



Evaluation of Preschool Education Programs in Terms of Health and Physical Development Domains

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ABSTRACT

This study aims to compare and examine the learning outcomes and indicators related to health and physical development in the 2018 Preschool Education Program of the Ministry of National Education of the Turkish Republic of Northern Cyprus and the Preschool Education Program of the Ministry of National Education of the Republic of Türkiye. A qualitative research method, namely document analysis, was employed. Data were collected using a specially developed "Learning Outcome and Indicator Comparison Form," and analyzed through descriptive analysis. Both programs highlight the significance of the health and physical development learning area. Recognizing that children in the preschool period require movement and play for their development, these programs encourage active participation in schools through planned activities. The preschool education program implemented in Northern Cyprus includes 9 distinct learning outcomes and 39 indicators in the health and physical development domain. In comparison, Türkiye's current preschool education program includes 23 learning outcomes and 159 indicators under the same domain. The study identifies similarities and differences between the two countries' outcomes and indicators. The TRNC program tends to focus more on behaviors and habits related to developmental domains, while Türkiye's program emphasizes anticipated actions. Moreover, Türkiye's indicators are found to be more detailed and specific, whereas the TRNC indicators remain more general. Based on these findings, it is recommended to increase studies related to the health and physical development domain in preschool education programs.

KEYWORDS

Physical development; developmental domains; preschool education program; health development.

INTRODUCTION

Human development begins at birth and continues throughout the entire lifespan (Meriç & Meriç, 2021). The preschool period-spanning from birth to the beginning of primary education-represents the most critical and rapid phase of developmental progress. During this period, children undergo profound transformations in physical, cognitive, emotional, and social domains (Çelikkaleli, 2014). To ensure that children attain holistic well-being and successfully explore their individuality, they must be exposed to a rich array of stimuli across all developmental areas within enriched learning environments. Among these domains, health and physical development play a particularly crucial role, as they directly impact not only a child's day-to-day functioning but also their long-term learning capacity and academic success (Yıldırım & Şimşek 2022).

The importance of health and physical development is also evident in a country's ability to achieve social and economic well-being. For a society to reach its targeted level of welfare and civilization, it needs individuals who are mentally and physically healthy, strong, and capable of transferring their abilities and skills (Hasipek & Sürücüoğlu, 1994). A healthy lifestyle, proper nutrition, and a healthy body are not only essential for a child's survival, protection, and development, but also reflect the level of development through children's well-being in these aspects (Falkner, 1991). Health and physical development encompass many subcomponents, including physical development, motor development, healthy nutrition, movement, physical activity, rest, sleep, healthy habits, and self-care skills.

Physical development is frequently regarded as the foundation for other developmental areas, and the advancement of these areas is contingent upon effective physical development (Boz, 2011). It encompasses aspects such as physical growth, motor skill acquisition, and bodily health. Maintaining a balanced diet, engaging in regular physical activity, obtaining adequate sleep, and undergoing routine health check-ups are fundamental during this stage. Moreover, environmental factors and family support are pivotal in shaping children's developmental trajectories.

Motor development is the acquisition of voluntary movement by the organism as a result of physical growth and development together with the development of the brain and spinal cord. Accordingly, motor development is divided into two categories: gross motor skills and fine motor skills. Gross motor skills include functional movements such as body posture and movement, head control, sitting, crawling, walking, running, jumping, and balance. Fine motor skills, on the other hand, involve movements such as holding, grasping, writing, and cutting, which are performed through the use of limbs such as the hands and feet (Durualp & Aral, 2018). Healthy nutrition is one of the fundamental conditions for a society to achieve a developed future. Worldwide, every child's primary and basic needs include care that meets health and hygiene standards, regular nutrition, and a family environment filled with love and affection (Merdol, 2008). Experts have stated that the cognitive and behavioral development of well-nourished children is facilitated and that healthy nutrition is necessary for children to reach their

full learning potential (Ruel et al., 2013). For this reason, in the preschool period, healthy nutrition is one of the most important supporters of physical development and one of the key factors that also supports cognitive development (Zembat et al., 2015).

Movement and play are natural ways of learning for children from their earliest years, and according to Montessori, they are also described as the child's work (Acay, 2004). The literature indicates that active play has positive effects on children's social, emotional, physical, cognitive, and language development. Considering its impact on all aspects of a child's life, play is a supportive and essential component. Therefore, in order to support children's health and physical development through play, play should be used as a tool in preschool education, and educational institutions should provide the necessary conditions by ensuring that play areas and toys are adequately equipped to facilitate play activities (Bağcı & Kaya, 2022).

When the development of self-care and self-regulation skills in children is examined, it is stated that these skills essentially begin in the prenatal period and continue through the growth process by becoming increasingly complex over time (Posner & Rothbart, 2000). Including self-care and self-regulation skills as part of preschool education contributes to a child's self-actualization, ability to maintain control over their life, development of a sense of responsibility, and capacity to function independently (Zimmerman, 2001, as cited in Gömleksiz & Demiralp, 2012). Possessing self-care and self-regulation skills has been shown to have positive effects on children and even adolescents. Children with these skills demonstrate healthy eating habits, peer acceptance, avoidance of negative behaviors, stronger attachment to school and classroom environments, higher levels of academic achievement, and greater competence in life skills (Bandy & Moore, 2010, as cited in Arslan et al., 2021).

In addition, early childhood education programs must be designed to support all developmental domains in accordance with the child's level of development, thereby fostering positive growth outcomes. It has been demonstrated that physical activity during the preschool years contributes to the development of motor skills, enhances problem-solving abilities, and improves physical coordination (MEB, 2024).

Preschool education also holds a vital position in the socialization and overall development of children. It is commonly stated that 80% of an individual's intellectual capacity is established before the age of six. Accordingly, the preschool education curriculum in the Turkish Republic of Northern Cyprus (TRNC) has been designed by taking into account children's developmental characteristics, individual differences, and innate abilities. The program aims to reflect the realities of the nation while addressing the needs and expectations of 21st-century children. It adopts a child-centered approach in which educators and families play active roles, aligns with societal needs, and seeks to unlock the full potential of every child (KKTC MEB, 2018). Meanwhile, in Türkiye, significant emphasis has been placed on evaluating the implementation of preschool education curricula. These evaluations aim to identify and resolve shortcomings, align programs with contemporary educational standards, and enhance overall program quality (Serdaroğlu & Bekir, 2024).

The study aims to contribute to improvement efforts by making visible the strengths of the preschool education programs of both countries, as well as the areas that need to be developed and revised. By emphasizing the importance of the health and physical development domain in early childhood, the study draws attention to the need to address this domain holistically with all its components. Through a systematic and comparative examination, this research offers a descriptive and comparative contribution to the literature.

Research objective

The primary objective of this study is to compare the health and physical development learning domain of the 2018 Preschool Education Program issued by the Ministry of National Education of the Turkish Republic of Northern Cyprus (TRNC MoNE) with the 2024 Preschool Education Program of the Ministry of National Education of the Republic of Türkiye (Türkiye MoNE) in terms of learning outcomes and indicators. In the TRNC program, these are referred to as “learning outputs,” whereas in the Türkiye program, the term “learning outcomes” is used.

In line with this objective, the study seeks to address the following research questions:

- What are the similarities and differences in the learning outcomes related to health and physical development between the TRNC and Türkiye preschool education programs?
- Which learning outcomes are present in the TRNC program but absent in the Türkiye program?
- Which learning outcomes are included in the Türkiye program but not represented in the TRNC program?

METHOD

Research Model

In this study, the document analysis method, a widely used technique in qualitative research, was employed. Document analysis constitutes a significant methodological approach in qualitative studies (Hoepfl, 1997). Regardless of the research field, any written material that provides data within the scope of a specific topic is considered a document (Balci, 2016). Document analysis involves examining designated primary or secondary sources, extracting data, and analyzing it (Özkan, 2019). Within the scope of this study, document analysis was utilized to compare the health and physical development learning outcomes in both the TRNC and Türkiye preschool education programs. The data sources of the study consist of the 2018 Preschool Education Program published by the Ministry of National Education of the Turkish Republic of Northern Cyprus and the 2024 Preschool Education Program published by the Ministry of National Education of the Republic of Türkiye.

While determining the documents to be included in the study, specific inclusion and exclusion criteria were taken as a basis. The inclusion criteria were defined as follows: the documents being related to the preschool education period, being published by official institutions, including learning outcomes related to the health and physical development domains, and being current programs in force. The exclusion criteria were defined as programs

prepared for educational levels other than preschool, documents that do not contain content related to health and physical development domains and learning outcomes, and programs that are not official or not currently in force.

The data collection process was carried out by obtaining the relevant program documents from the official websites of the Ministries of National Education of the respective countries in line with the determined criteria. The education programs were first examined in their entirety; subsequently, only the learning outcomes related to the health and physical development domain were separated and included in the analysis process in accordance with the purpose of the study.

Data Collection Tool

To conduct a comparative analysis of the health and physical development domains in the TRNC and Türkiye preschool education programs, a customized “Learning Outcome Analysis & Comparison Form” was developed. During the creation process of this form, both countries’ most current preschool curricula were examined in detail, and all relevant learning outcomes and indicators related to health and physical development were systematically identified.

To enhance the scientific validity and reliability of the form, necessary revisions were made based on feedback and recommendations from academic experts in the relevant literature. The form was structured based on the programs’ learning outcomes and was designed to enable direct comparison of similar outcomes and clear identification of differing components. This format made it possible to systematically assess both the qualitative and quantitative characteristics of how each program approaches the health and physical development domain. Additionally, the form is structured in a way that can serve as a foundational tool for future comparative research in this field (Direk & Batmaz, 2024).

Data Analysis

The data for this study were collected through the “Learning Outcome Analysis & Comparison Form,” focusing on the health and physical development domains of the TRNC and Türkiye preschool education programs. Descriptive analysis was used to evaluate the collected data. This method involves organizing, interpreting, and summarizing findings according to pre-determined themes (Gürkan, 2023). In this study, the comparison of the TRNC and Türkiye preschool education programs was carried out by examining the learning outcomes and their respective indicators. The analysis processes were guided by these outcomes and indicators. The findings were supported with direct excerpts from both countries’ curricula.

FINDINGS

This section presents a comparative analysis of the health and physical development domains in the preschool education programs of the Turkish Republic of Northern Cyprus (TRNC) and the Republic of Türkiye. The findings, derived from the analysis, are organized and detailed in the following tables. “LO” is used as an abbreviation for “learning outcome” in the tables.

Table 1.

Findings Related to the Comparison of Similarities Between TRNC and Türkiye Preschool Education Programs

TRNC	TÜRKİYE
LO1	LO1
LO2	LO12, LO15
LO3	LO2, LO4, LO6, LO7
LO4	LO3, LO8
LO5	---
LO6	LO13, LO16, LO22
LO7	LO14, LO18, LO19
LO8	LO17, LO20
LO9	LO9, LO10, LO11
---	LO5
---	LO21
---	LO23

According to Table 1, the learning outputs and outcomes related to the health and physical development domains in the preschool education programs of the TRNC and Türkiye were examined to identify corresponding elements across the two curricula, while unmatched items were noted as unique. The TRNC program includes 9 distinct learning outputs, whereas the Türkiye program comprises 23 learning outcomes. It was found that TRNC's fifth learning output has no equivalent in Türkiye's curriculum, while the fifth, twenty-first, and twenty-third outcomes in the Türkiye curriculum do not have corresponding counterparts in the TRNC program. The remaining 8 learning outputs in the TRNC program were found to align with 20 outcomes in Türkiye's curriculum.

Table 2.

Comparison of TRNC LO1 and Türkiye LO1

TRNC	TÜRKİYE
LO1: Recognizes bodily characteristics and distinguishes the functions of sensory organs (e.g., hearing, sight, smell, and touch).	LO1: Becomes aware of their own body.

According to Table 2, both programs emphasize bodily awareness as the foundational step in the development process. However, the TRNC program goes further by specifying that, in addition to general body awareness, children should also develop a detailed understanding of the functions of their sensory organs.

Table 3.*Comparison of TRNC LO2 and Türkiye LO12 & LO15*

TRNC	TÜRKİYE
LO2: Acquires self-care skills.	LO12: Practices personal hygiene.
	LO15: Performs dressing-related tasks.

According to Table 3, both programs include items related to the child's ability to perform individual self-care and hygiene activities. In the TRNC program, a single learning outcome encompasses the child's ability to manage personal cleanliness, toileting needs, eating independently, and dressing and undressing. In contrast, the Türkiye program addresses the child's individual hygiene behaviors separately from behaviors related to managing clothing.

Table 4.*Comparison of TRNC LO3 and Türkiye LO2, LO4, LO6, LO7*

TRNC	TÜRKİYE
LO3: Participates in physical activities using their body.	LO2: Uses large muscles in a coordinated manner.
	LO4: Performs physically demanding movements using large muscles.
	LO6: Uses fine motor muscles in a coordinated manner.
	LO7: Performs strength-based fine motor activities.

Table 4 presents items concerning activities involving the child's body and behaviors that engage different muscle groups. A detailed examination of the indicators under the TRNC program's learning outcome, "participates in physical activities using their body," reveals that behaviors involving various muscle groups for different purposes are targeted. Correspondingly, the Türkiye program includes four distinct learning outcomes that align with these indicators: LO2 refers to movements performed solely with the child's body without any objects; LO4 involves movements aimed at manipulating an object; LO6 covers movements requiring order and coordination; and LO7 specifies movements demanding greater attention, skill, and strength, each listed as separate items.

Table 5.*Comparison of TRNC LO4 and Türkiye LO3 & LO8*

TRNC	TÜRKİYE
LO4: Engages in games using various materials during physical activities.	LO3: Performs coordinated movements using objects/tools.
	LO8: Engages in manipulative movements using tools.

According to Table 5, it has been identified that children engage in play activities using various materials. While the TRNC program sets a target solely for the use of materials, the Türkiye program explicitly aims, in LO8, for the purposeful and conscious use of materials.

Table 6.

Comparison of TRNC LO6 and Türkiye LO13, LO16, and LO22

TRNC	TÜRKİYE
LO6: Understands the importance of acquiring healthy habits for physical development.	LO13: Takes responsibility during mealtimes. LO16: Maintains a balanced and adequate diet. LO22: Takes necessary precautions to maintain health.

Table 6 outlines objectives related to healthy habits that support children's physical development. In the TRNC program, the indicators emphasize fostering the child's understanding of the importance of being healthy, addressing aspects such as cleanliness, hygiene, use of nutritional tools, healthy and balanced nutrition, and physical activity. In the Türkiye program, behaviors related to the nutrition process, eating habits, and awareness of maintaining a healthy body are elaborated in separate learning outcomes.

Table 7.

Comparison of TRNC LO7 and Türkiye LO14, LO18, and LO19

TRNC	TÜRKİYE
LO7: Learns to avoid danger through gaining knowledge about basic health and safety issues.	LO14: Arranges safe living spaces. LO18: Protects self in risky situations. LO19: Protects body and personal space.

Table 7 outlines the items aimed at teaching children how to protect themselves from danger and ensure safety during play activities. In the TRNC program, each indicator related to this objective is specified under learning outcome LO7. In the Türkiye program, these concepts are addressed sequentially under the headings of organization, protection, and safeguarding.

Table 8.

Comparison of TRNC LO8 and Türkiye LO17 & LO20

TRNC	TÜRKİYE
LO8: Expresses feelings and thoughts related to bodily changes after physical activities.	LO17: Gives importance to rest. LO20: Engages in physical/breathing exercises.

Table 8 aims to foster the child's awareness of expressing emotions and thoughts following physical activities, as well as the ability to engage in the physical activity they need.

Table 9.*Comparison of TRNC LO9 and Türkiye LO9, LO10, and LO11*

TRNC	TÜRKİYE
LO9: Builds confidence by discovering bodily abilities.	LO9: Creates compositions through original drawings. LO10: Moves with rhythm and music. LO11: Performs creative movements using their body.

Table 9 outlines bodily skills and artistic activities related to these skills. In the TRNC program, indicators focus on exploring bodily abilities through activities and recognizing one's strengths and weaknesses. In the Türkiye program, however, the aim is to develop these physical abilities in an artistic manner, with corresponding learning outcomes specified accordingly.

Table 10.*TRNC LO5 – Unique Outcome without Correspondence in Türkiye Program*

TRNC	TÜRKİYE
LO5: Develops the ability to act fairly through physical activities.	---

Table 10 presents a learning outcome found exclusively in the TRNC program, with no equivalent identified among the learning outcomes in the Türkiye program. This outcome aims for the child to develop the ability to act fairly and actively participate throughout the process in physical activities.

Table 11.*Türkiye LO5 – Unique Outcome without Correspondence in TRNC Program*

TRNC	TÜRKİYE
---	LO5: Performs balance-related movements.

Table 11 includes an item found exclusively in the Türkiye program, which targets developing the child's ability to maintain balance both as a whole body and in individual parts during movements that require balance.

Table 12.*Türkiye LO21 – Unique Outcome without Correspondence in TRNC Program*

TRNC	TÜRKİYE
---	LO21: Takes precautions for basic first aid.

Table 12 includes an item found exclusively in the Türkiye program, which aims to cultivate children's awareness of first aid measures in the event of potential physical injuries.

Table 13.*Türkiye LO23 – Unique Outcome without Correspondence in TRNC Program*

TRNC	TÜRKİYE
---	LO23: Demonstrates appropriate behaviors in relation to disasters.

Table 13 includes an item found exclusively in the Türkiye program, which aims to develop children’s awareness of natural disasters. The indicators related to this item specify that children should learn what disasters are, their causes, the precautions to be taken, methods of protection, and appropriate behaviors.

CONCLUSION, DISCUSSION AND RECOMMENDATIONS

The findings of this study indicate that the preschool education programs of the Turkish Republic of Northern Cyprus (TRNC) and the Republic of Türkiye (Türkiye) share similar goals in the domains of health and physical development. Both programs aim to cultivate behaviors necessary for raising healthy individuals. In Türkiye’s curriculum, this objective is supported by the integration of 12 distinct social values. According to a study conducted by Eroğlu and Eker (2024), such values were absent in Türkiye’s 2013 program, suggesting that the 2024 curriculum reflects substantial progress in this area. The same study also highlights that the learning outcomes and indicators in the 2024 Türkiye curriculum vary by age and developmental level. Teachers are encouraged to select age-appropriate outcomes when developing lesson plans. In contrast, the current TRNC preschool education program does not differentiate learning outputs by age or developmental level in any domain, including health and physical development. The program applies uniformly across all age groups within the preschool stage (4–6 years). Incorporating age- and development-specific distinctions in future curriculum development efforts would enhance the program’s effectiveness.

These findings are consistent with theories that emphasize the need to address development in early childhood in a manner sensitive to age and individual differences. For example, the principle of developmentally appropriate practice highlights that children’s physical and health-related skills should vary according to their age and developmental level. Accordingly, while the Turkish preschool education program presents a structure aligned with this differentiation, the absence of provisions reflecting such differentiation in the TRNC program indicates that the program is limited in terms of developmental sensitivity and requires improvement (NAEYC, 2020).

Although both programs aim to promote healthy lifestyle habits, this study found that eight of the nine learning outputs in the TRNC program are similar to the learning outcomes in Türkiye’s curriculum. However, LO5 from the TRNC program has no equivalent in the Türkiye program, while Türkiye’s LO5, LO21, and LO23 have no counterparts in the TRNC curriculum. Additionally, Türkiye’s curriculum is more detailed and structured in terms of its learning

outcomes and indicators, while the TRNC curriculum tends to remain more general. Türkiye's program provides comprehensive, observable indicators for each outcome, enabling more effective assessment, whereas the TRNC program features shorter and less specific indicators. Serdaroğlu and Bekir (2024) emphasize that Türkiye's updated curriculum incorporates elements from child-centered early childhood education approaches used in various countries. It also addresses multiculturalism, inclusivity, metacognitive skills, and health-related needs across all developmental domains. These elements are absent from the TRNC curriculum. The same study further suggests that curriculum planning in Türkiye is shaped not only by children's interests and needs but also by family, environmental, and institutional resources. When these findings are examined within the framework of Bronfenbrenner's ecological systems theory, they reveal that children's development is shaped not only by individual characteristics but also through interaction with family, school, and the broader social environment. While the emphasis on family and environmental dimensions in the Turkish preschool education program aligns with this perspective, the limited consideration of these dimensions in the TRNC program indicates that it represents an area requiring improvement in terms of ecological coherence (Kurt, 2025).

Notably, the new outcomes added to Türkiye's curriculum include objectives aimed at protecting children from neglect and abuse, as well as teaching them to safeguard their bodies and personal spaces. These outcomes underscore the importance of bodily awareness and safety as part of physical development. Such learning objectives are not currently present in the TRNC curriculum. These findings suggest that, while both programs align on fundamental developmental goals, they differ structurally in terms of scope and specificity. International studies also emphasize that body awareness, personal space, and individual safety are integral components of health and physical development in early childhood. In this context, it can be argued that the learning outcomes included in the Turkish preschool education program are more closely aligned with contemporary approaches to early childhood education. Dias Rodrigues et al. (2022), in their study, implemented activities and practices that incorporated bodily engagement with the aim of fostering body awareness in the preschool period, and as a result, obtained moderate evidence indicating improvements in children's internalizing and externalizing behaviors following these interventions.

A review of international literature reveals that most comparative studies emphasize physical activity and health more than broad developmental domains. For example, Nguyen et al. (2025) compared play and conflict models in nature-based versus traditional kindergartens in Norway and found that children in nature-based settings engaged in more physical activity and experienced fewer conflicts. Similarly, Sterdt et al. (2013) examined preschool physical activity programs in Germany and found that among 2,415 institutions, 3% had no physical activity program and 71% had only limited programs.

In another study, Bardid et al. (2015) compared motor competence among 6–8-year-old children in Australia and Belgium. Belgian children performed better in activities such as lateral

jumping and high jumping, with no significant difference found in balance. These differences were attributed to cultural factors, structured physical education in Belgian preschools, and a more active lifestyle. These studies demonstrate that the health and physical development domain is closely related not only to educational practices but also to cultural and policy-related factors. The findings of the present study likewise support this view, indicating that such differences may influence children's development.

In the study conducted by Erbay et al. (2021), the TRNC preschool education curriculum was compared with the preschool education curricula of different countries. The countries included in the comparison were England, Finland, Southern Cyprus, and India. The study aimed to reveal the similarities and differences among these countries' preschool curricula in terms of the age groups they cover, their general objectives, learning/acquisition areas, content, and evaluation processes. The findings indicated that these curricula cover different age ranges. Among them, India has the widest range, covering ages 0–6. The study suggested that instead of such a broad range, it would be more appropriate for curricula to address a more limited age range. This is because development during the preschool period occurs rapidly, and different achievements emerge within short developmental stages. For example, the developmental achievements expected at age 3 cannot be the same as those expected at age 6. Based on this, it can be suggested that the acquisitions and indicators in the health and physical development learning area of the TRNC curriculum should be organized according to developmental characteristics that cover different age periods. In order to make the Turkish Republic curriculum more comprehensive, future studies may examine and compare the characteristics of the health and physical development learning areas in preschool curricula of different countries (Simsar & Kadim, 2017).

In the same study, it was also stated as a positive feature that interrelated indicators are included across all learning areas in the TRNC preschool education curriculum. This is because encountering different concepts during the process of concept acquisition helps children achieve more holistic learning and more detailed learning outcomes. For this reason, the indicators that reflect such diversity could be increased in the physical development and health program of the Turkish Republic curriculum (Özdemir, 2019).

In contrast, no studies have been conducted in TRNC focusing on children's skill levels, play and physical activity engagement, or public health policy related to early childhood development. Future research should therefore extend beyond program analysis to include the effectiveness of these programs on children's actual development. In terms of the study's contribution to the literature and practice, the findings provide a concrete evidence base for updating the health and physical development domain of the TRNC preschool education program. At the same time, these findings may serve as a guiding framework for relevant stakeholders during preparation processes when revisions or modifications to the education program are considered.

Recommendations

Based on the results of this study, the following recommendations are proposed:

- The TRNC preschool education curriculum should be enriched with more detailed learning outcomes and indicators, similar to those in the Türkiye program.
- Field-based research should be conducted to evaluate the practical effectiveness of the curriculum.
- In-service training programs should be provided to teachers focused on health and physical development activities.
- A collaborative framework should be established between TRNC and Türkiye to facilitate content sharing and joint curriculum development for preschool education.
- Curricula in both countries should be continuously monitored, reviewed, and updated to align with evolving needs.
- New requirements in health and physical development brought by the digital age should be integrated into the curriculum.

Suggestions for Future Research

Researchers interested in this topic may consider the following directions:

- Conduct comparative studies by selecting other developmental domains as the unit of analysis.
- Examine how cultural differences affect health and physical development goals by comparing preschool education programs from different countries.
- Perform qualitative field studies to observe the effects of preschool curricula on classroom practices.
- Undertake longitudinal studies to explore the long-term impacts of developmental outcomes on children.
- Evaluate curriculum applicability through qualitative research based on teacher feedback.
- Investigate the role of parental involvement in supporting children's health and physical development.
- Develop instruments to assess the scientific validity of learning outcomes and indicators in the curriculum.
- Compare current preschool programs in TRNC and Türkiye with their earlier versions to identify trends and improvements.
- Design experimental studies to explore the role of digital tools in promoting health and physical development activities in preschool education.
- Investigate the interrelations between health and physical development and other developmental domains to provide a holistic evaluation.
- Analyze how well teacher education programs in TRNC address health and physical development and offer relevant recommendations.

- Conduct comparative analyses of preschool curricula from countries with similar or contrasting cultural structures.
- Carry out experimental research at the graduate or doctoral level to assess the real-life impacts of curriculum implementation on children.

Limitations

This study is limited to document analysis, one of the qualitative research methods. Only the 2018 Preschool Education Program of the Ministry of National Education of the Turkish Republic of Northern Cyprus and the 2024 Preschool Education Program of the Ministry of National Education of the Republic of Türkiye were examined. No field study was conducted, and no data were collected regarding classroom implementations by preschool teachers, teachers' experiences, or the effects of activities designed based on learning outcomes on children. This limitation restricts the generalizability of the findings concerning the effectiveness of the programs in practice. Another limitation of the study is that the analysis was confined solely to the health and physical development learning domain.

The interactions between this domain and other developmental domains within the preschool education programs of the TRNC and Türkiye were not examined. This restricts a more comprehensive and in-depth evaluation of the programs' holistic and child-centered developmental approach. Furthermore, the study was limited to the current versions of the programs; no comparison was made with previous versions of the preschool education programs implemented in either country. Therefore, changes and developments in the programs over time could not be analyzed. Finally, the comparison was limited to two countries. Preschool education programs from countries with different cultural values, pedagogical approaches, and educational policies were not included in the study. This limitation restricts the universality and broader applicability of the findings.

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