compiling a module for the formation of these skills at an early age [5].

The quality of children's achievements in academic subjects, the development of speech, the acquisition of hygiene, nutrition, safety skills directly depend on the quality of educational programs. A number of differences are identified in comparison between children who did not attend a preschool educational institution and those who were trained with a standard and improved educational program [6].

Children and adolescents with special needs in education also have the right, like any other child, to receive high-quality medical care. Pediatricians who work with such children need to identify any health needs in a timely manner. He must register information about it in documents and convey

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it in an understandable language to all specialists working with the child, family members. To implement this, it will be able to use publicly available resources, collaborate with a team of multi-profile specialists. It is especially likely that young specialists, due to insufficient experience, do not master the characteristics of such children. For example, the behavior and demeanor of a child can be a way of expressing that he is suffering physically. It is worth paying attention to this in time. 'Hidden Disabilities Matter' provides greater insights, the authors cite a link to the website. It is important to take into account the secondary health problems of children. All this helps the pediatrician in caring for the health of children with special educational needs, in planning it correctly, in giving simple and understandable recommendations [7].

Purpose of the study. Determining the degree of formation of the cognitive component of health-preserving competence of preschool children with intellectual disabilities.

Materials and methods of research. The study was conducted on the basis of a special (correctional) nursery-kindergarten No. 2 for children with intellectual developmental disabilities in Almaty. The study involved 24 children aged 5–7 years: 15 boys and 9 girls diagnosed with mild mental retardation, ICD-10 code F70.

To study the cognitive component of health-preserving competence, a task was used to determine the correct choice of personal hygiene items by children [8].

Research results. The children were asked to complete a task – to choose personal hygiene items from items of various purposes lying on the table. For example, on the table there were the following items: toothpaste, candy, soap, pen, face towel, book, cookies, mobile phone, comb. If the child was distracted from the task, becoming interested in other items not intended for personal hygiene, then the child was provided with some help in the form of leading questions, for example: "Think carefully... is this necessary to maintain cleanliness?" And only when the child tried to choose the same object again and again was the result recorded. The completion of each task was assessed by a point system based on several criteria.

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- 2 points - the child chose all items correctly;
- 1 point - the child chose some items correctly;
- 0 points - the child did not choose a single item correctly.

The majority of children - 21 (88%) correctly chose several items from among those offered, while the rest of the items they chose did not have a hygienic purpose. 3 (12%) children showed a result of 0 points, that is, they did not have a single correctly selected personal hygiene item. Among the surveyed there were no children who completely and correctly selected items used for personal hygiene. The average score in the group examined was 0.88 points.

Conclusions. The data obtained indicate a low level of development of health-preserving competence, in particular its cognitive component. The famous statement of D.I. Mendeleev: "Science begins where they begin to measure" shows the importance of conducting research using quantitative indicators. In this regard, even knowing about the relatively low level of development of various skills in children with intellectual disabilities, it seems necessary to conduct a criteria-based assessment of the level of mastery of skills, because this allows us to trace the dynamics of their development in the future. It can also help to compare the performance of the study with the experimental and control groups. The results obtained show the need for correctional and developmental work with preschool children with intellectual disabilities to develop health-preserving competence. The use of such a diagnostic study can also help to assess the effectiveness of special educational assistance.

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