SCHOOL HEALTH EDUCATION

by

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CHAPTER I

INTRODUCTION

The wide range of experiences to which a child is exposed while attending school implies healthful habits and responses or their opposites, and therefore the entire school experience and atmosphere must be considered in their effects upon the school child. Since the child is a growing and developing organism, constantly affected by the environment, responding and learning from the situations of his world, it is evident that this concept of the child and school greatly widens the service of health education. All practices pertaining to the health of the child are important and it is necessary to emphasize the fact that all experiences of the individual child should be interpreted with reference to developing a healthy, happy, and cultured adult.

Problem. The potential values for favorably enriching the lives of children are inherent in everyday experiences but their realization must be achieved through direction and guidance given by qualified leaders. Intelligent guidance may create situations in which the school child can favorably enrich and develop his life. The child is experiencing continuously in the school, in the home, and in the community. These and numerous other areas

contribute to the total life of a child and should be administered with emphasis on educating the whole child. Some of the experiences are favorable while others develop undesirable attitudes and habits. Hence a problem arises when we try to integrate health education to be a continuous and inclusive service.

Purpose. It will be the attempt of this study intelligently to integrate health education with the learning experiences of the school child. It can honestly be said that the objective of society is to educate a child who can live a full, happy, healthful, and constructive life. Keeping in mind that we are working with individual personalities who have assets as well as liabilities, it is possible to see that these personalities can be so modified that they become adequate in themselves to meet problems and equipped with skills and acquired knowledge to solve them. It shall be the purpose of this study to include the divisions of healthful school living, health service, and health instruction, with the ultimate intention of producing a favorable understanding of health education and its relation to presenting real opportunities for the development of skills and habits which have both an immediate and a long-time value. Through the development of proper attitudes toward healthful school living, health service, and health instruction, education helps to

produce and keep that physical vigor, mental stability, and social adequacy which normal living requires.

The various terms which are to be used in this study have been misinterpreted frequently and in order to make it possible for the reader and writer to converse in similar terms, they shall be defined and their relationship to the school child will be emphasized. Very often people have different experiences in similar situations and hence the impressions will differ to a certain degree. Some teachers may be surprised to find intellectual aspects of development included as an objective to which health education and physical education contribute. In this respect, Melvin says:

> "We have even taught that we think with the mind. This has obscured the fact that we think with the body. We have been taught that thinking went on in the brain. This has obscured the fact that thinking goes on in every cell and that we meet experiences not with the brain or mind, but with the surface of the body....Certainly our experience is from the surface of the body to a coordinating switchboard."[1]

Too often people think that education is something

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[1]Melvin, A. Gordon, Methods for New Schools, p. 225.

to acquire, not a process of becoming different. The organism, his environment, and his behavior are inseparable and education makes a great difference in the way a child behaves. Education must be more than collecting a great deal of information and developing a number of specific skills. Having the tools and knowing what to do with them in order to attain health, happiness, and adequacy, are the objectives of normal life. Health education contributes to these factors because it endeavors to meet today's problems and improve today's behavior in order to prepare for favorable experiences in the days and years to come. Health education has been defined as the sum of all experiences which favorably influence habits, attitudes, and knowledge relating to individual, community and racial health.[2] Health is considered as the condition of the organism and can be influenced by various activities. Maximum health represents a condition wherein the organism is functioning as near as possible to the nth degree of its capacity.[3]

Since all the experiences of a child in school must be considered with reference to their effect on child health, it is important that all forces be controlled whenever

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[2] Williams and Shaw, Methods and Materials of Health Education, New York, Thomas Nelson and Sons, 1935, p. 2.

[3] Nash, J. B., The Administration of Physical Education, New York, A. S. Barnes and Co., 1938, p. 11.

possible. The physical plant and its relation of healthful school living could well be the subject of a lengthy study. Such contributing factors as a wholesome environment, a healthful school day, and the establishment of rapport greatly influence the factor of healthful school living. To fulfill the above essentials, a safe and sanitary school can be assured only when attention is given to discipline, fatigue, teacher-pupil relations, and any other objectives relating to child health.

The term "health service" will be used to denote all those procedures utilized to determine the health status of the child. This aspect of health education endeavors to impress the importance of cooperation between the child and school, school and parent, and agencies outside the school. This necessitates a close cooperation of the medical, nursing, dental, psychiatric, and nutritional specialists with the educational personnel.

There is evidence that factual or instructional material is important if children are to know how to maintain a high level of individual health. This division of health education is brought under health instruction. Favorable health knowledge, attitudes, and practices are learned in classroom procedures under careful guidance and supervision of a qualified and interested teacher. Special effort and emphasis in the classroom may help to promote

an understanding of health practices. Health instruction loses its importance unless there is an integration of health knowledge, attitudes, and practices with the home, school and community.

This study will represent an attempt to collect desirable methods in the organization and administration of health education in the school systems of the past and present. Many former studies on this subject have been fully undertaken and the writer realizes that definite recognition must be given to these specialists. It is the writer's intention to gather the most pertinent material which may intelligently present the field of health education in unifying and coordinating all phases of the school curriculum. By providing a more satisfactory and sanitary environment, a better health service, developing a hygiene curriculum of real value considering individual needs, measuring progress, developing better standards in facilities, and training more skilled leadership, education may provide the student with normal opportunities for self-realization.

CHAPTER II

STUDY OF HEALTH EDUCATION

In the days of our ancestors when the people were occupied in activities that demanded physical labor, little thought was given to organized health education. Many of the traditions and customs were transplanted when the foreign population made an exodus to the United States. The foreign forms of recreation and country dances began to appear as the earliest types of physical activity and social functions.

In the early schools of America little consideration was given to health and play. Henry Pickering Bowditch (1840-1911), was considered the pioneer in this country in the study of the growth and development of children. Since that time, much interest in the study of children has been carried on by experts in health education and school health education. The number of civic organizations concerned with health education of the school child has increased continuously. At present, practically every community has some welfare society that is interested in the health and protection of children.

Attempts were made through legislation to assure the child that some consideration would be given to his growth and development. In 1908, the British Parliament passed the "Children's Act" which codified and strengthened earlier

legislation concerning children. In later years, Parliament made it possible for children to receive one-third of a pint of milk daily for one penny. Such acts and others that followed protected and helped the school child to receive attention that otherwise would never have evolved until men like President Taft and President Hoover referred the health problem to the nation. President Taft was responsible for the inauguration of the Children's Bureau of the Department of Labor in 1912 whose responsibility it was to investigate and report all matters pertaining to maternal and child welfare. This Bureau was greatly strengthened by the Sheppard-Towner Act which furnished funds for state aid in maternal and child welfare work.

The White House Conference on Child Health and Protection which represented all phases of child health was called by President Hoover in 1930. The attempt of this conference was to find more adequate conceptions and to make suggestions for a school program which promised to care for the whole child. There were 24 subcommittees organized under the general Committee of the School Child and these reported on the findings, opinions and recommendations of the members.

Many voluntary and official agencies interested in public health inaugurated health service movements. The

voluntary agencies were primarily supported by donated funds while the official agencies were tax supported. This was a period when people became health conscious and realized that if optimum health was to be achieved, organized movements were necessary.

If the present education system is going to make steady progress toward providing the school child with health protection and the understanding of health values, it will be necessary to provide a curriculum which will be inclusive and enriched. Educators have realized more than ever before the value of giving health instruction in the school. In trying to build a healthy body it is important to remember that the child is a growing organism, reacting and learning for life's situations. A health education program which may present experiences for life's situations cannot neglect individual counseling and guidance by teachers, principals, and specialists.

It is possible to trace the background of health education up until the present and draw the conclusion that a child must strive to become adjusted within. Health education is not merely the work of the school because the home and community have large influences, good or bad, upon the developing character of boys and girls. The schools cannot shirk their responsibilities in this field, but those who criticize the schools for failure to develop

the highest type of citizen should inquire to what extent the constructive work of the school is being torn down by destructive forces of the community. Of course, recognition is given those agencies which favorably influence the habit and attitude formation of the children. Attention should be given those phases of our present life which tend to supplement or counteract the wholesome influences of the school environment.

CHAPTER III

DEVELOPMENTS IN HEALTH EDUCATION

The American public school has always been concerned with the character of its pupils. Every child at birth becomes exposed to his or her world and education aims to help this child fit himself to the environment. People are born with certain instincts, drives, or hungers, sometimes called wants. A child struggles to satisfy these hungers and depends upon the parent for security and affection. It is not advisable to curb or block these individual hungers, but to provide satisfactory experiences which will lead to desirable and healthful habit patterns.

As the child grows and develops, his experiences lead to more complex hungers which may be undesirable unless properly directed. The child finds himself in a current of life that pulls at him from the bank of what is termed "right" and also from the bank that is "wrong". How we can explain and show why it is advisable to choose one bank and ignore the other is the task assigned to the school and community. Education and intellect are like a light turned upon the complexities that confront the school pupil. The organism may result in commotion unless emotion is properly integrated with intellect. Since the school child is continuously facing new situations, new reactions

and responses are expected. The place of learning enters at this point because the organism tries to meet these new situations with adequate adjustments. Each time the child experiences a new situation he is changing his habit pattern and way of thinking. Hence, these experiences must not only be favorable to the child but satisfactory to the extent that they will aid in adjusting the child to his society. These acts of learning are either increment or detriment to the total character of the boys and girls in the childhood stage.

Healthful School Living

There are certain laws and factors which pertain to and influence child growth. The rate of growth and development is not the same in boys and girls, and all sorts of variations occur in the growth of children. The average girl exceeds the boy in height and weight from about eleven years of age until the fourteenth or fifteenth year. This is a very noticeable fact and it is well to recognize that girls mature earlier than boys. It is well to know that such influencing factors as glands, nutrition, socio-economic status, heredity, climate, location, and other contributing environmental forces may well be the most influencing elements of child health and any variations that may develop in adolescence. The school is aware of this and health education administrators have attempted to integrate

these influencing factors into the school curriculum. It is apparent that much more can be done in this aspect of the child's curriculum in order that he may experience the true values of an enriched and normal life while attending his city or country school.

What can the school do to provide favorable learning experiences? Are all the possible protective measures taken to keep the child free from mental and physical illness? These are some of the questions that school administrators should ask themselves.

Hartshorne and May of the Character Education Research Bureau of New York City made a study on "Testing the Knowledge of Right and Wrong". They investigated to see if the child's knowledge of right and wrong was more like his teacher's, parent's, his club leader's, or his companions. Their investigations indicated the following correlations:

Like Parents	.535
Like Companions.	.353
Like Club Leaders.	.139
Like Schoolteachers.	.028
Like Sunday School Teacher . . .	.002

How can we account for the low correlation of the teachers? It may be that the conditions, atmosphere, and methods of the classroom and school building were not conducive to good learning situations.

It has been a frequent experience and expression of many children and even adults to make the following exclamation: "Gee, I wish that I could be living in that house or attending that school". Apparently the initial and general appearance was enough to warrant such a desire. People place emphasis on beauty and aesthetic value; hence, a school building which presents an inviting appearance will act similar to a striking, colorful cover on a book. Generally speaking, such a book will tempt the individual at least to turn a few pages and see if it has anything of interest. A school building should appear magnetic enough to encourage a youngster to attend a school which is not termed a "fire trap" or a "shack". Just like the book, it is not sufficient to have the exterior features attractive because the interior contents should be desirable too. It is just as important to have comfortable color shades and restful furniture on the inside as it is to have decorative architecture on the external structure. Too often more emphasis is placed on appearance than on function. There must be a balance between appearance and its beauty as well as function and its learning values.

It is not enough to build an attractive school on an ideal location which is distant and free from noise, smoke, and odors. To provide healthful school living for the

children, it is essential intelligently to plan the physical plant in order to minimize mental strain, promote social consciousness, and develop the whole child with respect to self-realization. Unless the facilities are adequate and conditions desirable, there is little hope that the child will learn favorable habits of living as an individual and as a part of the community.

If the correlation derived from a study on right and wrong of the teacher and student is to be increased, the atmosphere in the classroom, hallway, library, gymnasium, toilet, and the school building as a whole must be improved. The director of health education will undoubtedly find it difficult to meet satisfactory health standards in the classrooms of old buildings. As far as possible, however, he should meet the modern requirements under the existing circumstances. It may be impossible to have the recommended standards in lighting and heating, but it is possible to keep a school clean and ventilated. The teacher is responsible for seeing that satisfactory conditions exist in her classroom. She can utilize the assistance of some student group who will assume such duties as temperature regulation, desk arrangement, removal of safety and fire hazards, and general appearance of the decorations and classroom equipment. A minor responsibility leads to participation, participation leads to learning through

through experience, and the sum total results in an educative process of the child.

Satisfaction must accompany an experience if the situation is to be repeated any number of times. The child and his environment are not antagonistic factors in the determination of human nature. In fact, they work very much together. The child furnishes the primary drives from the dynamic self and the environment determines the direction in which these drives may take the child. The environment greatly determines the extent to which these drives are realized by the stimuli in the child's environment. It is primary that school administrators examine this environment and see how the stimuli may be desirable in character development. To prevent undesirable responses to the school and the stimuli it furnishes, it will be necessary to remove antagonistic factors in the life of children so that only right directions are furnished by the environment. It is not desirable to force certain unhealthy conditions upon a child when they may have lifelong habit formation. The lighting of classrooms is a problem in planning and construction. This must be considered prior to building and the advice of competent contractors and architects is very important. Our present educative process is greatly affected by reading and this demands that illumination be adequate.

Orientation of the building, avoidance of obstruction from outside objects, adequate window space, proper color schemes and provision of artificial light must be included in the plans for any classroom or workshop.

Comfort is something that everyone could easily define as a freedom from irritation or disturbance. There are four very important facilities or factors that greatly contribute to this state of freedom from mental or physical strain. These are heating, ventilation, furniture, and lighting.

Many schools are fortunate when automatic and mechanical equipment is utilized for heating and ventilation. A child cannot remain comfortable and attentive if the temperature is not desirable. The teacher should be informed about the desirable standards so that her cooperation may be enlisted. Too many classroom teachers become carless or intensively involved in subject matter and children are permitted to sit for hours in temperatures as high as 80° F. Whenever the temperature is above 70° F. the mucous membranes of the nose and mouth may become congested and the child is more apt to catch cold than if the temperature was regulated.

The body maintains a fairly constant temperature due to its ability to control the loss of heat produced by metabolic activities. Anything which interferes with the

ability to lose heat normally causes discomfort and, if the interference is great, illmess and even death may result. It is evident why it is so important to maintain a favorable temperature if the person is to be comfortable. The ventilation problem affects the human's comfort as much as any of the three mentioned factors. If three physical factors, air movement, temperature, and humidity, are controlled properly, the ventilation will be adequate. The carbon dioxide content is not the important element to be considered in ventilation. The teacher, with her many responsibilities, should appoint some reliable pupil who will pay attention to the temperature and ventilation. This program is not to lessen a teacher's duties but to assure a constant check on the temperature and to impress the students with the importance of temperature and ventilation to individual and group health. Air movement is necessary and the teacher is again responsible for this function which usually necessitates opening windows.

As far as the student is concerned about furniture, the school seat is the most important furniture in school. There are different types, but it is necessary to have various sizes or adjustable types. The child must be comfortable if learning is to take place and unless his arms and back are properly supported, fatigue will result quickly. Whenever seats are being installed it is well to

remember the following points:

(1) Seats should not be too high or too low

(2) Adjust the desk to proper level

(3) Do not get the desk too close or too far away from the child

(4) Make sure that the sacro-iliac part receives support.

The adjustable seats have high hygienic value providing interest and skill makes the necessary adjustments.

Blackboards have been a permanent fixture in the present classrooms and no one will abolish them from the standpoint of visual and mechanical value, but health education has criticized them severely. Frequently the blackboards are of poor specifications and lend themselves to weaknesses and undesirable health conditions. Blackboards should be of the best grade of hand-shaved, natural slate, free from defects, to insure health standards. The used side should be of perfect uniform black color and have a finish of velvet-like texture. The first row of seats must be set back a sufficient distance to allow the pupil correct focus. When direct light strikes a blackboard there may be a glare reflected which leaves the students under a constant eye and physical strain. Continuous use of the blackboards will tend to cause a dust-fog to result, presenting increased particles of material in the

air which can become transmitters of any germs that may be thrown off by the pupils. Many schools have cut the blackboard space to a minimum by utilizing bulletin boards.

Maintenance of proper sanitary conditions in the school depends upon a number of factors. It begins on the day when a wise choice was made in selecting an architect who planned a building that could be readily cleaned. The local board of education can minimize the pounds of dirt carried into a school by selecting a suitable site. The engineer and builder affect the cleanliness factor because it is very important how the machinery and equipment was installed. After the foundation or site, structure or building, comes the custodian who has the thankless task of keeping the building clean and attractive. He is as important, if not more so, than the teacher. The tasks he performs are innumerable and endless because there is too little cooperation extended him from the teaching staff and pupils. A custodian knows the pupils as well as the teacher, understands the family background, and influences the character of the school child through his contact with them in setting examples in clean living.

The child drinks or uses large quantities of water during the school day and seldom stops to consider its source or possibilities of contamination. Usually this supply of water is controlled by the municipalities or

appropriate officials. In rural areas the responsibility may be assigned to school personnel or a local health officer if one is nearby. Lavatories, toilets, and latrines are of immense importance, not only for sanitary disposal of waste but also in the education of children in hygienic practices.

Since the lavatories, toilets, latrines, showers, and drinking fountains present certain practices which can be learning experiences within a school, the classroom theories should be put into practice. The following conditions should be observed and considered: toilet paper provided, adequate facilities for washing hands, modern installations in drinking fountains, supervision of conditions in toilets and lavatories, warm water, soap, towels for the hands, sanitary drinking fountain properly adjusted, and freedom of attendance to toilets.

Children cannot develop general traits or ideals merely by talking, hearing, or reading about them in general terms. They must be practiced. Loyalty, obedience, cooperation, self-discipline, security, adequacy, and assurance are given real meaning only through specific experiences. These experiences should be more than thinking and believing; that is, leading to feeling and acting. The child is a dynamic organism and has certain outthrusts that must be utilized by responses to his environment.

Most individuals are conditioned to certain situations and their past experiences often complicate the process of learning. That is why it is necessary for the teacher to be familiar with the history of the individual child, either through visitation or acquaintance of the same in cumulative records.

The school is primarily interested in desirable emotional stability and tries to avoid undesirable conditioning. Sometimes praise may win affection, inspire confidence, and stimulate effort, while punishment may have the opposite reaction. Punishment can be used, but intelligently. The teacher may excel or fail in promoting a healthful reaction of the child to the daily tasks and responsibilities of school life. The problem of discipline is largely dependent on the philosophy of the teacher. The child is an individual to be corrected, directed, and developed. It is always well to remember that underlying causes may produce disciplinary problems. Just because a child is forever restless and disturbed, he is not necessarily a disciplinary problem. The teacher would be wise to check the temperature, light, subject matter, and her own personality. Defects in vision, hearing, breathing, malnutrition, and other illnesses may be underlying causes of inattention and problem cases.

The school child does an indefinite amount of reading,

writing, and drawing while attending school. It would be worthwhile to consider the number of minutes a child spends in every hour doing close work. Even without related statistics it would be well to consider the hygiene of vision. The child becomes easily tired and mental fatigue may result if the period of application is too long, putting small muscles under strain. The small child enjoys and needs large muscle activity which is produced in play and spacious drawings.

Healthful school living does not relate to the site, building, classroom and subject matter alone. It includes the conditions as they are experienced through administration and organization. Such factors as the length of the school day, recess and play, homeroom and home work demands, and class periods have important relations to individual health.

The sequence of courses has been studied and certain recommendations are made as to the best time of day various subjects can be taught most effectively. A child cannot learn as well if he is malnourished and schools have not provided substantial lunches for pupils who are not able to get home during noon intermission. Public funds should be used whenever children cannot receive proper support from their parents.

Frequent opportunities should be offered for play

and physical recreation if the child is to make the best of physical and mental growth and the best scholastic progress. The various activities of physical education should be so spaced as to provide the maximum effect for the relief of fatigue and body building. If space and weather do not permit recess and physical activity, windows should be opened and some physical activity given.

Depending upon the organization and administration of learning conditions, the child will be required to take studies home where conditions may not be conducive to learning or health. Few homes try to make proper adjustments for home study by providing proper lighting, tables, and chairs. Emotional upsets may result from lessons that are too difficult and poorly assigned. Very few homes will provide satisfactory study habits and see that the child is not disturbed by continuous distractions. To encourage supplementary readings and analysis of individual problems will result in exploratory experiences of self-interest and will not terminate in fatigue and unhygienic practices.

Health Service

There has always been a need for a coordinated effort on the part of administrators and teachers to cooperate with parents and health agencies outside the school. School health service has tried to bring these units together and has succeeded

remarkably in coordinating the separate interests under one service. The Parent-Teacher's Association has aided this movement. The purpose of health service is to determine the health status of the child, to encourage his cooperation in health protection and maintenance, to keep the parents informed of all defects, to prevent disease, and to correct remediable defects. This division of health education consists of various procedures which are used to determine the health status of the child. These procedures may be carried on by medical, nursing, dental, psychiatric, nutritional, and other health specialists in close cooperation with administrators, teachers, and parents. The need for a unified health service is imperative.

Unless defects and any abnormal functions of health which are found during examinations and inspections are brought to the attention of competent medical or dental care, little value results from health service programs. An immense and unsolved problem arises at this point. The school discovers many defects but too little is done about correcting them. Once a child is examined and found to have a defect, the school feels that the parent should assume the responsibility. Since all children do not receive medical care, the school must face the problem of medically unattended children. As long as such a situation exists, many children will remain with remediable

defects. In many of the larger and more health-conscious localities this unhappy situation is being attacked with partial success. It is apparent that free medical and dental services can be available if a community desires to finance such a program. If such a plan could be inaugurated, the rural districts could receive the same service as the large school system may be able to finance more easily.

It is apparent that a school child who is affected by defects and disturbances cannot do satisfactory scholastic work. Health service can attempt to correct the remediable defects and some of the local civic agencies can help in the more needy cases. The school should make every attempt to make the parents realize the importance of correcting the minor defects in teeth and eyes. Such disturbances, if neglected, may result in serious complications and lead to scholastic failures. The schools and communities cannot successfully direct the pupils and not correct the defects which may in later years be a block to success.

From the point of view of the school, the teacher is the most important person in the health program. Teachers should be chosen from the most competent, prospective students because the child's life is so greatly influenced by her actions and reactions. The teacher is placed in

a very strategic position where she can get an over-all view of her students at work and play. The very essential tool of observation is placed at her command and she can see, hear, and observe many abnormal functions. Whenever a pupil deviates from the normal, it is the teacher who notices such an occurrence as often as the parent or playmate.

Since the child is susceptible to many communicable diseases such as measles, scarlet fever, diphtheria, whooping cough, mumps, chicken pox, and German measles, it is advisable that a teacher be aware of any symptoms.

Generally, the common cold will foretell that a disturbance in health is present. Whenever a cold exists, the teacher should be aware of the possible infection and separate the infected child from his classmates. The cold may not result in any serious development, but if the infected child is isolated he may prevent some other child from experiencing a similar unhealthy disturbance. The teacher does not have to be the final judge in the case of a common cold and it is advisable to refer the pupil to a nurse or physician if at all possible. The main function of the teacher in case of illness is to early detect the abnormality and immediately refer it to the nurse or physician. In some instances the pupil may be discharged from school until all symptoms of illness are

removed. In taking such precautions epidemics of communicable disease may decrease in the American schools. Until full time participation and practice of a medical officer is provided in the school systems, the recognition of symptoms will be the responsibility of the teacher. Likewise, until all classroom teachers are cognizant of the fact that early detection of communicable diseases is necessary, there will be little improvement in the control of communicable diseases.

It was mentioned earlier that the teacher was considered the core of the school health program, just as she may be placed on the main stage in every school setting. There are many daily functions that are routine and the teacher finds herself an active participant, acting and encouraging the pupil to participate. It seems that whatever way one approaches the problem of health education, the teacher either guides the activity in order to focus the light of intelligence upon the problem or she stimulates the process of learning through motivation. She finds herself in this position when the health examination is made a part of the health service in school. From the daily inspection that may be informal during classroom recitation to the annual health examination, the teacher may render great assistance to the pupil and community. It is advisable to prepare the child for a

health examination so that it may not become an undesirable experience for the child. The frequent classroom inspections are preparatory to the thorough health examination. This new experience can have purpose as well as a lasting meaning to the child if an explanation of the purpose is intelligently presented.

The teacher should participate during the health examination, assisting as well as noticing any key discoveries that may be helpful in better adjusting the child to everyday experiences. If the teacher shows an interest in the child's health, the child may show an interest in what the teacher has to say in future health classes. It may be advisable to have the parent present during the first health examination, not to observe the examination but to shed some light on the preschool child's history which constitutes a vital part of the health service record. The parents presence may have an influence on securing immediate correction.

It is advisable to have a cumulative health record that gives pertinent data regarding the child's health during his school attendance. These records must be kept up to date and adequate enough to furnish necessary information. The health record should contain the child's history and data resulting from examinations. From the standpoint of health education and guidance the cumulative

record should contain the following data:[4]

1. Data from the environmental record
2. Data from the disease and health disturbance
3. Data from the scholastic record
4. Data from the adjustment record
5. Data from the social record
6. Data from the health practice record

If the health history of the child is complete there will be emphasis upon the social and personal adjustment record of the child. Behavior of the individual is as important as his health. The cumulative record should be a tool for summarizing significant items of a case history and for emphasizing the direction and rate of development of the student's traits. Once such a system of records is integrated into the health service program, it does not mean that a competent program has been developed. Once data is recorded on a printed form, no guarantee is made for effective use of the data in assisting the pupils. These records must be active, interpreted, and the information transferred to the parents so that the remediable defects can be corrected.

The health examination will not be discussed thoroughly in this study but the important items recommended for

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[4] Williams, J. F., and Borwnell, C. L., The Administration of Health and Physical Education, Philadelphia, 1934, p. 159.

an examination will be mentioned. A comptent staff of a physician, dentist, psychiatrist, nutritionist, nurse, and teacher should constitute the examining personnel. The important items to be considered in a health examination are listed as follows:

vision	skin	muscles
hearing	lungs	posture
nasal passages	heart	feet
teeth	blood	puberty
tonsils	abdomen	nervous system
Height and weight	glands	bones
	nutrition	

In some places each child is given an examination each year. In general, an attempt is made to provide two to four examinations during the eight years of elementary school. The general trend is to decrease the frequency with which children are examined, and to provide more time for consideration of children whose physical, nervous, and mental condition is regarded as unsatisfactory by a nurse or teacher. when children are found with abnormal functions they should be referred to the school physician, who may refer them to a clinic.

The ordinary school health examination has its limitations. It is not likely that physician can detect such conditions as nephritis, syphilis, malaria, leukemia, or

the primary phase of tuberculosis infection. A routine examination does not include an examination of the blood or urine. In many cases a physician may refer a malnourished child to a tuberculosis clinic for a further examination and x-ray.

One of the main purposes of health service in schools is to discover and correct physical defects. In many communities there are children with defects whose parents are unable to pay for private medical service. Few communities make provisions for correction of defects of such children. The health department or school authorities act very hesitantly in supplying these services directly, although there is a tendency to increase health service to the handicapped child. The special clinics have been the most marked improvement in this direction of free correction or at a reduced cost. The medical profession feels that such practices will lend themselves to pauperism.

Too frequently parents correlate scholastic achievement and the removal of physical defects too high. Just because a child has his tonsils removed or teeth filled, it does not mean future scholastic accomplishment. The correction of physical defects should be for the health welfare of the child. The most complete correction of defects in the below-standard child will not enable him

to become valedictorian of the class. There is no doubt that in some instances removal of defects may make a remarkable difference in accomplishment.

The problem of malnutrition and nutrition presents another question. Is it the school's responsibility to furnish lunches for the school child? Giving consideration to the socio-economic status of the parents may help to bring the question closer to being answered. If the home does not supply the food requirements needed for normal growth and development, the school must assume the responsibility with the aid of local health agencies.

Whenever a free lunch is served it is difficult but necessary to provide only those in greatest need. The markedly undernourished children and those who come to school without an adequate breakfast should be given first consideration. A cafeteria system is advisable and can furnish supplementary food essentials that may be difficult to provide in a home made lunch. Under-nourished children, unable to buy lunch at a cafeteria, can be tactfully supplied with tickets from the funds in the community.

For certification of teachers in the field of health education it would be well to recognize the need for health counseling as a part of health service. The State of New York emphasizes the importance of health counseling in

the appraisal of courses recommended for teachers of health. Health counseling may be designated as one of the procedures to determine the health status of the child. This procedure would aid in the indentification of physical, mental, emotional, and social health problems. It would not end with the indentification of these disturbances, but would recommend remedial procedures and counseling techniques, followed up by a continual contact with the individual case. Such a plan would necessitate a closely coordinated philosophy of health education between the medical profession and school administration personnel.

When the time comes in general education that health counseling can be furnished, many emotional disturbances may be removed that eventually result in poor physical and mental health. Many children have individual problems that may be discussed with a health counselor and an attempt made to correct the underlying causes. Some of the school experiences may be the causative agents and any fear of failure or social ostracism that may be present may be removed. Therefore, it is important that schools do not over-emphasize competition, discipline, punishment, or grades because the fear of failure or insecurity may produce damaging results. Too often the educative process is dictated by the "fear of God" instead of emphasis on good and positive practices.

Whenever cases of nervous children are discovered, cooperation is necessary between the home, school, and physician. A tonic will not prevent or cure a disturbance that was created through conditions resulting from varied influences of a home, teacher, or school. It is well to remember that undesirable behavior in a classroom is a symptom of some underlying difficulty. Behavior is dynamic, produced by energy, kinetic and potential, hence school administrators must shine a light upon these various individual reactions before suppression kills all of self-realization.

Health Instruction

There is a need for some special effort in the classroom of elementary students and group sessions of departmentalized grades to promote understanding and practice in health. Health instruction should be a part of the curriculum where factual information is presented in order to maintain a high level of individual functioning. Health instruction is "that organization of learning experiences directed toward the development of favorable health knowledges, attitudes, and practices."[5]

The first part of this study emphasized healthful

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[5]Committee on Definition of Terms in Health Education, Health Education Section of American Physical Education Association.

school living and health service, showing how each phase affected the school child. Children learn about health in these two aspects of health education, but the phase of health instruction places special emphasis on directing and explaining favorable health practices. One outstanding characteristic of health instruction which is different from the other phases of health education is that it seeks to integrate health knowledge with actual living in the home, school, and community. It is important to understand at this point that each phase does not operate independently of the other. The various experiences and situations in the school offer opportunities as well as problems for the instructional period to try to solve or to help the child become adjusted intelligently to all situations. Every day, every subject, all teachers, the various experiences, and extra-curricular activities may contribute important responses so that health instruction can become a correlated subject rather than one of data alone. Before health knowledge can be integrated with actual everyday living and result in a well-balanced program of health instruction, careful health lessons must be prepared by those who understand health and the relationship it has to the child.

No attempt will be made to build a health unit or evaluate a health program, but the writer will emphasize

the essential criteria in health instruction. The White House conference on Child Health and Protection made a survey of health instruction practices and found these three types existing:[6]

(1) health instruction given as a separate unit,

(2) chiefly as a separate subject with occasional correlation,

(3) chiefly or entirely by correlation.

The recent trend in general education has been to break away from the static and rigid requirements in subjects. Nevertheless, there has been much controversy pertaining to this matter, and as yet no satisfactory answer has been attained. If education attempts to place emphasis on the student's self-realization, subject matter will have to be organized with regard to the needs of the pupil. Many of the hard and impregnable walls of isolated education will need to have at least a few windows to present a complete picture for the child. This change will not be immediate nor advisable unless better qualified instructors are placed on our teaching staffs. At present, the scheduled period of health instruction is probably the most intelligent solution.

In teaching health to elementary grades, the teacher

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[6] The School Health Program, White House Conference in Child Health and Protection, Section III, New York, 1932, p. 151.

has a different group of children than would be found in the intermediate or secondary grades. Since the children would be of different ages and levels of maturity, their interests and needs would differ considerably, necessitating different approaches. In trying to teach health, the teacher must always practice good health habits. Children in the elementary grades fatigue easily, requiring short periods of concentration and frequent periods of vigorous activity. Large muscle activity should constitute the greatest part of any participation, but whenever close work is required it should be short and followed immediately by a period of relaxation. Mental flexibility is present in all young children and this stage of life is the period for creative and constructive habit formation. At this age children have self-interests and personal habits can be directed in such a manner that desirable attitudes are formulated in relation to personal health. The teacher must remember that elementary grades are highly susceptible to communicable diseases and she should emphasize hygienic inter-relationships, such as handling of pencils, paper, play-things, and exchanging one piece of candy or an ice cream cone. As a summary statement to elementary grade teachers of health, the importance of vigorous activity and caution in fine muscular drills cannot be over-emphasized.

The intermediate group presents a similar group of characteristics but somewhat more advanced and developed. There is still a want for vigorous activity but more of the athletic or individual skill type. This group is not satisfied with a factual statement or a standard because they ask for an explanation to their way of reasoning. During the intermediate grades is noticed a period of rapid growth and development during which habit patterns begin to take form. This is a period for careful direction and guidance or many children may become socially and emotionally maladjusted. Group consciousness develops and the teacher finds herself as the one who must provide satisfactory experiences for both sexes. Educators must not forget that during this period children begin to ask why and are only satisfied with stimulating subject matter.

The high school students have finally reached the peak of the hill, so they think, and begin to look around and even rationalize. They are beginning to formulate plans for the present and future, a time to put health on an asset basis. This group can realize how important optimum health may be in supplementing their future education, training, practices, or associations. Social consciousness has never been more evident than at this period and it presents the greatly needed phase of sex

education which has been covered up and separated by ignorance and misconception.

There are certain aspects of health instruction that are ommon to all groups and ages of children and adults as well. Every living human being needs food, air, sunshine, rest, and exercise if the organism is to continue living normally, In order to keep health instruction a stimulating phase of education the teacher cannot teach food requirements as such without giving consideration to the levels of maturity. New material presented with a fresh approach will present as much information but will not develop a dislike for health. The teacher must first lead the pupil to want to improve his health. Health is one subject that should not have failures; that is, failures in learning experiences and not scholastic grades.

The beginning of formal health instruction was introduced by a group of reformers who were interested in presenting the ill effects of alcoholic drinks and other narcotics. This campaign developed into the basic law pertaining to health instruction. It was an unfortunate experience because it resulted in a dislike for health instruction. Since then materials have been prepared and revised to assist teachers in the field of health education. The State of New York desires that each school build its own curriculum and provides materials that are

sufficiently flexible to fit the needs of each local situation.

As implied in the above paragraph, there can be no static health instruction program. Nevertheless, two objectives must be kept in mind when such a program is being organized. Health instruction in a classroom should present a basic knowledge of the principles of hygiene and physiology. The experiences that are provided under healthful school living and health service should develop specific health knowledges, attitudes, and practices. Howard W. Lundy is quoted as saying:[7] "A person may be a walking encyclopedia of health facts and yet he may violate every rule in the book." The child must not only form certain health habits but must understand the reason for them if he is to be thoroughly educated in personal health. Through a carefully planned integrated program which will include all experiences related to health education of the school child we can achieve the two objectives of health education.

The school personnel must have a common philosophy of health education before there can be any integration. Every teacher, the administrator, the custodian, the nurse, the school physician, and the health coordinator,

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[7] Lundy, H. C., "Philosophy of Public Health Education," Oregon Health Bulletin, July, 1946, p. 3.

if one is in the school, must cooperate and have common objectives. If a common philosophy exists, health education will come more naturally to the children because the necessary relationships will be presented and the pupils will more easily recognize the relationships between the experiences and health education practices. It is easily visualized how a common philosophy of health education can have common goals for teachers and pupils.

How can every faculty member help in the integration of health education? Does it have to be presented as factual subject matter? These questions can be answered by an earlier interpretation of health instruction which is that organization of learning experiences directed toward the development of favorable health knowledges, attitudes, and practices. Any helpful service or guidance that teacher can render to her pupils is considered an aid to a way of life. Each teacher can make an honest effort to find out and understand the needs and interests of her pupils through observation or visitation. Such a survey will uncover invaluable information. To see and understand the home conditions, the socio-economic status of the parents, and the pupil-teacher-parent relationships will favorably influence the integration plan. Once all the available data have been collected and evaluated from a cumulative record, the teacher has an understanding of

her pupils. She now knows what learning experiences can best be presented and encouraged.

If the teacher cannot make home visitations, she may utilize a test of health knowledge.[8] In administering such a test, it is advisable to have definite objectives in mind. Such a test will uncover many aims for a health instruction program. The results of a health knowledge test can be made useful in improving the teaching of health. If a curriculum is being built the results may be utilized by the curriculum maker to arrange the health instruction around the weaker health practices.

Once the children's wants and interests have been determined, the teachers can approach the phase of health instruction with an inclusive understanding. From the time a child leaves home in the morning with his books and lunch, and gets off the bus at the school until he is returned home eight or nine hours later, positive health habits or their opposites have been learned during the daily experiences of the school child.

Safety education can be stressed and discussed with the children early during the school day with emphasis on boarding and departing from the school bus. This phase of health instruction does not have to be limited

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[8] Gates, A., and Strong, R., The Gates-Strong Health Knowledge Test, New York, Bureau of Publications, Columbia University, 1925.

to highway and driving safety. Such areas as playgrounds, gymnasiums, industrial arts classes, home safety, classroom, water activities, poisoning, and injuries inflicted with sharp instruments are a few other safety projects that warrant discussion.

Such routine procedures as daily inspections and roll call can have educational values. Few children take pride in being the most dirty or untidy pupil in the classroom. It is not necessary, in fact it should be avoided, to call attention to abnormal children. A large mirror in a classroom can be utilized not only for observing personal appearances in cleanliness but it can assist in improving postures. Teachers must be cautious in praising the clean, well-dressed child because some children may develop a feeling of insecurity or even inferiority.

The noon lunch period opens itself to an infinite number of health practices in health instruction. Such traits as cleanliness can be stressed by seeing that children wash their hands and faces before commencing to eat. The teacher should see that proper provisions of warm water and soap are provided with sufficient towels to dry the hands and face. This period will help the teacher decide how much emphasis should be put on nutrition and food preparation. Manners and ethics can be observed and guided toward favorable practices. The

lunch period should be quiet, well supervised, in a healthy atmosphere, and above all, not hurried. It is advisable to have the teachers follow similar patterns while eating with the children. They should have a balanced lunch eaten in a hearty manner.

If at all possible a scale should be provided and so located that children can weigh themselves frequently. Much emphasis during the health instruction periods can be devoted to growth and development. What boy or girl is not interested in how much he or she has gained in height or weight? A scaled measuring tape can be conveniently located in every classroom.

Sleep, rest, and relaxation can be integrated immediately following the phase of growth and development. The children should be told how important it is to sleep and rest the body if normal growth and development are to be expected. The classroom teacher can practice this learning experience by having relaxation periods following a strenuous period of physical or mental exertion. It is important that rest periods and relaxation should be especially provided for those who recently returned to school after a period of illness.

Every classroom recitation can integrate such health practices as may be related to healthful reading or writing. The teacher should observe and follow up any

symptoms that may indicate defects in vision. A child who squints continually or must use a finger for a guide should be given an eye test. If the test discovers any abnormalities of the eye, measures should be taken by the school and parents to correct such abnormality.

It may not always be the physiology of the eye that is at fault when poor vision is recognized. It can be possible that the lighting conditions are not favorable. Here the teacher can do little unless proper artificial lighting is provided. Nevertheless, any emphasis on healthy reading and writing habits that a teacher can introduce into her classroom procedures may have carry-over values at home and in the future.

All children do not live in a continually moderate climate; hence, the necessity for seasonal clothing. As the climate changes, the children must be informed that different types of clothing should be worn. Here again the teacher must be careful not to disturb mentally a child who cannot have his parents outfit him with satisfactory clothes. The teacher can encourage lighter or less clothes during warm seasons, and heavier or more clothes during cold periods. The child may have the necessary change at home and a slight instructional discussion may bring about the desired result, especially if the child can experience the comfort. The phase of

ventilation should be covered during this unit of health instruction, too.

It is not a recent discovery that children need and desire activity. The classroom teacher, as well as the administrator because he organizes the daily routine, must provide tome for short periods of vigorous activity. If at all possible, a change of clothes should be made in the elementary grades. The intermediate and secondary students have longer periods and time is allotted for such a procedure. Again cleanliness can be repeated with emphasis on body perspiration and the need for a daily bath. Play periods can stress exercise, growth and development, and group consciousness. An interested teacher will motivate desirable and satisfactory health attitudes during play periods by being present to offer group guidance.

Children enjoy watching, participating and discussing things as related to themselves. Such procedures as health pageants, health dramatizations, posters, exhibits, and slides are a part of health instruction and should not be neglected by teachers. Seeing is believing. Why not utilize any such motivation that may lend itself to learning experiences? "Playing the Health Game", as suggested by Aubyn Chinn, presents health habits through play and many such activities have satisfaction as well

as carry-over values.[9]

The phase of mental hygiene should be mentioned in the unit of health instruction but no attempt will be made in this study to discuss it completely. Such factors as companionableness, self-satisfaction, success, cheerfulness, courage, adequacy, and self-realization are a part of health instruction and are being strengthened or weakened by the daily experiences in school. The teacher's voice, attitude, personality, and her ability to stimulate the desire to want to improve will enrich a normal school child.

[9]Chinn, A., Health Habits, Chicago, National Dairy Council, 1924, p. 7-8.

CHAPTER IV

RECOMMENDATIONS

The fundamental intent of our educational system is to provide every child with the best possible opportunities to become a happy, healthy, and successful citizen of tomorrow. The schools of today, so much more than ever before, are being confronted by forces inimical to the best interests of a better community. The present period of reconversion necessitates the cooperation of everyone--teacher, pupil, and parent. One quick glance at the rising wave of crime and unrest makes the need even more necessary.

The school is an important institution in our American way of life and its influence is widespread. They teach the children not to be afraid because the teachers help the children to walk upon a path that is built on a foundation of truth. Our schools have many facilities and educational tools that can make for a healthy citizen in a good community. Of course, the school cannot be held responsible for making over certain attitudes that have been malformed before entering school or those habits that are molded after the school day.

An effective guidance program with a health counselor can greatly assist with the heavy responsibility. It is

not enough to say that the parents or the community should assume the responsibility for correct habit formation. A teacher can win the respect and confidence of her children. The health counselor can be referred to whenever social, mental, or moral problems develop.

There is much more to education than the three R's. Education can discover inborn qualities in children and provide opportunities to enrich them so that they can become normal citizens. From the viewpoint of health education, health clubs can be organized as a part of the curriculum in the school. This club does not necessarily teach health as formal subject matter, but can integrate such factors as social consciousness through group functions, growth and development through associations in nature, mental stability through organized activities, and morality through leadership which presents a responsibility in the face of associates.

Not only should all educators have a common philosophy which will be formulated to include general aims and more specific objectives, but also one that will insure an organized effort with a central authority. Such a plan will provide a place for presenting new methods and procedures which can be tried and presented to everyone once they have been proven favorable. This clearinghouse will prevent much unnecessary worthless planning

by unqualified personnel. It is recommended that this central office have the authority to supervise all teaching areas and make recommendations for material and teacher appointments. Some teachers may be better qualified to teach in one district while other teachers may better serve another district. Such arrangements will be made after careful consideration and observation.

If the people of this country are to solve the problem of health among elementary and secondary school pupils, education must have better and more closely integrated relations with the public. All people must mold themselves into a common objective to acieve goals pertaining to health education. All civic organizations of the community, state, and also the nation must cooperate closely with the educators. The gap between the family and the public school is still too wide. The schools can become, if the educators and citizens of the community work together, institutions where boys and girls may learn favorable and desirable health habits, attitudes, and knowledges in accordance with their inborn potentialities. Under such guidance children will develop habits of conduct and thought beneficial to themselves and society, and in turn acquire a respect for knowledge.

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