



# Research On the Problems and Countermeasures of Teacher-Child Interaction in Small Class Health Education Teaching Activities

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**Abstract:** The health field is the first of the five major fields, and health education lays a good foundation for children's health and a better life throughout their lives. Teacher-child interaction is a two-way communication between teachers and children. Correct teacher-student interaction can promote the creation of a democratic and harmonious classroom atmosphere, the interpersonal communication of preschool children, and the sensitivity of teachers in activities. This study mainly uses the observation method to analyze the current situation of teacher-child interaction in small class health teaching activities, and finds that there is a lack of teaching of children's daily health knowledge, the dominance of teachers in teacher-child interaction, and the "adult" language expression of teachers in teaching activities.

**Keywords:** health education activities, preschool children, teacher-child interaction

## 1 INTRODUCTION

Liu Jingbo [1] believes that teacher-child interaction in a broad sense includes the interaction between teachers in kindergarten and children aged 3-6 years old and between teachers and children before the age of 3, and in a narrow sense, it refers to the interaction between teachers in kindergarten and children aged 3-6 years old. Liu Weidong [2] et al. pointed out that "teacher-child interaction refers to two-way interpersonal communication between teachers and teachers. Ye Lan [3] believes that "education has a unique nature of communication activities. The "Kindergarten Education Guidelines" [4] points out that "established good teachers, students and children feel warm and happy in life, and form a sense of security and trust." Zhang Xiaomei [5] pointed out that "high-quality teacher-child interaction can stimulate children's interest and motivation in learning." Pang Lijuan [6] believes that "teacher-student interaction is all the interaction and mutual influence between teachers and students." Qin Yuandong [7] pointed out that in a day in kindergarten, teachers and children communicate on the basis of mutual contact. Wu Kangning [8] believes that teacher-student interaction is an interaction system with different forms and contents in multiple situations. Researchers have recognized that high-quality teacher-child interaction has a promoting effect on children's development, but there is a lack of research on teacher-child interaction guidance in healthy teaching activities. Through the summary of existing studies, it is found that most

of the relevant studies are static studies and lack of dynamic studies. This study observed the health teaching activities of small kindergartens and kindergarten teachers in the class, found the problems in the interaction between teachers and children, found the causes and proposed countermeasures.

## 2 RESEARCH DESIGN

### 2.1 CONCEPT DEFINITION

#### 2.1.1 KINDERGARTEN HEALTH EDUCATION ACTIVITIES

The core goal of kindergarten health education activities is to promote children's physical and mental health, including physical health, movement development, and daily life habits.

#### 2.1.2 TEACHER-CHILD INTERACTION

Teacher-child interaction refers to the common communication and interaction process between teachers and children when carrying out educational activities.

### 2.2 RESEARCH METHODOLOGY

This study uses observation as the main research method to observe the interaction between teachers and children in health education activities.



2.2.1 RESEARCH OBJECT

The research object is Zunyi V Kindergarten, which is a municipal demonstration kindergarten, with three classes each of large, medium and small classes, and the basic configuration of teachers in each class is a main class teacher and an associate class teacher. In the study, two small classes of health teaching and physical education courses and class teachers were randomly selected as research objects. There are four teachers in two randomly selected classes. Among the four teachers, there are 3 teachers with undergraduate degrees and 1 teacher with a junior college degree. 1 experienced teacher and 3 novice teachers.

2.2.2 RESEARCH TOOLS

This study combines the Flanders Interaction Analysis System, the Kindergarten Education Guidelines (Trial) and the Learning and Development Guide for Children aged 3-6 to determine the content of teacher-child interaction, the language of teachers in teacher-child interaction, and the subject of teacher-child interaction according to the characteristics of the observation objects.

2.2.3 RESEARCH PROCESS

Before entering the class, read the "Kindergarten Education Guidelines (Trial)" and the "Learning and Development Guidelines for Children 3-6 Years Old" to summarize the characteristics of health education activities, and formulate observation dimensions and observation points. Read the entire content of the teacher-child interactive observation tool carefully before making observations, so that you can remember it in your heart. Before observing, understand the class teacher's academic qualifications, teaching experience, teaching activity methods, etc. In the process of observation, try to avoid subjective factors for judgment, and modify the observation dimensions and observation points accordingly through the understanding of children and teachers. Ask kindergartens, teachers, parents and children for their consent to record the interaction between teachers and children in health teaching activities by recording videos and taking photos. After observing the health education and teaching activities, the abbreviated records should be restored in time to prevent the loss of important information. Finally, the information obtained will be analyzed.

### 3 PROBLEMS IN THE INTERACTION BETWEEN TEACHERS AND CHILDREN IN HEALTH EDUCATION AND TEACHING ACTIVITIES

#### 3.1 TEACHERS DOMINATE THE TEACHER-CHILD INTERACTION

In the process of education and teaching, teachers interact with children according to their age characteristics and existing knowledge and experience, give timely feedback to children, and children also actively initiate interaction with teachers.

Therefore, teacher-child interaction is the interaction between teachers and children that should be the main body of each other. It was found that teachers often dominated teacher-child interaction by asking children whether they understood the teaching content, whether they needed help, and asking questions in the classroom in healthy teaching activities. The role of children in interaction is ignored by teachers. The situation is shown in Table 1

TABLE 1 DISTRIBUTION OF TEACHER-CHILD INTERACTION SUBJECTS IN HEALTH TEACHING ACTIVITIES (N=121).

Interaction Initiator	Frequency (times)	Ratio (%)
Teachers	80	66%
Toddler	41	34%

It can be seen from Table 1 that among the teacher-child interaction subjects of educational activities, teachers are the initiators of health education teaching activities 80 times. Children as initiators 41 times. The results show that teachers initiate more times than children in teacher-child interaction.

#### 3.2 TEACHERS LACK INTERACTION RELATED TO CHILDREN'S DAILY HEALTH KNOWLEDGE IN THE INTERACTIVE CONTENT

The core goal of health education activities is to promote children's physical and mental health, including physical health, motor development, and daily life knowledge. In the content of health education teaching activities, because the knowledge of physical health and movement development is more likely to arouse children's interest, which is in line with the characteristics of children's liveliness and activity, teachers often pay attention to the interaction of children's physical health and motor development in the content of health education teaching activities. Children have less daily life knowledge reserves, so they ignore the interaction with children's daily knowledge in the interactive content, as shown in Table 2

TABLE 2 CONTENT OF TEACHER-CHILD INTERACTION ACTIVITIES IN HEALTH EDUCATION ACTIVITIES (N=121).

Teacher-child interaction content	Frequency (times)	Ratio (%)
Good health	48	40%
Movement development	54	45%
Knowledge of daily life	18	15%



From Table 2, it can be seen that in the content of health education activities, physical health is the interactive content 48 times, accounting for 40% of the total teacher-child interaction content. The action developed into interactive content 54 times, accounting for 45% of the total teacher-child interactive content. 18 times of daily life knowledge, accounting for 15% of the total teacher-child interaction. It can be seen that in the selection of interactive content of health teaching activities, there is more content of physical health and motor development, while less interactive content is based on daily life knowledge.

### 3.3 TEACHERS' LANGUAGE EXPRESSION IN TEACHING ACTIVITIES IS MORE "ADULT"

The sensitive period of children's language development is 3~5 years old. In the interaction between teachers and children, the correct use of language expression by preschool teachers plays a very important role in demonstrating children's language and can effectively promote children's language development. In health education and teaching activities, teachers use abstract adult language to describe body movements, and children's thinking development is in the concrete image stage, so that children's enthusiasm in activities is not high. In the study, it is found that teachers often inadvertently use "adult" language in the interaction between teachers and children in health education teaching activities, which leads to children not knowing what the teacher expresses in the teacher-child interaction, which leads to a decrease in the frequency of communication between children and teachers in health education teaching activities, and the classroom atmosphere gradually becomes lifeless. As shown in Table 3:

**TABLE 3 TEACHERS' LANGUAGE EXPRESSION IN HEALTH EDUCATION ACTIVITIES (N=95).**

Teacher verbal interaction	times	Frequency
Teachers' "adult" language behavior	60	63%
Teachers' "childish" language behavior	35	37%

Table 3 shows that in the language expression of teachers in healthy teaching activities, teachers used "adult" language behavior 60 times, accounting for 63% of the total teacher language interaction. Teachers used "child-like" language behavior 35 times, accounting for 37% of the total teacher language interactions. It is concluded that teachers use "adult" language more and less childlike language in health education teaching activities.

## 4 REASONS FOR PROBLEMS IN TEACHER-CHILD INTERACTION IN SMALL CLASS HEALTH EDUCATION AND

## TEACHING ACTIVITIES

### 4.1 TEACHERS

#### 4.1.1 TEACHERS IGNORE THE MAIN POSITION OF CHILDREN

The analysis of the main body of teacher-child interaction in small class health education activities shows that teachers are the main body of interaction in educational activities. In educational activities, teachers often ask questions in teaching activities to make themselves in a dominant position in teacher-child interaction. Because children's abilities, skills, and knowledge reserves are inferior to those of teachers, teachers represent an authority in a certain sense. Therefore, in order to maintain their authoritative position in the minds of children, teachers ignore the main position of children in the process of teacher-child interaction.

#### 4.1.2 TEACHERS' HEALTH PROFESSIONAL ABILITY IS WEAK

Health teaching activities are a relatively large system, in which health teaching activities need to promote children's physical health, motor development, and master the knowledge of daily life habits. It is difficult for small classes to master the knowledge of daily life habits, which is highly challenging to the professional ability of preschool teachers.

In the interview with preschool teachers, the teacher pointed out that it is difficult to teach daily life habits and knowledge to children in small classes due to limited professional ability in health education activities, such as:

Teacher A: "The teaching of daily life habits in small class health teaching activities is boring and difficult to stimulate children's interest, and it is difficult to carry out activities."

Teacher B: "When teaching knowledge, children often pay attention to scattering, and my daily life habits knowledge reserve is small, so I carry out less teaching activities of daily life habits knowledge."

In healthy teaching activities, due to teachers' weak knowledge reserves and professional ability of classroom teaching, they often ignore the teaching of children's daily habits.

#### 4.1.3 IGNORING THE IMPORTANCE OF LANGUAGE TO YOUNG CHILDREN

Because the language comprehension ability of children in small classes is weak, the teacher's language plays a crucial role for children. Small class children are a critical period of language development, and teachers' speech plays an important role in the language development of small class children. The "adultization" of teachers' language will have an impact on the atmosphere of teaching activities and the achievement of teachers' activity goals. Language symbols are the mediators of teachers' interaction with children, and play an important role in the realization of teachers' educational goals and children's language development.

### 4.2 KINDERGARTEN



**4.2.1 THE TEACHER-CHILD RATIO OF THE CLASS IS UNREASONABLE**

The teacher-child ratio of classes in kindergartens has a great impact on teacher-child interaction. Teachers often have to reduce their interaction with children due to their large workload, and children often do not get a response from teachers in teacher-child interaction, so they reduce the number of interactions with teachers. During the interview with the teacher, the teacher also expressed great distress.

Teacher C: There are 30 children in a small class, and the intentional attention of children in small classes is low, and they are often attracted to other things. Teachers cannot take care of every child in time during health activities.

Teacher D: Because the children in the small class have poor adaptability to kindergarten, most of the time is spent on observing whether the children are out of their line of sight during teaching activities to avoid children getting lost.

It is difficult for teachers to pay attention to each child's response when organizing health education activities, and the way teachers interact with children is often that teachers ask questions, and children answer teachers' questions by raising their hands. The questions raised by teachers are closely related to teaching activities, and can only respond in detail to a small number of children, and can only give rough answers to interactions initiated by other children.

**4.2.2 LESS TEACHING, RESEARCH AND TRAINING OF HEALTH EDUCATION AND TEACHING ACTIVITIES ARE CARRIED OUT**

In kindergarten teaching activities, more teaching research and training in the fields of language, science and art are carried out, and less teaching research and training in health activities. Kindergartens ignore the difficulties of teachers in the interaction between teachers and children in health education teaching. Teachers can gain a more detailed understanding of teacher-child interaction through the guidance of college teachers and famous teacher workshop teachers and the discussion of teaching practice. Kindergartens do not pay attention to teaching research and training in the field of health, lack of communication between teachers on health teaching activities, and slow update of activity concepts in the field of health education, all of which will affect the quality of teacher-child interaction in health activities.

**5 COUNTERMEASURES TO THE INTERACTION BETWEEN TEACHERS AND CHILDREN IN SMALL CLASS HEALTH EDUCATION AND TEACHING ACTIVITIES**

**5.1 TEACHERS**

**5.1.1 TEACHERS ESTABLISH A DUAL-SUBJECT VIEW OF TEACHER-CHILD INTERACTION**

In order to complete the goal of this lesson, teachers will constantly ask children about the gains or questions of this lesson during the activities, ignoring the children's active interaction. In the long run, children will think that teachers hate them and reduce the frequency of communication with teachers.

Teachers should establish a dual-subject view of teacher-child interaction in teacher-child interaction. Because children's physical and psychological development is relatively slow, teachers often ignore that teachers themselves and children are equal in status in the teaching process. As the guide of the activity, the teacher guides and interacts with the children at the appropriate time to promote the development of the child's nearest development area. When children face difficulties, they take the initiative to seek help from teachers, and teachers actively help children, which is conducive to the development of children's cognitive structure and can also make teachers understand children better. Establishing a dual-subject teacher-child interaction concept in teacher-child interaction can improve and effectively improve the quality of teacher-child interaction.

**5.1.2 STRENGTHEN THE STUDY OF THEORETICAL KNOWLEDGE IN HEALTH PROFESSIONS**

In small class health teaching activities, children's learning quality is closely related to teachers' interactive literacy. In the study, it is found that the richer the professional skills and professional knowledge of teachers, the more children have deep learning in teacher-child interaction. In health teaching activities, the health education system is relatively large, including physical health, movement development, and daily life habits. Teachers should strive to learn relevant knowledge and improve the quality of teacher-child interaction.

With the development of electronic technology, more and more new health curriculum models, health teaching methods, and health teaching content have emerged, and teachers can consult with more qualified teachers through on-the-job training, and work with college teachers to increase their professional theoretical knowledge. Increasing the learning of theoretical knowledge about health professions can increase knowledge reserve and improve understanding of educational activities so that children can develop better in the field of health.

**5.1.3 INCREASE THE INTEREST AND UNDERSTANDABILITY OF LANGUAGE DURING INTERACTION**

Comprehensibility [9] is a key factor in the effectiveness of teachers' verbal behavior input. Children's language comprehension ability has different characteristics at each age, and children in small classes have poor language comprehension ability and often do not understand the meaning of the teacher's language in the classroom, so preschool teachers should use easy-to-understand language to promote understanding when using language, for example When the teacher directly asks the child for help to hand the double-sided tape to himself, the child does not know what the double-sided tape is. When the teacher changes the language expression, ask the children to hand the



white round thing to the teacher. At this time, the child will look for the white round thing and hand it to the teacher.

Teachers are essential to have fun in their speech during interaction. Interesting words can stimulate children's curiosity. According to the characteristics of children's thinking, teachers can appropriately use interesting language to stimulate children's interest in activities, so as to improve the quality of teacher-child interaction.

## 5.2 KINDERGARTEN

### 5.2.1 *KINDERGARTENS SHOULD CREATE CONDITIONS FOR HIGH-QUALITY TEACHER-CHILD INTERACTION*

Kindergartens should provide support for the interactive development of teachers and children, and give strong support to activities to increase the professional ability of preschool teachers. Kindergartens know the needs of teachers by observing teachers' classes and increasing communication between teachers and kindergartens, understand the problems existing in teachers' interaction between teachers and children, and hire college teachers to answer questions and answer questions for preschool teachers. During the summer or winter vacation, teachers are organized to systematically study teacher-child interaction, so that teachers can improve their theoretical knowledge and understand the latest trends related to teacher-child interaction. Kindergartens can organize teachers to observe the classrooms of famous teachers, and teachers discuss with each other and grow together.

With the increasing international research on teacher-child interaction, and with the advent of the era of two and three children, educators and parents are paying more and more attention to teacher-child interaction. Kindergartens should give teachers more opportunities for further study. Kindergartens can join forces with well-known kindergartens or universities to promote the development of teachers. Well-known kindergartens can provide teachers with more practical experience, so that teachers can accumulate practical experience in healthy activities and teacher-child interaction, and develop high-quality teacher-child interaction. Colleges and universities can enrich teachers' theoretical knowledge and enrich their knowledge system.

### 5.2.2 *PAY ATTENTION TO THE TEACHER-TO-CHILD RATIO PRESENT AND IMPROVE THE SCIENTIFIC AND RATIONAL ALLOCATION OF TEACHERS*

In the study, it was found that when the number of teachers in teaching activities is large, teachers can take care of more children, and children will be more active in communicating and interacting with teachers to create a good interactive atmosphere. Some studies have pointed out that in practice, the use of existing resources can be achieved in the short term with less cost by improving management. The teacher shift system is implemented in many kindergartens, usually in the kindergarten activities are carried out only one teacher present to guide the children to carry out the activities, the kindergarten can communicate with the teacher, formulate a reasonable teacher work plan, increase the number of teachers present, and improve the quality of teacher-child interaction. Kindergartens can also

increase the number of teachers recruited to improve teacher-child interaction by increasing the number of teachers in the kindergarten class. In classes with a small number of children, teachers can increase the time and frequency of interaction with children, and teachers can have in-depth communication with children to promote children's cognitive development. Kindergartens can reduce the number of children enrolled or reduce the number of children in each class, reasonably increase the number of classes, and increase the teacher-child ratio.

## 6 CONCLUSION

Early childhood is an important period of physical and psychological development, and health education in kindergarten is particularly important. In health education and teaching activities, we are inseparable from teachers and children, and the positive teacher-child relationship lays the foundation for children's exploration and learning, and can also improve children's investment in learning, improve children's understanding of knowledge, children will learn more, and teaching will be more effective. In this study, observation and interview methods were used as research methods, and V Kindergarten in Zunyi City, which is a municipal demonstration kindergarten, was randomly selected from three small classes of health education teaching activities and class teachers as the research objects. In the study, it is found that teachers are dominant in teacher-child interaction, teachers' language expression is more "adult" in teaching activities, and there is a lack of daily health knowledge teaching for children in health teaching activities. In terms of teachers, teachers ignore the main position of children in interaction, teachers' professional ability is weak, and the importance of language to children is ignored. In kindergartens, the teacher-to-child ratio of classes is unreasonable, and there is little teaching and research and training of healthy teaching activities. The following suggestions are put forward: In terms of teachers, teachers should establish a dual-subject teacher-child interaction relationship, strengthen the learning of health professional knowledge and skills, and increase the interest and understandability of language in the interaction process. In terms of kindergartens: kindergartens should create conditions for high-quality teacher-child interaction, pay attention to the teacher-child ratio present, and improve the scientific and rational allocation of teachers.

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