

**TRADITIONAL HEALTH PRACTICES AND SOCIAL INTERACTION  
SKILLS AMONG NURSERY SCHOOL CHILDREN IN IJEBU-ODE, OGUN  
STATE**

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**Abstract**

*Children are open-minded, loving and welcoming in nature. They interact with their environment and explore innocently for fun. These children's explorative activities, beginning from home, foster their social interaction skills. In developing the whole child, the health condition plays a major factor. Health practices in the context of belief system or traditions could in one way or the other affect social interaction skills. A child that wears religious symbols, beads, dreadlocks etc. in relation to their belief system is likely to earn different reactions and perceptions from his/her mates which could further affect their interactions. This study investigated social interaction skills and health practices among nursery school children in Ijebu-Ode, Ogun State. A descriptive design of the survey type was used. Data were collected with a researcher-designed instrument titled "Social Interaction and Health Practices Scale". The data were analyzed using the descriptive statistics of frequency count, percentage, and means. The results showed that a larger percentage of the nursery school children associated their health practices with tradition and beliefs and that the reactions from their peers affected their social interaction skills and abilities. The study recommended that children should be given proper orientation on why they have traditional insignia on them to boost children's self-confidence and enhance their social interaction skills. Other children who do not have their practices attached to traditions and beliefs should also be given orientation on how to handle their mates' reactions towards them.*

**Keywords:** *Social interaction skills, health practices, nursery school children*

## **Introduction**

Children are innocent beings whose natural inclination is towards exploration, learning and re-learning for fun. In their natural state, they are open-minded, loving, and welcoming. With growth, development, and changes, they learn culture, adaptation, and acculturation all of which can be aligned with influence from external bodies. They also learn to recognize who they are through their families and their interactions with them (Ahmad & Reba, 2018; Maleki, et al., 2019; Saracho, 2023). Talvio, et al., (2015) linked social interaction skills with children's social and emotional learning (SEL) which is critical to their development. According to them, SEL is “comprehensive approach to reduce risk factors, and foster protective mechanisms for positive life development” (Talvio, et al 2015, p. 821). Among the social interaction skills children need for a healthy development process include behaving in cooperative, sensitive, and friendly way and taking responsibilities to maintain interpersonal relationships in a positive way (Angelico et. al., 2013; Cordier, et. al., 2021; Gunindia, 2022; Samur & Soydan, 2013).

The foundation for children's health practices could be traced to beliefs and traditions acquired from their homes. These consist of interactions with immediate relations whose understanding of the knowledge behind some health practices is clearer. For example, the Yoruba parents believe that children born with knotted hair (dreadlocks) are revered (gifts from gods) and this makes them give these children special preference because they think they are harbingers of wealth (Agwuele, 2019). Such children are called *Dada* in the Yorubaland and *Ezenwa* or *Elena* amongst the Igbo people. Among these and other cultural groups in Nigeria, the child's well-being is a value which they uphold highly as demonstrated in the love and affection they shower on children. The family members' interest is to ensure that the child lives a healthy life and grows to attain prominence in the society. Hence, the child's expressions amongst family members is free with no fear of underlining judgment or misconception. With no external influence, the child's interaction amongst family members is to the maximum and natural.

In the larger society, however, only a few people are open-minded. As argued by Isidienu (2017), cultural notions already formed by people in a society are difficult, if not impossible, to change. Therefore, the child's health practices rooted in beliefs and traditions might be met with judgmental and varying perceptions in the public space. A child wearing dreadlocks is bound to attract attention in Nigeria, but it is not likely be positive attention (Agwuele, 2019). The child with dreadlocks, beads and religious symbols is naturally prone to being the centre of attention in a gathering of people whose

health practices are not based on shared beliefs and traditions which is why Agwuele (2019) talked about the dreadlocks receiving violent reactions at times in the society. Hence, it is important to “ascertain those cultural make-ups that could bring differences in character that marks off an individual from the rest of the same kind” (Isidienu, 2017, p. 163).

A child with natural dreadlocks trying to extend the hands of friendship to someone whose religious belief is against dreadlock is likely to be met with outright rejection. Also, a child carrying religious symbols and beads could be met with the same fate from someone coming from a different religious background. Such reactions could trigger some negativity in the child. It is a popular belief that mentally disturbed people often wear dreadlocks due to neglect. And it is sometimes argued that this untamed hair connotes wildness (Agwuele, 2019). In Yoruba land, the dreadlock on the adult is described using the phrase "a crazy person's hair"; one can only imagine what goes on in the mind of the child if given such reactions (Agwuele, 2019).

The child's social interaction skills are important for the child's ideals but rejection from society could make the child develop low self-esteem which is a social disorder. Social interaction skills are important to foster social harmony and social integration, as well as solve and prevent social conflicts (Maleki, et al. 2019; Samur & Soydan, 2013; Talvio, et al 2015; van Trijp, et. al., 2023). Amongst the peers, different reactions and perceptions are likely to be received by children with traces of traditional health practices. In the classroom, there are children of various backgrounds, cultures, and religions whose views vary. A child whose health practices are based on a different belief system in the nursery school could be accepted by a child who finds it fascinating. Even though it is strange to such child, yet he/she could have high level of open-mindedness that makes him/her see the other child as a welcome human being. However, other children in the classroom may reject the friendship of this child right from the first meeting possibly because the symbol or dreadlock appears scary to them or just because it looks strange and it does not sit right with them. In addition, some other children in the same nursery class may just be there with the said child with no outright rejection or acceptance while some might be inquisitive as to why the child has something others do not have. Meanwhile, being inquisitive is a major social interaction skill which should also be promoted.

### **Statement of the Problem**

A child's make-up consists of intellectual, social, emotional, and psychomotor domains through which his/her whole development should be fostered. Social interaction skills and

health practices of the child are of major concern in preparing the child for future challenges. Children from different backgrounds, belief systems, and traditions meet in nursery schools. They come from different families and societies as well as with differences in opinions and perceptions of life of which health practices are not left out.

Health practices in Nigeria vary in accordance with beliefs, traditions, and modern-day medicine. Children's health practices which are undergirded by belief systems directly or indirectly affect the development of their social interaction skills because of the level of acceptance or rejection by peers and school mates. The literature documents that religious symbols, beads and dreadlocks which are rooted in tradition and belief systems attract different reactions and perceptions from other children and this could affect their interaction with other children either positively or negatively. However, little is known in the literature about the dimensions of influences of health practices and social skill interactions among nursery school children in Nigeria. Hence, this study investigated how perceived reactions to traditional health practices affect children's social interaction skills among nursery school children in Ijebu-Ode, Ogun State.

### **Objectives of the study**

The aim of the study was to investigate the perceptions of traditional health practices and social interaction skills among nursery school children in Ijebu-Ode, Ogun state. The specific objectives of this study were to (i) assess reactions to children with traces of traditional health practices in the nursery schools, and (ii) determine the level of social interaction skills among children with health practices based on belief systems and traditions.

### **Research Questions**

1. Do children with dreadlocks, beads and religious symbols receive strange reactions from other nursery school children?
2. What is the level of social interaction skills among children with health practices based on religious beliefs and traditions?

### **Methodology**

A descriptive research design of the survey type was used for this study. The target population of the study comprised all school children in public kindergarten schools in Ijebu-Ode, Ogun state. A sample of five schools was purposively selected and 20 pupils were selected from each of the schools, making a total of 100 pupils. The purposive sampling technique was used to enable the researchers intentionally choose only public

kindergarten schools where children were wearing beads, dreadlocks or religious symbols and insignia of a belief system which were of interest to the study. However, participation was entirely voluntary and subjected to free consent of the children's parents. Those whose parents' consents could not be secured through their teachers were replaced as part of the sample in each of the schools. kindergarten schools where children were wearing beads, dreadlocks or religious symbols and insignia of a belief system which were of interest to the study. However, participation was entirely voluntary and subjected to free consent of the children's parents. Those whose parents' consents could not be secured through their teachers were replaced as part of the sample in each of the schools.

The instrument used in gathering data from the respondents was a researcher-developed questionnaire titled “Social Interaction and Health Practices Scale” (SIHPS). The questionnaire is in two major sections. Section A contains items that seek information about the children's demographic characteristics such as age, sex and class while section B contains items structurally designed to achieve the research objectives. The SIHPS was subjected to test re-test reliability method. The instrument was administered to selected sample (20 children) twice within two weeks intervals and the result generated a reliability co-efficient of 0.89 which was considered adequate for the use of the data collection instrument. The process of data collection involved the use of SIHPS as interview guide for Nursery II pupils with the help of their regular teachers who were adequately briefed on the objectives of the research. Descriptive statistics were used to analyse data collected over a three-week period. Frequency count, means, percentage distribution and standard deviation were used for data analysis. Records of observation as noted by the researchers were also used in discussing the quantitative data collected.

## **Results**

Tables 1 and 2 below summarize data collected from the fieldwork in respect of the research questions earlier raised.

**Research Question 1:** Do children with dreadlocks, beads and religious symbols receive strange reactions from other nursery school children?

**Table 1: Perception of the health practices (N = 100)**

	Mean	SD
Seeing children in my class with beads, religious symbols or dreadlocks look strange to me	2.77	0.90
Having children with beads, religious symbols or dreadlocks scare me	2.62	1.05
I have been warned by my parent not to interact with children in my class or neighbourhood who wear religious symbols, bead or dreadlocks	2.71	0.99
Having children with beads, religious symbols and dreadlocks around me makes me want to leave	2.81	0.89
When my classmates gather around children who wear beads, religious symbols or dreadlocks, I just want to be left alone	2.70	0.92
I sometimes wish to wear the beads, religious symbols or dreadlocks too	1.38	1.05
I don't understand why children wear beads, religious symbols or dreadlocks but I am fine with it	1.50	0/89

*Note: responses indicated agreement with the statement if mean > 2.00, otherwise, it indicated disagreement.*

The responses revealed that children with beads, religious symbols or dreadlocks all look strange to other learners who do not wear them (mean rating 2.77) and children are often scared of other children who wear religious symbols, beads or dreadlocks (mean rating 2.62). The results also indicated that some children have been warned by their parents not to interact with children in their class or neighbourhood who wear religious symbols, beads, or dreadlocks (mean rating 2.71). Also, majority of the children agreed that having children who wear religious symbols, beads and dreadlocks around them makes them want to leave (mean rating 2.81). Some children said that they would prefer to be left alone, when other children gather around children who wear religious symbols, beads or dreadlocks (mean rating 2.70). Only few children sometimes wish to have beads,

religious symbols and dreadlocks (mean rating 1.38) and some children were of the opinion that they don't understand why children wear beads, religious symbols or dreadlocks but they are fine with such practices (mean rating 1.50).

**Research question 2:** What is the level of social interaction skills among children with health practices based on belief and tradition?

**Table 2: Social interaction skills among children (N = 100)**

	Mean	SD
I love to play and be around children who wear religious symbols, beads and dreadlocks	1.09	0.84
I love to make new friends but whenever I see a child wearing beads, religious symbols and dreadlocks I just ignore them	2.71	0.73
Children who wear beads, religious symbols and dreadlocks are usually not friendly	1.88	0.73
Children who wear beads, religious symbols and dreadlocks are often treated specially by the teachers in the classroom	1.78	0.75
Children who wear beads, religious symbols and dreadlocks love to interact with other children but they get rejected	2.01	0.86
Children who wear beads, religious symbols or dreadlocks are respectful and outspoken	1.89	0.88

*Note: responses indicated agreement with the statement if mean > 2.00, otherwise, it indicated disagreement.*

The findings as presented in Table 2 reveals that very few children love to play and be around children who wear religious symbols, beads and dreadlocks (mean rating 1.09). Based on the observations of the learners involved in this study, quite a number of the children like to play around other members who do not wear beads, religious symbols or dreadlocks. This study revealed that although children love to make new friends, they



would rather ignore children who wear beads, religious symbols or dreadlocks (mean rating 2.71). This observation was also noted among children in the kindergarten schools during the fieldwork for data collection. However, children who wear beads, religious symbols or dreadlocks were said to be friendly (mean rating 1.88), and teachers do not give the children who wear beads, religious symbols or dreadlocks special treatment (mean rating 1.78). Children who wear beads, religious symbols and dreadlocks love to interact with other children but they get rejected (mean rating 2.01). The statement, children who wear beads, religious symbols and dreadlocks are usually outspoken, was rejected by majority of the pupils (mean rating 1.89). From direct observations of the researchers during the fieldwork, it was noted that children whose health practices were based on their belief systems and traditions have low level of social interaction skills as compared to their peers in the nursery schools using the parameters of friendliness, respectfulness, effective communication, self-esteem, open-mindedness, and outspokenness.

### **Discussion of the Findings**

The findings on the first research question revealed that children with beads, religious symbols or dreadlocks all look strange to other learners who do not wear them. Earlier study by Chioma (2016) acknowledged the fact that both young and adults whose health practices are based on beliefs and traditions get strange looks most especially for the dreadlock appearance because it is more obvious. Also, children are often scared of other children who wear religious symbols, beads or dreadlocks in view of early socialization as reported by Ndu et al (2017). Indeed, some parents were reported to have strictly warned their children not to interact with children who wear beads, religious symbols, and dreadlocks (Isidienu, 2017; Ndu, et al 2017). This could be in relation to the fact that some members of Nigerian society perceive dreadlocks and other health practices based on belief and tradition as spiritual and could be harmful to other children around them (Agwuele, 2019). From this study, it was discovered that majority of the children agreed that having children who wear religious symbols, beads and dreadlocks around them makes them want to leave. This could be related to the fact that some of the health practices based on beliefs and traditions, especially the dreadlocks, could bring offensive odour if not well taken care of (Kenneth, 2021).

The findings from research question two showed that very few children love to play and be around children who wear religious symbols, beads and dreadlocks. Some children said that they would prefer to be left alone, when other children gather around children who



wear religious symbols, beads, or dreadlocks. Only few children sometimes wish to have beads, religious symbols and dreadlocks. This could also be related to the earlier finding of Chioma (2016) who said that people who wear dreads often get reactions like, 'I like your dreads, but I can never wear them'. While some children believe they don't understand why children wear beads, religious symbols or dreadlocks, they are fine with it. This study revealed that although children love to make new friends, they would rather ignore children who wear beads, religious symbols or dreadlocks. Children who wear beads, religious symbols or dreadlocks were said to be friendly and teachers do not give the children who wear beads, religious symbols or dreadlocks special treatment. However, the statement, children who wear beads, religious symbols and dreadlocks are usually outspoken, was rejected. Children who wear beads, religious symbols and dreadlocks love to interact with other children but they get rejected. This could be due to the fact that people whose health practices are based on beliefs and traditions (beads, religious symbols and dreadlocks) are often regarded as representing a particular tribe, race or religion (Ajayi & Owumi, 2013; George, 2002).

### **Conclusion and Recommendations**

The results from this study showed that a larger percentage of the nursery school children identified with the health practices attached to traditions and beliefs and they were conscious of the perceptions and reactions from their peers. This underlying belief system further affects their social interaction skills and limits their ability to relate well with their peers in the school system. The ability to have healthy social interaction skills is a survival skill and must be held in high esteem as children grow older. Health practices that affect social interaction skills are best handled with enlightenment. Children whose practices are based on traditions and beliefs should be able to understand the basis for unfounded practices. With adequate enlightenment nursery school children would develop spirit of cultural accommodation, tolerance, and other interpersonal relation skills.

In the world of today, the ability to maintain social relations is important in finding a life balance. The foundation of every individual is best solidified at childhood. So, all stakeholders (parent, teachers and society) should take part in building the child's healthy social interaction skills. For a healthy social interaction skill, every child must possess the ability to ask questions as to why things are how they are. This study recommends that children with health practices attached to traditions and beliefs should be given proper orientation on why they have these things on them. This will help to boost their self-confidence which is essential for their social interaction skills. The study further recommends that other children who do not have their practices attached to traditions and

beliefs should also be given orientation on the purpose of their mates' actions and conditions to promote social harmony. In addition, children should be encouraged to be more accommodating and understanding. This would assist them to cultivate healthy social interaction skills and broaden their horizon on the multicultural nature of the Nigerian society.

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