

Parents Expectation on the Competency of Personnel in Providing Early Childhood Education and Care: A Cross-Sectional Survey in Chengdu City, China

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Abstract

There is no denying that the number of childcare centres, commonly known as nurseries, is mushrooming rapidly. This is due to the high parental demand for the competency of personnel in Early childhood education and care (ECEC), especially for working parents. This study aims to determine the parents' expectations of the competency personnel in providing ECEC for their children ages 0 to 3. A descriptive cross-sectional study was carried out at the childcare center in Chengdu, China which involved 450 respondents using a convenient sampling method. The inclusion criteria were fathers or mothers with children aged 0-3 years old and already enrolled in the childcare center in Chengdu. The results show parents gave high importance scores for all aspects of the competency domains and higher scores for health and safety related items than other aspects. For the competency domains such as respondents aged 30-40, with mean scores of 4.78 and SD=0.36; possess college and secondary education, with mean scores of 4.67 and SD=0.43; children aged 25 months until 36 months with mean scores of 4.60 and SD=0.50 giving the highest scores for competency domains. A one-way ANOVA test found that there were relationships between sociodemographic data and the expectations of the competency were statistically significant among parents of varying ages and educational backgrounds where p -value < 0.05 . The parental group aged 30-40, possessing college and secondary education, exhibited the most significant demand for abilities across all dimensions, and there was no significance in occupation, family income, or primary care of the child. The findings can provide recommendations for the government to improve the construction of the childcare service system and provide a reference for the construction of courses for cultivating childcare professionals in colleges and universities.

Keywords: Competency, Childhood Education And Care (ECEC), Parents Demand, Caregivers.

Introduction

The aging population and low fertility rates worldwide pose significant challenges for societies and governments He et al (2016); early childhood education and care (ECEC) has been confirmed to affect fertility and address this challenge positively (Pronzato, 2017). Research showed that 71.9% of families have childcare needs, and up to 86.5 % list “lack of care” as the most significant difficulty in having a second child in China. This led to increased calls for the professionalism of personnel in providing Early Childhood Education and Care, including higher standards for training and education. It is widely accepted that the early childhood education and care (ECEC) workforce is central to the quality of services. In particular, the competency of personnel is one of the critical factors in high-quality childcare (Manning et al., 2019; Hong et al., 2022). While numerous studies have explored childcare personnel involved in many aspects, which usually cover the training of childcare personnel, professional development, working environment, impact on children, etc, and a large number of studies have shown that nursery child caregivers’ professional competency levels will have a significant impact on children’s development ISSOP Migration Working Group (2018); NICHD Early Child Care Research Network (2002); Jennings et al (2009); Burchinal (2018), but the little research has empirically addressed the relationships among parental age, educational level, and children’s age, occupation, childcare fees, number of kids, child gender, the nature of the Nursery in the competency of personnel with special needs. This study aims to bridge the existing knowledge gap by examining the expectations of parents of children 0-3 years of age on the competency of personnel in providing early childhood education and care. The primary objective of this study is to investigate the current expectations of parents of children aged 0-3 years regarding the competence of childcare, elucidate the interactions between parents’ socio-demographics and their expectations of the competence of the 0-3 years of childcare, and identify the essential competencies to provide a clear structure for professional progression.

Background

Aging populations, along with low fertility rates, have become a global issue, including in China. Enhancing fertility rates is an important measure to alleviate some of the problems associated with population aging and low fertility rates (Sleebos, 2003; Oura, 2021). Notably, high-quality early childhood education and care (ECEC) for children under 3 years was found strongly associated with the determinant of fertility decisions and the probability of having children (Yang, 2018), significantly in dual-earner families in China (Chen et al., 2019). Nonetheless, competencies are essential to the professional of infant and toddler (I/T) education and care and for promoting optimum growth in infants and toddlers. The childcare industry in China is currently in the early stages and needs clear positioning. Childcare programs have now been categorized under medicine and health. The training of caregivers is a cornerstone for quality in early care (Fukkink & Lont, 2007), and a review of studies showed a significant positive effect of specialized training on the competency of caregivers in childcare.

Literature Review

High quality of Early Childhood Education and Care (ECEC) for children under the age of 3 Providing Early Childhood Education and Care (ECEC) for children under 3 years old is crucial for children’s learning, development, well-being, and parents’ return to work. Early childhood Education and Care (ECEC) is established by Early Childhood Education (ECE) and Early

Childhood Care (ECC), which have different but related meanings and are seen as services that focus exclusively on the early childhood learning process. According to policy documents issued by UNESCO. Early Childhood Care and Education (ECCE) is commonly used in developing countries to place care before education, emphasize the function of care, and link it to health, nutrition, and hygiene. However, developed countries or international organizations usually use “Early Childhood Education and Care” (ECEC) to put education before childcare and emphasize the function of Education (Kaga et al., 2010). In these countries, international policy studies and reports have a clear consensus that high-quality ECEC services should comprehensively examine young children’s learning, conservation, education, and social support. ECEC personnel are central to the quality of ECEC; their everyday interactions profoundly impact children’s learning, development, and well-being. The relationships that child caregivers and teachers develop with children are crucial to the quality of ECEC, especially for children aged 0 to 3 (Bjornestad & Os, 2018; Hamre et al., 2014). Infants and toddlers rely heavily on their carers to interact with their surroundings and govern their interactions. Consequently, sensitive and responsive carers are likely the most crucial aspect of process quality for infants and toddlers (Katsiada et al., 2018).

The Advantages of Early Childhood Education and Care (ECEC)

0-3 years old is a child’s brain development and is the most rapid stage; if children are given rich experience and a learning environment, this stage will have a significant impact on children’s learning ability and behavior habits. According to the characteristics of children’s growth and development and natural order, give children a suitable learning environment through the development of children’s external sensory ability and establish children’s knowledge of life and understanding ability (Kagan & Lynda, 2001). Howes (1995) pointed out that the excellent nursing environment in the nurseries and the positive relationship between teachers and infants Interaction, as well as the caregiver’s professional caregiving ability, were positively correlated with cognitive activity and even future development to improve the service level of care institutions based on the above areas.

Parents with higher disposable income levels, full-time jobs, and shorter working hours are more likely to send their children to care. At the same time, compared with the price of service, nurseries are more inclined to choose nurseries based on the quality of service Yang (2016), believe that childcare services can help women share the pressure from work and family, increase the willingness of childbearing families, and improve family relations and socially sustainable development capacity to address the problem of slowing population and labor force growth.

Dan Fei (2020) believes that comprehensive care is an essential requirement of parents for childcare services, health care, and environmental equipment, and teachers are parents’ General interest. Parental background, family structure, and choice of childcare model impact parents’ expectations of childcare quality. The quality of childcare services has a short-term and long-term effect on children’s health and development. Then it affects the investment and rate of return of childcare services, directly affecting infants’ current and future physical and mental health development. High-quality care services for infants’ language, cognitive, emotional, and social development have a positive role that cannot be ignored; therefore, to provide better care services, it is essential to understand the quality-of-care needs of parents.

Infant Care Service Personnel Training and Development

Regarding the supply of higher talents for the service and development management of infants and young children, early education and nursing were set up in the Catalogue of Higher Vocational Education (Junior College) in 2015, and early childhood development and health management was added in 2016. In the 2021 edition of the Catalogue, "Child Development and Health Management" was renamed "Child Care Services and Management," which belongs to the health management and promotion category in the medical and health category. Understanding the real needs of parents aged 0-3 years for the professional ability of childcare service personnel can not only optimize the quality of childcare service but also improve parents' satisfaction with the existing childcare service and effectively solve parents' worries, which has important practical significance. This study aims to explore the demand of parents of children aged 0-3 years for the professional ability of childcare service providers to provide a reference for the team construction of childcare service providers for children aged 0-3 years. The childcare industry in China is currently in the early stages, lacking clear positioning. Childcare programs have now been categorized under medicine and health. The training of caregivers is a cornerstone for quality in early care (Fukkink & Lont 2007), and a review of studies showed a significant positive effect of specialized training on the competency of caregivers in childcare.

To make the function of early childhood education and childcare converge and ensure that every child could receive the same quality of preschool education, countries around the world have gradually applied the concept of the integration of care and education to the reform of preschool education, and the construction of a unified preschool education service system has become the focus of attention of governments. Since the 1980s, Japan has carried out a series of educational reforms from kindergarten to high school according to the domestic situation. In preschool education, Japan is faced with separating preschool education and education. Therefore, after the 1980s, the government put forward the policy of unified childcare, starting from the aspects of the administrative system and education content. In 1993, New Zealand launched the "Pluckett Plan," which is dedicated to educating infants and children aged 0-3 years. The Ministry of Education said in the "Education for the 21st Century" report, "Education needs to start from birth."

Methodology**Study Population**

Participants who fulfilled the inclusion and exclusion criteria consented to the study (n = 450). Inclusion criteria: Father or mother with children aged 0 - 3 years old and already enrolled in the childcare center in Chengdu. Exclusion criteria: Adults without children and parents with no willingness to participate in this study or withdrawal during data collection.

Data Collection

450 respondents were selected using convenience sampling with the help of the Infant and Child Care Management Center in Chengdu, China. A cross-sectional survey was conducted with the help of the Cheng Du Childcare Service Industry Association. A pre-validated questionnaire was distributed to each participant online to establish their sociodemographic variables related to childcare competency intentions. The questionnaire is divided into two sections: Part A: Demographic data and Part B: The survey of parents' needs for Infant care services and management personnel's professional ability using the Likert five-level scale.

Data Analysis

IBM SPSS Statistical Software version 26.0 was used for the statistical analyses. The frequency, mode, mean, and standard deviation were measured, and the mean score of each domain was compared with the participants' demographic using the ANOVA test. Cronbach's Alpha was used to evaluate the internal consistency. P-value < 0.05 (two-tailed) was considered statistical significance. A cross-sectional study design with 450 respondents was selected using convenience sampling at the Infant and Child Care Management Center in Chengdu, China. The inclusion criteria: Father or mother of an infant aged 0 to 3 in a foster home. The exclusion criteria: No willingness to participate in this study and the parent's withdrawal during the data collection. The questionnaire is divided into two sections: Part A: Demographic data and Part B: The survey of parents' needs for Infant care services and management personnel's professional ability adapted from Dan & Jiao, 2020 and contained 16 items in section i) and 31 items in section ii). The first section is the respondent's sociodemographic profile, covering the age of infants and toddlers, parents' educational background, parents' age, occupation, and other information; section two was the competency of childcare sub-divided into six dimensions: (a) Health and Safety, (b) Social and Emotional, (c) Hygiene and health care, (d) Nutrition and Health, (e) Learning and Development, and (f) family cooperation and communication. The Cronbach's α coefficient of the central part of the questionnaire was 0.956. Meanwhile, a five-point Likert scale from 1= Not Important to '5 =Very Important' was used for 30 items on the perception of respondents towards competency of childcare, whereas '1 =not interested at all' to '5= very interested' and '1 = definitely will not' to '5=definitely will' were used to gauge the parents' interest of competency of childcare and intention respectively. A higher score indicates higher agreement, more substantial interest, and greater likelihood to which competency dimensions. The questionnaire was available in English and Chinese versions. Parents who met the study inclusion criteria were given the participant information sheet, which explained the study purpose and procedures. After obtaining the written informed consent, the questionnaire was sent to the respondents through the Questionnaire Star online platform, and parents took 15 to 20 minutes to complete it.

Results

Sociodemographic Characteristics of Respondents

Table 1 shows the mean age of respondents was 30-40 years old, with more than half (89.6%) of the respondents being females (mother) (71.6%) having attended college/university but some (2.7%) having low education. Most parents are employed in a standard 8:00 am to 5:00 pm work schedule, where the mothers (55.6%) and fathers (57.1%). Most age of children are 25 months-36 months (73.8%) followed by 19 months-24 months (16.4%), and 2 months-18 months (9.6%). Most children are still taken care of by their parents (66.4%), followed by grandparents (29.8%), and very few families choose nannies or others for their children (3.7%). Over half of the nature of the Nursery belongs to private (95.3%); public institutions only account for (4.7%). The number of children in most families is still one (67.8%), two (30.4%), three and more only (1.8%). Monthly childcare charges are mainly in the range of 2,000 RMB to 3,000 RMB (52.4%).

Table 1

Sociodemographic Characteristics of Respondents (N=450)

Demographic characteristic	n	percentage (%)
Child's gender		
Male	231	51.3
Female	219	48.7
Child's age		
2 months - 18 months	43	9.6
19 months - 24 months	74	16.4
25 months - 36 months	332	73.8
1 month - 2 months	1	0.2
The nature of the Nursery		
Public	21	4.7
Private	429	95.3
Number of kids		
One	305	67.8
Two	137	30.4
Three	8	1.8
Residence area		
Qing yang District	41	9.1
Jin niu District	39	8.7
Wu hou District	14	3.1
Cheng hua District	49	10.9
Qing Bai Jiang District	17	3.8
Wen Jiang District	42	9.3
Shuang Liu District	39	8.7
Pi xian District	43	9.6
Tian fu New District	12	2.7
Du Jiang Yan	48	10.7
Qiong lai City	60	13.3
Jin tang County	34	7.6
Da yi County	12	2.7
Child Care Fees(monthly)^a		
500-1000 RMB/month	7	1.6
1001-2000 RMB/month	77	17.1

2001-3000RMB/month	236	52.4
3001-4000RMB/month	99	22
4001-5000RMB/month	21	4.7
5001-6000RMB/month	6	1.3
6001-7000RMB/month	2	0.4
More than 8000RMB/month	2	0.4
Childcare costs as a percentage of monthly household income (monthly)^a		
Less than 2%	23	5.1
3%-5%	35	7.8
6%-10%	105	23.3
11%-20%	140	31.1
21%-30%	71	15.8
More than 30%	76	16.9
Primary care of the child		
The child's parents	299	66.4
The child's (grand)grandparents	134	29.8
Nanny	6	1.3
Other	11	2.4
child's father/mother		
father	47	10.4
mother	403	89.6
age of the child's father/mother		
Under 30 years old	130	28.9
30-40 years old	280	62.2
40 - 50 years old	31	6.9
50 - 60 years old	9	2.0
Over 60 years old	0	0
educational level		
Junior high school or below	12	2.7
Junior high school/vocational high school/high school/technical school	81	18
College/bachelor's degree	322	71.6
Postgraduate and above	35	7.8
Occupation		
Civil servant or teacher	87	19.3

Company supervisor or managerial	40	8.9
Technical, professional staff	90	20
Service industry	45	10
Freelancers	96	21.3
Housewife	54	12.0
Other	38	8.4
Mother's work schedule		
Jobless, full-time mom with kids	59	13.1
Freelance, self-employed	105	23.3
8:00 am and 5:00 pm	250	55.6
shift work	36	8.0
Father's work schedule		
Jobless, full-time mom with kids	3	0.7
Freelance, self-employed	154	34.2
8:00 am and 5:00 pm	257	57.1
shift work	36	8.0

Respondents' Expectations of Childcare Competency

Health and Safety is a significant area of concern (23.78), followed by social and emotional (23.23), hygiene and health care (23.15), nutrition and health (23.00), learning and development (22.99), family cooperation and communication (22.61) (table 2).

Regarding the second session, which accounts for 30 points in total, it is evident that parents approach the matter of childcare with a high level of seriousness. With the selection of professionals for infants and toddlers aged 0-3 years, 227 individuals were selected for medical colleges with nursing in infant and toddler care. In contrast, 203 individuals chose teacher training institutions focusing on educational aspects. The number of professionals concentrating on the care of infants and toddlers topped that of individuals specializing in education but by a relatively small margin.

Table 2 shows the respondents' expectations for competency in childcare by the respondents. The most preferred competency was health and safety (4.76 ± 2.03), followed by Social and emotional (4.76 ± 2.03), then hygiene and health care (4.63 ± 2.20), nutrition and health (4.63 ± 2.20), learning and development (4.60 ± 2.48), family cooperation and communication (4.52 ± 2.60).

Table 2

Expectations of parents towards competency of childcare (N = 450).

Domains and items	Number of respondents, n (%)					Total	Mean± SD
	UI	SI	MI	I	VI		
Health and Safety						23.78	4.76±2.03
Prevent before others, remind children of the potential danger of suffocation (such as a small toy object loose or small beads, etc., in the painting activities, should also remind children the paint and glue is not edible)	1 (0.2)	1 (0.2)	3 (0.7)	63 (14)	382 (84.9)		
Supervise the children and ensure that the children are within the sight and control of the nursery staff	1 (0.2)	0 (0)	8 (1.8)	91 (20.2)	350 (77.8)		
Healthy eating, regular physical exercise, adequate rest, and living in a clean and safe environment	1 (0.2)	0 (0)	3 (0.7)	86 (19.1)	360 (80.0)		
Children should not be placed in a prone position to avoid sudden death from sudden asphyxia	4 (0.9)	0 (0)	8 (1.8)	113 (25.1)	325 (72.2)		
Know and master the common knowledge and procedures related to health and first aid	1 (0.2)	0 (0)	6 (1.3)	112 (24.9)	331 (73.6)		
Social and Emotional						23.23	4.65 ± 2.18
Give timely feedback when infants cry, feel stressed, and need care and comfort	1 (0.2)	0 (0)	6 (1.3)	112 (24.9)	331 (73.6)		
Be sensitive to the wishes and behaviors of infants to communicate with others (eg, encourage infants to persevere when facing challenges, keep eye contact, nod and smile when interacting with children)	1 (0.2)	0 (0)	3 (0.7)	100 (22.2)	346 (76.9)		
Understand the cultural background of infants and young children and remain sensitive to their mother tongue and culture	1 (0.2)	10 (2.2)	59 (13.1)	150 (33.3)	230 (51.1)		
In the face of the pressure of new children on unfamiliar environment anxiety and separation anxiety, they can respond quickly, provide careful care, and always be patient and calm	1 (0.2)	0 (0)	4 (0.9)	97 (21.6)	348 (77.3)		

Help infants express and solve emotional distress in different ways	1 (0.2)	0 (0)	4 (0.9)	137 (30.4)	308 (68.4)		
Hygiene and Healthcare						23.15	4.63 ± 2.20
Keep the activity place clean and ventilated, do an excellent job in seasonal epidemic prevention and control, and adhere to the morning and noon inspection	1 (0.2)	0 (0)	3 (0.7)	56 (12.4)	390 (86.7)		
Urge parents to complete the planned immunization for the baby by month age	3 (0.7)	34 (7.6)	75 (16.7)	108 (24.0)	230 (51.1)		
Health education, often focusing on proper and frequent hand washing, reduces the risk of possible illness	1 (0.2)	1 (0.2)	2 (0.4)	111 (24.7)	335 (74.4)		
Services to provide infant physical health and health care (eg: the ability to properly wrap the baby, undress the baby, clean up after defecation, and disease care, etc.)	4 (0.9)	0 (0)	18 (4.0)	126 (28.0)	302 (67.1)		
Teaching AIDS, tableware, water cups, bed sheets, towels, and other baby products should be disinfected regularly	1 (0.2)	0 (0)	3 (0.7)	90 (20)	356 (79.1)		
Nutrition and Health						23.00	4.60 ± 2.31
Scientific feeding according to the age of the baby (such as adding corresponding complementary food according to the age)	4 (0.9)	6 (1.3)	22 (4.9)	142 (31.6)	276 (61.3)		
When eating, explain to children the benefits of different kinds of foods (eg: rice, meat, vegetables, and fruits)	4 (0.9)	0 (0)	30 (6.7)	163 (36.2)	253 (56.2)		
Be aware if a child is allergic to a particular food and make sure that they are not provided to the child	1 (0.2)	1 (0.2)	9 (2.0)	97 (21.6)	342 (76.0)		
The food provided should be balanced, nutritious and diverse	1 (0.2)	1 (0.2)	3 (0.7)	125 (27.8)	320 (71.1)		
Introduce children to different foods to avoid being picky eaters	1 (0.2)	0 (0)	14 (3.1)	155 (34.4)	280 (62.2)		
Learning and Development						22.99	4.60 ± 2.48

Provide a variety of books for infants and young children	4 (0.9)	0 (0)	21 (4.7)	142 (31.6)	283 (62.9)	
Teach babies about routine life and life skills (eg: teach babies to chew, swallow, eat, express urine and feces, dress by themselves, etc.)	3 (0.7)	0 (0)	5 (1.1)	121 (26.9)	321 (71.3)	
Can strengthen children’s mathematical concepts through various activities and materials based on their development	3 (0.7)	0 (0)	40 (8.9)	140 (31.1)	267 (59.3)	
Provide rich language experience (eg: through daily stories, poems, ballads, songs, hand puppet games, reading pictures, speaking and dialogue, etc.)	1 (0.2)	0 (0)	6 (1.3)	140 (31.1)	303 (67.3)	
Provide opportunities for operational and exploratory play activities (eg: allowing children to express music from homemade instruments like bottles, tubes, pans, etc.)	3 (0.7)	0 (0)	13 (2.9)	150 (33.3)	284 (63.1)	
family cooperation and communication						22.61 4.52 ± 2.60
Encourage parents to share anything that can affect their children. (Such as a new family child, pet death or illness, etc.)	1 (0.2)	3 (0.7)	54 (12.0)	147 (32.7)	245 (54.4)	
Be able to respond to and deal with parents’ ideas and needs on time	1 (0.2)	0 (0)	9 (2.0)	159 (35.3)	281 (62.4)	
Communicate with parents in various ways (eg: conversation, workshops, meetings, email, telephone, conversation, newsletters, etc.)	3 (0.7)	0 (0)	25 (5.6)	162 (36.0)	260 (57.8)	
Provide real-time information and articles on cultivation and child development to effectively guide parents to master scientific parenting knowledge and parenting methods	1 (0.2)	0 (0)	35 (7.8)	160 (35.6)	254 (56.4)	
Share with their parents the important events of their children in the Nursery (such as the interesting things and accidents happening in the Nursery, etc.)	1 (0.2)	0 (0)	12 (2.7)	148 (32.9)	289 (64.2)	

VI: Very Important; I: Important; MI: Moderately Important; SI: Slightly Important; NI: Not Important.

The Relationship between Sociodemographic Data and the Expectations of the Competency

Table 3 shows using A one-way ANOVA test found that there was relationship between sociodemographic data and the expectations of the competency were statistically significant among parents of varying ages and educational backgrounds where p-value < 0.05. The parental group aged 30-40, possessing college and secondary education, exhibited the most significant demand for abilities across all dimensions, and there was no significance in occupation, family income, or primary care of the child. The number of children is essential in the dimension of Nutrition and Health.

variable	n	Health Safety			and Social Emotional			and Hygiene Health Carey			and Nutrition Health			and Learning Development			Family Cooperation and Communication		
		Mea n±S D	F	P	Mea n±S D	F	P	Mea n±S D	F	P	Mea n±S D	F	P	Mea n±S D	F	P	Mea n±S D	F	P
age of the child's father/m		4.76 ±0.41	5.895	0.001	4.65 ±0.44	6.267	0.001	4.63 ±0.44	3.014	0.030	4.60 ±0.46	2.992	0.031	4.60 ±0.50	3.438	0.017	4.52 ±0.52	5.201	0.002
Under 30 years old	130	4.76 ±0.39			4.64 ±0.41			4.64 ±0.43			4.58 ±0.44			4.60 ±0.47			4.52 ±0.51		
30-40 years old	280	4.78 ±0.36			4.68 ±0.39			4.65 ±0.42			4.63 ±0.44			4.63 ±0.47			4.56 ±0.49		
40 - 50 years old	311	4.61 ±0.41			4.48 ±0.44			4.56 ±0.33			4.47 ±0.43			4.37 ±0.51			4.27 ±0.55		
50 - 60 years old	95	4.29 ±1.15			4.16 ±1.45			4.22 ±1.01			4.27 ±1.07			4.33 ±0.96			4.09 ±0.94		
educational level		4.76 ±0.41	4.682	0.003	4.65 ±0.44	23.33	0.006	4.63 ±0.44	33.77	0.019	4.60 ±0.46	15.44	0.006	4.60 ±0.50	3.995	0.008	4.52 ±0.52	3.720	0.012
Junior high school or Junior high school/vo	121	4.35 ±0.51			4.22 ±0.51			4.27 ±0.53			4.15 ±0.58			4.15 ±0.67			4.05 ±0.58		
College/bachelor's degree	322	4.72 ±0.42			4.63 ±0.44			4.67 ±0.43			4.61 ±0.44			4.56 ±0.51			4.56 ±0.55		
Postgraduate and above	353	4.81 ±0.33			4.65 ±0.44			4.56 ±0.48			4.56 ±0.46			4.55 ±0.46			4.47 ±0.46		
Occupation		4.76 ±0.48	0.860	0.524	4.65 ±0.48	80.22	0.056	4.63 ±0.48	85.44	0.052	4.60 ±0.49	28.99	0.092	4.60 ±0.51	1.061	0.385	4.52 ±0.51	0.990	0.431
Civil servant or Company supervisor or Technical, professional staff	879	4.69 ±0.57			4.62 ±0.57			4.58 ±0.55			4.60 ±0.55			4.55 ±0.58			4.51 ±0.55		
Service industry	450	4.81 ±0.29			4.75 ±0.33			4.72 ±0.38			4.64 ±0.39			4.69 ±0.40			4.65 ±0.43		

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Freelancers	9	4.73		4.60		4.61		4.57		4.53		4.50						
	6	±0.3		±0.4		±0.4		±0.4		±0.5		±0.5						
		9		4		1		4		3		4						
Housewife	5	4.77		4.60		4.57		4.57		4.57		4.43						
	4	±0.3		±0.4		±0.5		±0.5		±0.5		±0.5						
		8		3		1		4		5		9						
Other	3	4.82		4.66		4.61		4.58		4.67		4.50						
	8	±0.2		±0.4		±0.4		±0.4		±0.4		±0.4						
		9		0		2		8		3		9						
Child Care Fees(mon		4.76	1.	0.	4.65	0.	0.	4.63	1.	0.	4.60	0.	0.	4.60	0.	0.	4.52	0.
thly)^a		±0.4	14	33	±0.4	54	80	±0.4	18	31	±0.4	51	82	±0.5	90	50	±0.5	54
		1	8	2	4	2	2	4	5	0	6	4	4	0	2	5	2	5
500-1000		4.69		4.63		4.74		4.60		4.43		4.54						
RMB/mo	7	±0.4		±0.4		±0.4		±0.4		±0.7		±0.5						
nth		9		5		4		6		1		7						
1001-	7	4.70		4.60		4.60		4.59		4.53		4.50						
2000	7	±0.4		±0.4		±0.4		±0.4		±0.5		±0.5						
RMB/mo		6		8		3		4		3		1						
2001-	2	4.75		4.64		4.59		4.58		4.59		4.51						
3000	3	±0.4		±0.4		±0.4		±0.4		±0.5		±0.5						
RMB/mo		6		5		8		9		1		3						
3001-	9	4.82		4.70		4.72		4.66		4.66		4.60						
4000	9	±0.3		±0.3		±0.3		±0.4		±0.4		±0.4						
RMB/mo		1		8		4		1		3		9						
4001-	2	4.79		4.65		4.66		4.65		4.67		4.46						
5000	1	±0.3		±0.3		±0.4		±0.4		±0.4		±0.5						
RMB/mo		8		9		5		3		4		8						
5001-		4.93		4.67		4.80		4.60		4.87		4.50						
6000	6	±0.1		±0.2		±0.2		±0.4		±0.1		±0.4						
RMB/mo		0		7		5		6		6		7						
6001-		4.50		4.80		4.60		4.60		4.60		4.30						
7000	2	±0.7		±0.2		±0.5		±0.5		±0.5		±0.4						
RMB/mo		1		8		7		7		2		2						
More		4.50		4.30		4.40		4.30		4.40		4.20						
than	2	±0.7		±0.1		±0.8		±0.7		±0.5		±0.2						
8000		1		4		5		1		7		8						
Childcare		4.76	0.	0.	4.65	0.	0.	4.63	0.	0.	4.60	0.	0.	4.60	0.	0.	4.52	0.
costs as a		±0.4	36	87	±0.4	05	99	±0.4	37	86	±0.4	11	99	±0.5	18	96	±0.5	16
percenta		1	7	1	4	1	8	4	6	5	6	2	0	0	2	9	2	2
ge of		1																
...																		
Less than	2	4.77		4.63		4.63		4.64		4.67		4.58						
2%	3	±0.4		±0.4		±0.4		±0.5		±0.4		±0.5						
		n		5		9		n		1		n						
3%-5%	3	4.70		4.65		4.69		4.63		4.57		4.56						
	5	±0.4		±0.4		±0.3		±0.4		±0.5		±0.5						
		n		n		2		2		2		2						
6%-10%	1	4.77		4.66		4.62		4.61		4.61		4.52						
	0	±0.3		±0.4		±0.4		±0.4		±0.4		±0.5						
		5		1		2		2		6		n						
11%-20%	1	4.78		4.64		4.61		4.60		4.58		4.53						
	4	±0.4		±0.4		±0.4		±0.5		±0.5		±0.5						
		n		6		2		n		2		1						
21%-30%	7	4.76		4.66		4.67		4.58		4.62		4.49						
	1	±0.3		±0.4		±0.3		±0.4		±0.4		±0.5						
		6		1		2		6		2		1						
More	7	4.72		4.63		4.62		4.60		4.59		4.51						
than 30%	6	±0.4		±0.4		±0.4		±0.4		±0.4		±0.5						
		1		1		6		6		1		5						
Number		±0.4	96	14	±0.4	0.	94	±0.4	76	46	±0.4	47	62	±0.5	25	77	±0.5	54
of kids		1	9	1	4	58	4	4	0	8	6	0	5	0	6	4	2	0
One	3	4.78		4.65		4.64		4.61		4.61		4.55						
	0	±0.4		±0.4		±0.4		±0.4		±0.4		±0.5						
		5		1		2		5		9		n						
Two	1	4.72		4.64		4.61		4.58		4.58		4.48						
	3	±0.3		±0.4		±0.4		±0.4		±0.4		±0.5						
		7		2		1		6		9		1						
Three	8	4.55		4.63		4.48		4.48		4.50		4.30						
		±0.6		±0.4		±0.6		±0.7		±0.7		±0.7						
		5		2		9		6		2		2						

Primary care of the child	4.76 ±0.4 1	0.97 5	0.40 4	4.65 ±0.4 4	1.57 2	0.19 5	4.63 ±0.4 4	1.06 1	0.36 5	4.60 ±0.4 6	1.09 0	0.35 3	4.60 ±0.5 0	1.54 2	0.20 3	4.52 ±0.5 2	1.12 6	0.33 8
The child's parents	2 9	4.74 ±0.3 9		4.63 ±0.4 3			4.63 ±0.4 2			4.60 ±0.4 5			4.58 ±0.5 1			4.51 ±0.5 2		
The child's (grand)gr	1 3 4	4.77 ±0.4 4		4.67 ±0.4 6			4.61 ±0.4 8			4.59 ±0.5 0			4.63 ±0.4 8			4.53 ±0.5 3		
Nanny	6	4.60 ±0.4 7		4.40 ±0.4 2			4.50 ±0.4 5			4.37 ±0.3 9			4.53 ±0.4 7			4.47 ±0.4 5		
Other	1 1	4.91 ±0.2 1		4.84 ±0.3 0			4.84 ±0.3 2			4.78 ±0.3 5			4.87 ±0.3 1			4.80 ±0.4 1		
Child's age	4.76 ±0.4 1	2.08 0	0.10 2	4.65 ±0.4 4	2.41 9	0.06 6	4.63 ±0.4 4	0.84 3	0.47 1	4.60 ±0.4 6	1.09 9	0.34 9	4.60 ±0.5 0	3.06 1	0.02 8	4.52 ±0.5 2	2.10 4	0.09 9
2 - 18 months	4 3	4.69 ±0.6 5		4.59 ±0.6 4			4.61 ±0.6 2			4.56 ±0.6 3			4.60 ±0.6 1			4.54 ±0.6 4		
19 - 24 months	7 4	4.67 ±0.4 1		4.54 ±0.4 3			4.57 ±0.4 2			4.53 ±0.4 5			4.45 ±0.5 1			4.40 ±0.4 9		
25 - 36 months	3 3 2	4.78 ±0.3 6		4.68 ±0.4 0			4.64 ±0.4 2			4.62 ±0.4 4			4.63 ±0.4 7			4.55 ±0.5 1		
1 - 2 months	1	4.80 ±0.0 0		5.00 ±0.0 0			5.00 ±0.0 0			5.00 ±0.0 0			5.00 ±0.0 0			5.00 ±0.0 0		

*p-value<0.05 was significant

Discussion

This study aimed to determine the expectations among parents on the competency of the 0-3 years childcare personnel and the relationship between demographics in several areas (Age, Education Level, Occupations of mothers and fathers, income, number of kids, child's gender, the nature of the Nursery, and child's age) and childcare personnels' competencies. The results of the analysis show that parents had high expectations regarding the competence of childcare services, and the most focused competency was Health and Safety; it is the same as the Extension Alliance for Better Child Care mentioned keeping children of all ages safe and healthy is one of the most important tasks of childcare providers. The demographic of parental age and education level are significant predictors of the demand for competency. The comparison shows that complex social processes interact in shaping supply and demand. This result overlaps the literature and previous studies (Ellingsæter & Gulbrandsen, 2007; Geoffroy, 2010). Most of the research on parental age and education shows that children whose parents are aged 30-40 and with a university degree are actively involved in early childhood education and care (Gaunt & Scott, 2014; Vincent, 2017).

The study's results showed that the parental group aged 30-40, possessing college and secondary education, exhibited the most significant demand for abilities across all dimensions; this result showed that the parents are indispensable in childcare. The internal motivation of parents with demand for childcare quality is high. Therefore, good quality, affordable ECEC helps to reconcile work and family life and thus enhances parental fertility intentions (Melhuish, 2016). At present, the primary demand for childcare is from the new generation of "Post-80s" and "post-90s" parents, who, under the influence of new education policies and

social culture, are facing greater professional competition and life pressure while pursuing a higher quality of life and need to make a proper balance between their careers and their families. They need to make a proper balance between career and family. Unlike the traditional concepts of the past, thanks to the higher education reform of China, the post-80s and 90s generation with a relatively high level of education Gao et al (2021), most new parents, especially mothers, do not want to stay at home full-time to take care of their children after giving birth, preferring to return to the workplace, thus giving rise to the demand of higher quality of childcare.

Conclusion

Parents gave high importance scores for all aspects of competency, with higher scores for health and safety-related items than for other aspects. Early life can profoundly influence human biology and long-term health, and high-quality childcare has been associated with benefits for children's development. Also, developing childcare services reduces the burden on families and increases the willingness to have children (Thévenon & Gauthier, 2011). This study found that there is a lack of public childcare facilities. To resolve the problem of childcare for infants and toddlers under the age of 3, the government must take a leading role in promoting the construction of childcare services, increase the construction of public and inclusive infant and toddler care services, increase financial investment and protection, and build several childcare services that are standardized, conveniently accessible, acceptably priced, and of guaranteed quality, to satisfy the multilevel and diversified demands of the vast majority of families for infant and toddler care services. The research findings indicate that parents emphasize infants' and toddlers' care and educational development. Health and Safety are major concerns for childcare providers when transporting children, for example, First Aid, Hand Washing in Child Care, and Preventing Injuries. High-quality early childhood education has long-lasting benefits for children and society. However, ECECs of low or mediocre quality may harm children. It is commonly agreed that the competence of the workforce is one of the main predictors of ECEC quality. According to research, ECEC professionals' training should be at the Bachelor level (ISCED 5). Furthermore, international policy documents recommend that at least 60% of the workforce should have this level of qualification (Urban et al., 2012). Consequently, it is recommended that higher education institutions prioritize enhancing fundamental knowledge and skills among caregivers of this age group. This can be achieved by facilitating the integration of core concepts and main courses within the childcare curriculum.

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