

**Baseline Survey Report on Parental  
Attitudes to Early Childhood Education in  
the Scientific Parenting and Child  
Development Project in Tengchong City,  
Yunnan Province**



**October 2024**

## 一、 Survey Background

Currently, nearly 40% of children in China are at risk of early developmental delays. Without intervention, allowing these children to miss the sensitive period of early development means that by 2040, nearly half of China's workforce may struggle to meet the quality standards required for socio-economic development. This will not only hinder China's future development but also exacerbate wealth inequality, posing risks to social stability. Poor or inappropriate parenting practices are key factors contributing to early developmental delays in Chinese children, primarily due to three factors: early nutrition, early stimulation, and the caregiving environment. This issue is particularly pronounced in rural areas, especially in impoverished regions. To improve child health, promote early childhood development, and strengthen infant caregiving guidance, the National Health Commission issued the "Guidelines for Health Care and Parenting of Children Under 3 Years of Age (Trial)" in November 2022, emphasizing the importance of scientific parenting knowledge and practices.

To explore a support model suitable for the growth and development of children aged 1-6 in rural areas, positively impact children's development, and promote scientific parenting concepts and knowledge among local families and governments, the FAIHPP launched the Science Parenting and Child Development Project in Tengchong City, Yunnan Province, in June 2024. Supported by the Tengchong City Education and Sports Bureau and the Tengchong Women's Federation, the project is funded by the Evergreen Education Foundation and will run from June 1, 2024, to May 31, 2026 (24 months), covering 60 children aged 0-4 in Xinglong and Sanlian villages, Mazhan Township, Tengchong City.

The project plans to conduct pre- and post-intervention assessments of caregivers' knowledge of early childhood education to evaluate the project's impact.

## 二、 Survey Objectives

(一) To understand caregivers' knowledge of child feeding, growth and development, common childhood illnesses, and early interaction behaviors through a survey of 25% (15) of the caregivers of children covered by the project.

(二) To collect baseline data for comparative analysis during the project's annual evaluation and to guide the design and implementation of subsequent project activities.

### 三、 Survey Methodology

Project parenting facilitators used a questionnaire survey method, randomly selecting survey subjects and conducting one-on-one interviews with target households using electronic questionnaires. The questionnaire covered caregivers' basic information, children's dietary habits, sleep patterns, developmental status, companionship, caregivers' knowledge of child health, and desired parenting knowledge.

### 四、 Survey Subjects

The survey targeted caregivers of children aged 1-4 attending parent-child activity centers in Xinglong and Sanlian villages, Tengchong City. A random sampling method was used, selecting 20 caregivers of children aged 1-4 already enrolled in the parent-child activity centers.

### 五、 Survey Process

On September 29, the project manager trained parenting facilitators from the Xinglong and Sanlian parent-child activity centers on questionnaire administration and precautions.

From September 29 to October 8, parenting facilitators conducted household surveys, completing 20 questionnaires.

On October 11, the project team completed data entry.

By October 31, the survey report was finalized.

Township of Parent-Child Activity Center	Village of Parent-Child Activity Center	Number of Caregivers Surveyed	Number of Children Covered
<b>Mazhan Township</b>	Xinglong	10	10

<b>Mazhan Township</b>	Sanlian	10	10
Total	<b>2</b>	<b>20</b>	<b>20</b>

## 六、Survey Results

### (一) Basic Information of Surveyed Caregivers

#### 1. Relationship of Respondents to Children

Of the 20 caregivers surveyed, 40% (8) were mothers, and 60% (12) were paternal grandparents. No fathers or maternal grandparents were observed.

Relationship of Respondents to Children		
	Mother	Grandparents
Number	8	12
Percentage	40%	60%

#### 2. Age Distribution of Respondents

Of the 20 caregivers surveyed, 47% were aged 20-30, 20% were aged 40-50, and 33% were over 50.

Age Distribution of Respondents				
	20-30 Years	30-40 Years	40-50 Years	Over 50 Years
Number	6	1	1	12
Percentage	30%	5%	5%	60%

#### 3. Primary Caregivers of Children

Of the 20 caregivers surveyed, 35% of children were primarily cared for by their mothers, and 65% by their paternal grandparents. No children were cared for by their fathers or maternal grandparents. Most children were cared for by grandparents. Additionally, 95% of respondents were the primary caregivers, while 5% were not, which may affect the accuracy of information on child care.

Primary Caregivers of Children			
	Mother	Grandparents	Respondent is Not Primary Caregiver
Respondent is Primary			

	Caregiver			
Number	7	13	19	1
Percentage	35%	65%	95%	5%

#### 4. Highest Education Levels of Caregivers

Of the 20 caregivers surveyed, the highest education level among fathers was a college diploma, and the lowest was junior high school. Among mothers, the highest was an undergraduate bachelor, and the lowest was elementary school.

Education Level	Undergraduate course	Junior college	High School	Vocational School	Junior High School	Elementary School
project Father	0	4	6	5	5	0
Mother	1	7	6	3	2	1
Total	1	11	12	8	7	1
Percentage	2.5%	27.5%	30%	20%	17.5%	2.5%

### (二) Children's Dietary Habits

#### 1. Meal Patterns

All 20 caregivers surveyed reported that their children ate three meals a day.

Children's Meal Patterns										
Eats Three Meals a Day	Breakfast			Lunch			Dinner			
	7-8o'clock	8-9o'clock	9-10o'clock	12-13o'clock	13-14o'clock	14-15o'clock	18-19o'clock	19-20o'clock	20-21o'clock	
Number	20	2	17	1	7	11	2	11	6	3
Percentage	100%	10%	85%	5%	35%	55%	10%	55%	30%	15%

The breakfast time for children ranged from 7-10 AM, with 10% eating at 7-8 AM, 85% at 8-9 AM, and 5% at 9-10 AM. Lunchtime ranged from 12-3 PM, with 35% eating at 12-1 PM, 55% at 1-2 PM, and 10% at 2-3 PM. Dinner time ranged from 6-9 PM, with 55% eating at 6-7 PM, 30% at 7-8 PM, and 15% at 8-9 PM.

The meal times for project children were relatively concentrated, with a small time span. However, some families had late dinner times, which is not recommended as it can affect sleep quality.

## 2. Food combinations

Only 20% (4) of caregivers provided their children with all six food groups (rice, vegetables, eggs, meat, fruit, and milk) daily, while 25% (5) provided five of the six groups.

Children's Food Combinations				
	Provides All Six Food Groups Daily	Provides Five of Six Food Groups Daily	Provides Three of Six Food Groups Daily	Provides Two of Six Food Groups Daily
Number	4	5	6	5
Percentage	20%	25%	30%	25%

## 3. Drinking habits

95% (19) of caregivers knew their children's daily water intake. The maximum number of times children drank water daily was 6, and the minimum was 1. 62% of children drank water 1-3 times a day, while 33% drank 3-6 times. 80% of children drank warm water, and 20% drank cold boiled water. The maximum daily water intake was 700 ml, and the minimum was 300 ml. 67% of children drank 300-500 ml daily.

Drinking water status for the children										
Know the approximate number of times your child drinks water a day		Daily drinking water			Drinking water types					How much water do you drink
Knows	Does Not Know	1-3Times	3-6Times	6-8Times	Does Not Know	warm water	cold boiled water	Unboiled tap water	mineral water	500-700 ML

	Water Intake	Daily Water Intake	1-2 Years old	2-3 Years old	3-4 Years old	5-6 Years old	7-8 Years old	9-10 Years old	11-12 Years old	13-14 Years old	15-17 Years old
Number	19	1	8	10	1	1	9	6	4	1	20
Percentage	95%	5%	40%	50%	5%	5%	45%	30%	20%	5%	100%

Drinking water status for the children			
	1-2 Years old	2-3 Years old	3-4 Years old
	500-700 ML	500-700 ML	300-500 ML
Number	11	8	1
Percentage	55%	40%	5%

The data shows that most children do not drink enough water.

Recommendations: 1-2 years old, total water intake should be 1300 ml (milk + water). 2-3 years old, water intake should be 600-700 ml. 3-4 years old, water intake should be 700-800 ml.

#### 4. Snack consumption

45% (9) of caregivers reported giving their children fresh, natural, and easily digestible snacks such as dairy products, fruits, and vegetables. 20% (4) did not allow their children to eat snacks, while 35% (7) allowed their children to eat fried, puffed, high-sugar, and high-calorie snacks. The data shows that snack consumption is common among project children, and some caregivers need guidance on choosing healthier snacks.

Snack Consumption				
	Fresh, Natural, and Easily Digestible Snacks	Fried and Puffed Snacks	High-Sugar and High-Calorie Snacks	No Snacks
Number	9	2	5	4

Percentage	45%	10%	25%	20%
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### (三) Children's sleep patterns

35% (7) of project children slept for 10 hours at night, while 65% (13) did not. All project children took naps, with 40% (8) napping for 2 hours and 60% (12) napping for 1 hour.

Children's sleep patterns						
	Sleep long at night		Lunch break habits		The lunch break is long	
	Sleeps 10 Hours at Night	Does Not Sleep 10 Hours at Night	Takes Naps	Does Not Take Naps	Naps for 2 Hours	Naps for 1 Hour
Number	7	13	20	0	8	12
Percentage	35%	65%	100%	0%	40%	60%

### (四) Children's Developmental Status

#### 1. Self-Care Ability Development

50% (10) of caregivers actively fostered their children's self-care abilities by letting them watch cartoons, teaching them simple chores, and encouraging them to do things on their own. 50% (10) believed that children would naturally develop self-care abilities as they grew older. 10% (2) of children could use the toilet independently.

Self-Care Ability Development						
	The cultivation method of children's self-care ability				Whether the children will go to the toilet by themselves	
	The cultivation method of children's self-care ability	The cultivation method of children's self-care ability	The cultivation method of children's self-care ability	The cultivation method of children's self-care ability	Children will go to the toilet by themselves	Children don't go to the bathroom by themselves
Number	5	3	2	10	2	18

Percentage	25%	15%	10%	50%	10%	90%
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Age distribution of the 20 children				
	0-1 years old	1 Year Old	2 Year Old	4 years old
Number	3	8	8	1
Percentage	15%	40%	40%	5%

The age distribution shows that most children cannot use the toilet independently due to their young age and require caregiver assistance.

## 2. Participation in Household Chores

Only 5% (1) of caregivers reported that their children helped with household chores such as sweeping and wiping tables, while 95% (19) did not.

Children's participation in household activities					
	15 children participated in household activities		The type of housework that children will do		
	Can do housework	Can't do housework	Can sweep the floor and wipe the table	Distribute and clean and wash the dishes	Pick vegetables and wash vegetables
Number	1	19	1	0	0
Percentage	5%	95%	100%	0%	0%

## (五) Children's Companionship Status

### 1. Parent-Child Companionship

All 20 caregivers reported spending time interacting with their children through storytelling, playing games, and taking them out. 45% (9) interacted with their children daily.

Parent-child companionship							
	A、 Tell a story	B、 Play games together	C、 Take your kids shopping	A、 Tell a story B. play games together	A、 Tell a story B, play games together C, take your children	B、 Play games together. C, take your children	A、 Tell stories. C. Take your children shopping

					shopping	shopping	
Number	1	1	4	1	5	3	5
Percentage	5%	5%	20%	5%	25%	15%	25%

Parent-child companionship frequency				
	Once a day	Once a week	Two times a week	3 times a week
Number	9	9	1	1
Percentage	45%	45%	5%	5%

## 2. Playmates

All 20 caregivers reported that their children had playmates, either siblings or neighbor children.

Daily playmate				
	A, brothers and sisters C, neighbor children	B, relatives, C, neighbors, children	A, brothers and sisters B, relatives C, neighbor children	C, the neighbor's child
Number	7	1	4	8
Percentage	35%	5%	20%	40%

## 3. Toy Ownership and Playtime

All 20 families reported owning 1-4 types of toys, including blocks, puzzles, toy cars, dolls, and electronic devices. 45% (9) of caregivers allowed their children to play with electronic devices in addition to regular toys.

Number of toys owned		
	Block, puzzles, toy cars, dolls	Building blocks, puzzles, toy cars, dolls, cell phones, or electronics
Number	11	9
Percentage	55%	45%

5% (1) of caregivers reported that their children played alone, 5% (1) reported that caregivers played with their children, and 90% (18) reported that neighbor children played with their children.

Play with situation		
play on one's own	play with caregivers	Neighbors play with the

			children
Number	1	1	18
Percentage	5%	5%	90%

Play cycle			
	Play together every day		Play together every few days
Number	18		2
Percentage	90%		10%

4. Book Ownership and Reading Habits

85% (17) of caregivers reported owning children's books, while 15% (3) did not. 76% (13) of caregivers who owned books read picture books with their children daily, while 24% (4) read every few days.

Book ownership and reading status						
	Books have		Book selection		Reading frequency	
	There are books	No books	Picture books are given priority to	There are more pinyin characters less books	everyday	Once a few days
Number	17	3	13	4	4	13
Percentage	85%	15%	76%	24%	24%	76%

5. TV/Electronic Device Usage

95% (19) of caregivers reported that their children watched TV or used electronic devices, while 5% (1) did not. 68% (13) of children watched for less than 1 hour daily, while 32% (6) watched for around 2 hours. 37% (7) of caregivers knew that TV and electronic devices could affect their children's vision.

Watching TV / mobile phone and other electronic devices						
Whether the child will watch the electronic devices such as the TV / mobile phone			Watch frequency		The duration of electronic use	
Yes	no		Less than 1 hour per day	About 2 hours a day	Within 0.5 hours	About 1 hour About 2 hours

Number	19	1	13	6	7	10	2
Percentage	95%	5%	68%	32%	37%	53%	10%

Caregivers' information about the dangers of their children watching TV or electronic products								
	Be ignorant of		Affect the child's vision, the development of the spine, reading ability, motor coordination		Occasionally long time viewing and using electronic products, without any harm		Affect the child's vision, the development of the spine, reading ability, motor coordination, occasionally for a long time to watch and use electronic products, without any harm	
Number	1		7		7		4	
Percentage	5%		37%		37%		21%	

### (六) Caregivers' Knowledge of Child Health

#### 1. Caregivers' Knowledge of Common Childhood Illnesses and Injuries

##### (1) Knowledge of Hand, Foot, and Mouth Disease

55% (11) of caregivers knew the symptoms of hand, foot, and mouth disease, such as blisters on hands and feet, fever, headache, and sore throat. 45% (9) did not know. 55% (11) knew some prevention methods, while 45% (9) did not.

Caregivers' knowledge of HFMD symptoms in children									
Know the symptoms of HFMD					Know the method of prevention				
Picula	ular				Wash	Wash	Wash	Wash	
Picu	lar				your	hands	hands	hands	
lar	in				hands	freque	freque	freque	
ules	palms				freque	ntly	ntly,	ntly	Timely
in	,	Fever,	Be		ntly	and	open	and	vaccin
the	mout	heada	ignor		and	open	Windo	open	ation
pal	h and	che,	ant		open	windo	ws at	Windo	of
ms,	feet;	and	of		more	ws at	home	ws at	HFMD
mo	fever,	sore			Windo	home	for	home;	vaccin
uth	head	throat			ws at	for	ventila	timely	e
and	ache				home	ventila	tion;	vaccin	
feet	and				for	tion;	avoid	ate	
	sore				ventila	avoid	contac	HFMD	

	throat	throat	throat	throat	throat	throat	throat	throat	throat	throat
Number	4	5	2	9	1	3	1	4	2	9
Percentage	20%	25%	10%	45%	5%	15%	5%	20%	10%	45%

(2) Knowledge of Calcium Deficiency Symptoms

Caregivers' knowledge of calcium deficiency symptoms in children				
	Know the symptoms of calcium deficiency in children		Know what calcium supplement food	
	Easy to wake up crying, restlessness; muscle convulsions; night sweats	Be ignorant of	Dairy products, soy products, eggs; lean meat, beef	Have no idea
Number	14	6	9	11
Percentage	70%	30%	45%	55%

70% (14) of caregivers knew the symptoms of calcium deficiency, such as irritability, muscle twitching, and night sweats. 30% (6) did not know. 45% (9) knew about calcium-rich foods such as dairy products, eggs, and beef.

(3) Handling of Dog Bites

85% (17) of caregivers knew that a child bitten by a dog should immediately wash the wound with soap and water and seek medical attention for a rabies vaccine. 15% (3) believed the wound should be bandaged immediately.

How caregivers treat children with dog bites		
	Clean up the wound with soapy water or flowing water immediately, and send to the hospital in time, hit rabies vaccine	Immediately bandage the wound
Number	17	3
Percentage	85%	15%

#### (4) Handling of Burns

All 20 caregivers knew that a burned child should immediately immerse the affected area in cold water or rinse it with cold water to reduce skin temperature, alleviate pain and swelling, and seek medical attention.

#### (5) Child Illnesses

In the past three months, 85% (15) of caregivers reported that their children had been ill and sought medical attention or purchased medication, recovering within 1-2 weeks. 15% (5) reported no illnesses.

In the past month, 15% (3 people) of the program children had diarrhea, 30% (6 people) of the caregivers could not remember, and 55% (11 people) had no diarrhea.

Children sick						
	Has the child ever been sick in the past 3 months?		The healing time		Treatment route	
	yes	no	Within a week	Within two weeks	Go to the hospital in time	Go to the pharmacy to buy the medicine
Number	15	5	10	5	10	5
Percentage	85%	15%	67%	33%	67%	33%

## 2. Caregivers' Monitoring and Maintenance of Child Health

### (1) Child Health Checkups

All 20 caregivers reported taking their children for regular health checkups, with 50% (10) taking their children annually and 5% (1) taking their children monthly.

Children's physical examination				
	Once a month	One in quarter	Once every six months	Once a year
Number	1	6	3	10
Percentage	5%	30%	15%	50%

### (2) Village Doctor Support for Child Health

In the past six months, 60% (12) of project families received support from village doctors, including follow-ups, health checkups, and immunizations.

Support provided by village doctors for children's health				
	Follow-up was done	Health check, to provide counseling services for children's health problems	immunization	Nothing was done
Number	5	5	2	8
Percentage	25%	25%	10%	40%

### (3) Frequency of Child Bathing, Clothing Changes, and Nail Trimming

The following table shows the frequency of bathing, clothing changes, and nail trimming for children within a week:

Frequency of children bathing, changing clothes, and cutting their nails					
	bathe		changing clothes		trim the nails
	1-2 Times	3-4 Times	3-4 Times	More than 4 times	Cut when you see it
Number	1	19	16	4	20
Percentage	5%	95%	80%	20%	100%

The data shows that 95% of children bathed 3-4 times a week, 80% changed clothes 3-4 times a week, and 20% changed clothes more than 4 times a week. Nails were trimmed as needed.

### (4) Child Tooth brushing Habits

50% (10) of children had cavities, while 50% (10) did not. 20% (4) of caregivers reported that their children brushed their teeth daily, 15% (3) reported brushing every 2-3 days, and 65% (13) reported no brushing. Among children who brushed their teeth, 43% (3) had cavities, while the rest did not.

Caregivers know about the way to prevent dental caries					
A. Brush your teeth every morning	A. Brush your teeth every morning and	A. Brush your teeth every morning and evening	A. Brush your teeth in the morning and evening every day	B. Reduce sugar intake   C. Take your child regularly for	C. Take the child for oral examination

	and evening	evening   B and reduce sugar intake	B, reduce your sugar intake   C, and take your child regularly for oral examination	C, take the child for oral examination	oral examination	
Number	6	6	1	1	4	2
Percentage	30%	30%	5%	5%	20%	10%

The data shows that brushing or not brushing teeth is not strongly correlated with cavities. However, it is essential to cultivate good hygiene habits and maintain oral cleanliness. Recommendations: Caregivers should assist children with oral cleaning before age 2.5, teach children to brush their teeth between ages 2.5-4, and encourage independent brushing after age 5. Special attention should be paid to using child-specific toothpaste, and very young children should use only water for rinsing.

(5) Caregivers' Monitoring of Child Height and Weight

5% (1) of caregivers reported measuring and recording their children's height and weight every three months, while 95% (19) did not measure regularly, only during checkups. 40% (8) of caregivers believed their children's height and weight were below standard, 55% (11) believed they met the standard, and 5% (1) were unsure.

Recommendations: The project could provide posters in libraries or during home visits to educate caregivers on height and weight standards for different age groups. The next evaluation could include organized height and weight measurements at parent-child activity centers.

The following table shows children's height and weight standards based on the National Health Commission's "Growth Reference Standards for Chinese Children Under 7 Years of Age."

Boy height (CM)				Project survey		
age	-1SD	median	+1SD	Child number	Number Meeting Standard	Percentage
1 Year Old	73.8	76.5	79.3	5	0	0%
2 Year Old	85.1	88.5	92.1	4	2	50%
3 Year Old	93.7	97.5	101.4	N/A	N/A	N/A
4 Year Old	100.2	104.1	108.2	N/A	N/A	N/A
5 Year Old	107	111.3	115.7	N/A	N/A	N/A
6 Year Old	113.1	117.7	122.4	N/A	N/A	N/A
Girl height (CM)				Project survey		
1 Year Old	72.3	75	77.7	3	1	33%
2 Year Old	83.8	87.2	90.7	6	2	33%
3 Year Old	92.5	96.3	100.1	1	0	0%
4 Year Old	99.2	103.1	107	1	0	0%
5 Year Old	106	110.2	114.5	N/A	N/A	N/A
6 Year Old	112	116.6	121.2	N/A	N/A	N/A

Boy weight (KG)				Project survey		
age	-1SD	median	+1SD	Child number	Number Meeting Standard	Percentage
1 Year Old	9	10.05	11.23	5	1	20%
2 Year Old	11.24	12.54	14.01	4	1	25%
3 Year Old	13.13	14.65	16.39	N/A	N/A	N/A
4 Year Old	14.88	16.64	18.67	N/A	N/A	N/A
5 Year Old	16.87	18.98	21.46	N/A	N/A	N/A
6 Year Old	18.71	21.26	24.32	N/A	N/A	N/A
Girls' Weight (KG)				Project survey		
1 Year Old	8.45	9.4	10.48	3	1	33%
2 Year Old	10.7	11.92	13.31	6	3	50%
3 Year Old	12.65	14.13	15.83	1	0	0%
4 Year Old	14.44	16.17	18.19	1	0	0%
5 Year Old	16.2	18.26	20.66	N/A	N/A	N/A
6 Year Old	17.94	20.37	23.27	N/A	N/A	N/A

("Median" represents the average level of the population; SD stands for standard deviation, and "-1SD ~ Median ~ +1SD" indicates the normal range within one standard deviation above and below the median.)

Child Growth and Development Status						
		Height		Weight		Remarks
Boys	Number of Children	Met Standard	Did Not Meet Standard	Met Standard	Did Not Meet Standard	Both Height and Weight Met Standard
1 Year Old	5	0	5	1	4	0
2 Year Old	4	2	2	1	3	1
Total	9	2	7	2	7	1

		Height		Weight		Remarks
Girls	Number of Children	Met Standard	Did Not Meet Standard	Met Standard	Did Not Meet Standard	Both Height and Weight Met Standard
1 Year Old	3	1	2	1	2	0
2 Year Old	6	2	4	3	3	0
3 Year Old	1	0	1	0	1	0
4 Year Old	1	0	1	0	1	0
Total	11	3	8	4	7	0

From the evaluation results, out of the 20 children surveyed (9 boys and 11 girls), 25% met the height standard, and 30% met the weight standard. The details are as follows:

Child Height and Weight Standard Compliance					
Project Children	Height		Weight		Remarks
Development Status	Met Standard	Did Not Meet Standard	Met Standard	Did Not Meet Standard	Both Height and Weight Met Standard

Number	20	5	15	6	14	1
Percentage	45%	25%	75%	30%	70%	5%

**(6) Parental Desires for Parenting Advice**

20 caregivers expressed a desire to learn about the following five areas of parenting knowledge:

1. Knowledge of child nutrition;
2. Prevention of common childhood illnesses;
3. Cultivation of good behavior habits;
4. Development of parent-child relationships;
5. Early childhood education and development.