

The Woman's College of
The University of North Carolina
LIBRARY

CQ
no. 123



COLLEGE COLLECTION

Gift of
Zona Belle Livengood

A SURVEY OF THE LITERATURE ON HEALTH HABITS
IN THE PRIMARY GRADES
FROM 1936 - 1948

by

ZONA BELLE LIVENGOOD

A thesis submitted to
the Faculty of
The Consolidated University of North Carolina
in partial fulfillment
of the requirements for the degree
Master of Arts in Education

GREENSBORO

1950

Approved by

Franklin H. McHurt

Adviser

ACKNOWLEDGMENT

The author wishes to express her deep appreciation to all those who have helped her during the writing of this thesis. Especially does she wish to acknowledge the constant encouragement and guidance of Dr. Franklin H. McNutt, Associate Dean of the Graduate School of the University of North Carolina; the technical assistance of Mrs. Olive M. Betts; and the advice of Miss Anna Reger, Assistant Professor of Education at Woman's College of the University of North Carolina.

TABLE OF CONTENTS

CHAPTER	PAGE
I. INTRODUCTION	1
The Importance of the Problem	1
Statement of the Problem	5
Delimitations of the Problem	5
Method	6
Related Studies	7
II. ESSENTIAL HEALTH HABITS	9
Formation of Desirable Habits	11
Desirable Health Habits	13
Eating Habits	15
Habits of Cleanliness	16
Summary	17
III. HEALTH RESPONSIBILITIES OF THE HOME	19
Ways in Which the School Can Help the Home	23
Sleep Habits	25
Dressing Habits	27
Food Habits	28
Washing Habits	29
Summary	29
IV. RESPONSIBILITIES OF THE SCHOOL REGARDING HEALTH	32
The School and the Home Cooperate	33
Safeguarding the Child's Health	35
The School Program	38

CHAPTER	PAGE
The Home Helps the School	43
Summary	46
V. SUMMARY	49
Conclusions	51
Recommendations	52
BIBLIOGRAPHY	54

CHAPTER I

INTRODUCTION

The Importance of the Problem

The maintenance of good health among all individuals is a grave responsibility of communities during peace as well as during war time. Since twenty per cent of the population is made up of children of school age and since these children represent the future citizenry, it is necessary that essential protective and preventive health services be provided for them in every community.¹

To administer these services, such agencies as the home, the school, the health authorities, and other health agencies in the community should be involved. Regarding these agencies, Ruth E. Grout² tells us:

Health education of the school child is the just responsibility of school, home, and community. If health is to function consistently throughout the twenty-four hours, there needs to be an integration of purposes and action among these groups. Together they can work for the provision of a safe and sanitary environment, the encouragement and opportunity to live healthfully, the correction of remedial defects, and the development of a well balanced personality which readily makes mental and social adjustments.

Fitzgerald³ has this to say:

1. Randle, Bosse B. "Wartime Essentials in School Nursing." Public Health Nursing, 35:482, September, 1943.

2. Grout, Ruth E. Handbook of Health Education, Garden City, New York: Doubleday, Doran and Company, Inc., 1936, p. 8.

3. Fitzgerald, May V. "Health Education Coordinated," Public Health Nursing. July, 1936. 28:451.

Health comes not from knowing alone but from doing of things that promote healthful living, sound thinking and wholesome attitudes toward life. Health service and health instruction are vital to the school child. The program must take into consideration the child's environment - the school building, the home and the community.

At the time of the first World War the nation was shocked to learn that "the medical examination of drafted men showed that about 33 per cent of the young men were seriously handicapped by physical defects."⁴

And some twenty-five years later after the "whole child" with his decayed teeth, defective eyes, circulatory disturbances, venereal disease, and emotional maladjustments had attended school regularly, it was found from the examinations made by the Army medical authorities and Selective Service that a larger percentage of young men of the nation were unfit for unlimited military service.

The large number of draft rejections in World War II serve to remind of the need for health education. In regard to this Sharmon gives the following information:

The results of the examination of men for World War II revealed the fact that a large percentage of the young men were rejected for unlimited military service. Of the first two million men examined approximately one half could not pass the medical examination given by Selective Service and the Army medical staff at reception centers.⁵

C. V. Akin, Assistant Surgeon General of the United States Public Health Service, tells us that:

4. Sharmon, Jackson R. Introduction to Health Education. New York: A. S. Barnes and Company, 1948, p. 8.

5. Ibid., p. 11.

According to the National Health Survey conducted in the winter of 1935-1936, it was estimated that 6,000,000 people are unable to work, attend school or pursue other activities each day during the winter months on account of illness, injury or gross physical impairment resulting from disease or accident.

Dietitians, physicians, army officials, and those who are interested in the health of the enlisted man agree that the average adult American citizen is not likely to correct harmful food habits formed in childhood. This being true of food habits, it must also be true of those health habits which are so important for the individual's well being. Teachers know that, other things being equal, there is greater difficulty encountered in changing the habits of older children. Therefore, it is certainly logical that under these circumstances, we should do our utmost to see that correct habits of health are formed as early as possible.

Good health involves much more than the avoidance of illness. So many parents take their child's health for granted and assume if he is not sick, that he is growing satisfactorily. However, parents should realize that teeth and bones grow only once and that good habits set up early can prevent the drain on health that may come in later years. "Good health is your passport to future success," say Turner and others. In regard to the importance of good health,

6. Baird, Charles M. Health and Longevity. Boston: The Christopher Publishing Company, 1941. p. 9.

7. Kerr, Florence. "The School Lunch Program." Childhood Education. March, 1942. 18:318.

8. Turner, C. E., Melchoir, Juanita, and Curl, Grace. Gaining Health. New York: D. C. Heath and Company, 1941. p. 2.

9
Smith claims that "health is considered basic to learning and essential
10
to successful and happy living." According to Williams who defines
health as the "quality of life that renders the individual fit to live
most and to serve best," the teaching of health education is also es-
11
sential. Emerson declares that only twenty per cent of our people have
optimum health; that sixty million people in the United States have
impaired health; and that thirty million more, according to life in-
surance examinations, are physically unfit. Not even in childhood -
as school records show - is maximum health common. And yet, as a
rule, people need to observe only a few simple rules to secure
buoyant health.

Emerson says "if there ever was a golden cure-all, here it is:
fresh air and sunlight, proper food and eating habits, regular ex-
12
ercise, adequate rest."

13
Turner tells us that

Good health is one of the things that will help you be what
you want to be and do what you want to do. If you have good
health now, you want to keep it. If you do not have the best of
health, you want to work for it and win it.

This investigation was made because of the writer's interest
in the health of primary children, and because she was aware of the

9. Smith, B. L. "Health is Basic to Learning," The Nation's Schools, March, 1944. 33:20.

10. Williams, Jesse F. Personal Hygiene Applied, Philadelphia: W. B. Saunders Company, 1941. p. 2.

11. Emerson, William R. P. Health for the Having, New York: MacMillan, 1944. p. 121.

12. Ibid., p. 122.

13. Turner, op. cit., p. 1.

fact that very little was being done to teach these children and to build up in them the desire for a healthy, happy life which can be so greatly aided by a few, simple health rules well-learned.

Statement of the Problem

This study is a survey of the literature, 1936-1948, on the inculcation of health habits in primary school children.

In developing the study, the following sub-problems were considered:

1. What do authorities agree are the essential health habits to be inculcated in primary children?

2. Which of these habits can best be formed in the home?
How can the school help the home?

3. Which of these habits can best be formed in the school?
How can the home help the school?

Delimitations of the Problem

The following delimitations will be considered.

1. This study will include important contributions on the subject found in professional literature, 1936-1948.

2. The study is restricted to items pertinent to the health guidance of primary children in grades one, two, and three.

3. Definitions.

The following definitions will be used:

Health - The physical well-being of any individual. This involves complete fitness of body in order to make possible the highest quality of effective living. The best condition of every organ, every tissue, and every cell working to give maximum efficiency.

Health Education - This term, as here used, refers to the sum of experiences which favorably influence the habits and attitudes of the child.

Health Habits - This term refers to those habits which are necessary for acquiring and maintaining a high degree of health, and, when followed, will help to bring maximum health and happiness to the individual concerned.

Method

1. In the search for related studies and pertinent professional articles, the following reference guides were used:

Palfrey, Thomas R. and Coleman, Henry E. Guide to Bibliographies of Theses, United States and Canada. 2nd edition. Chicago: American Library Association, 1940. 54 pp.

United States Library of Congress. Catalogue Division. List of American Doctoral Dissertations. Washington, D. C.: Government Printing Office, 1913-1938.

Monroe, Walter Scott and Shores, Louis. Bibliographies and Summaries in Education. New York: The H. W. Wilson Company, 1936.

United States Office of Education. Library. Bibliography of Research Studies in Education. Washington, D. C.: Government Printing Office, 1929.

Good, Carter Victor, editor. "Doctors' Theses Under Way in Education," Journal of Educational Research, January issue, 1931-1942.

Gray, Ruth A., editor. Doctors' Theses in Education: A List of 797 Theses Deposited with the Office of Education and Available for Loan. Office of Education, 1935. Pamphlet Number 60. Washington, D. C.: Government Printing Office, 1935. 69 pp.

Education Index: A Cumulative Author and Subject Index to a Selected List of Educational Periodicals, Books and Pamphlets. New York: The H. W. Wilson Company, 1936-1948.

2. Since this study is a survey of professional literature, the usual bibliographic techniques were used.

3. In selecting the authorities on which to base the study the

following criteria were used:

- A. Association with a reputable university, college, public school system, or governmental body in some responsible position.
- B. Evidences to the effect that health habits has been an area of special interest.
- C. Background as revealed by under graduate and graduate training, research, publications in reputable professional journals.
- D. Internal evidences in the works themselves.

All authorities used met most of the above criteria.

Related Studies

No thesis duplicating this study was found, but the following related studies were discovered:

In 1930, A. O. DeWeese made a study of the health habits of college freshmen in Kent State College during the years 1927-1930. As this thesis dealt with college freshmen it had no bearing on this study.

A health habit survey was made by Howard L. Conrad in 1932, of Junior high school pupils of Philadelphia. This survey attempted to determine if the health education program in its present form was instrumental in improving the health habits of pupils. As the survey dealt with Junior high school pupils, it had no bearing on this study.

DeWeese, A. O. A Study of the Health Habits of College Freshmen in Kent State College. In American student health association. Proceedings, 1930. (Bulletin Number 14.).

Conrad, Howard L. A Health Habit Survey of Junior High School Pupils of Philadelphia. Master's Thesis, Temple University, 1942.

CHAPTER II

ESSENTIAL HEALTH HABITS

The authorities are agreed that the training of children is a continuous process. One cannot give them habits of thought and attitudes in the first years of life and then go away saying, "Now that job is over, I won't have to worry with it again." As the child grows older, he will have to be met on a different level in connection with practically everyone of the activities which have been set up in the first six years of his life, but the basis for good behavior has been laid.¹⁴

15

Whitley tells us that

A habit is a way of getting along comfortably in this world with the minimum of attention to ourselves, and consequently the freedom from having to ponder and decide about every last thing we do; it is a tool of adjustment . . . To have well-formed habits in any area, social, emotional, vocational, recreational, mental or physical, means a fluent, directed, coordinated performance according to predictable pattern, and therefore a guaranteed security in our various contacts.

Children are in need of correct habits to help them happily and successfully through childhood. These habits form in part the basis for good mental health and as the child grows into adulthood he continues to benefit immeasurably from them.¹⁶

Thom observes that habits are acquired by education, experience,

14. Arlitt, Ada Hart. The Child From One to Twelve. New York: McGraw-Hill, Inc., 1931. p. 222.

15. Whitley, Mary Theodora. "Bases of Habits," Child Study, January, 1937. 14:99.

16. _____. "Habits for Children," Hygeia. August, 1937 15: 768.

and imitation. They begin to develop at birth and they become the standards by which the individual is judged by his fellow men. Early in life certain tendencies are exhibited by a child toward the very simplest problems of his every day life, such as eating, sleeping, and eliminating, just as, later on in life, he has well formulated ideas about paying his bills or going to church.¹⁷

Someone has said that "the earliest years are the most satisfactory for habit training and the training should concern itself with such matters as eating, sleeping, excretory functions and the like."¹⁸

Along this same line Evans offers:¹⁹

The power of association is one of the strongest factors in education. 'Bring up a child in the way he should go and when he is old he will not depart from it.' When and if, despite these good habits which are supplemented by a scientific exploration of their importance, the pupil in later years strays from his early training, he will still have a reserve of health built up on this sound foundation.

Thom avers that childhood is the best time to establish desirable habits and to change or eliminate any habits that might work out to the disadvantage of the child in later life. Good health habits mean that a child will have fewer illnesses and, therefore, will have more time in school in which to profit by such learning situations as are offered,²⁰ declares Arlitt.²¹

17. Thom, D. A. Habit Training for Children, New York: National Committee for Mental Hygiene, Inc., p. 3.

18. _____ . Hygeia, op. cit., p. 768.

19. Evans, Llewellyn. "Let's Build Future Citizens on a Foundation of Good Food," The Nation's Schools, July, 1942. 30:48.

20. Thom, op. cit., p. 3.

21. Arlitt, op. cit., p. 40.

It is much easier if the child learns, from the beginning, the acceptable thing to do, since it is much more difficult to break down an established habit and build anew, states Steidinger.

22

Formation of Desirable Habits

23

In speaking of developing correct health habits, Grout says that the general objectives for grades 1-4 are "to develop healthful habits in everyday living, with wholesome attitudes toward these habits."

24

Arlitt expresses the opinion that the first prerequisite in forming desirable health habits is absolute regularity in schedule. Sleep, hunger, and all other bodily functions appear to operate rhythmically. In general, sleep habits follow the laws that govern other habits. We must have regularity so that a rhythm of sleep is established by constant repetition.

Reynolds, Professor of Child Study and Director of the Nursery School of The Institute of Euthenics at Vassar College, lists four conditions essential to the formation of proper sleep habits and correlates them with the more generally recognized fundamentals for building good food habits.

25

1. Regularity of rest and retiring hours should be maintained just as faithfully as regularity of mealtimes.

22. Steidinger, Ruth. "Habit Training During the Pre-School Years," Public Health Nursing, November, 1937. 29:623.

23. Grout, op. cit., p. 8.

24. Arlitt, op. cit., p. 65.

25. Reynolds, Martha May. Sleep of Young Children. Michigan Public Health Bulletin. Lansing: Michigan Publishing Company, February, 1936. p. 5.

2. Conditions conducive to sleep should be provided, just as attractive surroundings and good food are provided to stimulate appetite.

3. An adequately balanced day with plenty of outdoor exercise and freedom from emotional strain in general is as necessary to prepare the organism for sleep as it is for eating.

4. There should be faith that when the above conditions have been satisfied, nature can be trusted to see to it that the child gets the sleep he needs. This will surround the whole matter of sleep with an atmosphere conducive to the formation of the proper sleep habits.

Forming and following good health habits are important at all periods of life, but it is probably more important to do this during childhood when sunshine, fresh air, proper food, and enough rest and sleep are so necessary to growth and health. Those children who fail to form wholesome habits of physical health are likely also to exhibit mental hygiene difficulties, such as disobedience, selfishness, over-dependence, and similar behavior problems.

According to Benell²⁷ "there are three causes for poor health habits, namely: ignorance, poverty, and indifference."²⁸

It is the opinion of Steidinger and Cromwell²⁹ that the processes most frequently included under habit formation and often referred

26. Bundesen, Herman H. "Well Balanced Healthy Training," Child Study, February, 1934. 11:139.

27. Benell, Florence. "Health Habits Learned in Nursery School Persist Through Life," Nation's Schools, November, 1944. 34:20.

28. Steidinger, op. cit., p. 623.

29. Cromwell, Gertrude E. The Health of the School Child. Philadelphia: Saunders, 1946. p. 9.

to as basic habits are eating, sleeping, eliminating, dressing, washing and exercising.

30

Holt says that since the aim with young children is the formation of habits, the problem becomes one of selecting the most important and devising means to secure their constant repetition until they become automatic.

In order to accomplish this aim, Arlitt states that

There are three main ideas to be kept in mind when setting up good habits in children. First, give the child a sense of joy in achievement. Second, be sure that he has an ample chance to practice what you want him to learn. Little children learn very slowly and forget very easily, and they must have many experiences with doing the thing that you wish to have them do if it is to become a habit. Finally, be sure that the things which you wish your child to learn to do are coupled with pleasant results, not unpleasant ones.³¹

Desirable Health Habits

32

In a discussion of health habits Conrad and Meister report that:

Health habits may be conveniently divided into (a) personal habits, such as cleanliness, (b) school habits, such as posture, and (c) home habits, such as rest, diet and recreation. These are best tested through observation, inspection (a "formal" kind of observation), and questionnaires.

In considering outstanding health habits which might be con-

30. Holt, L. Emmett. Food, Health and Growth, New York: Macmillan, 1922, pp. 231-232.

31. Arlitt, op. cit., p. 62.

32. Conrad, Howard L. and Meister, Joseph F. Teaching Procedures in Health Education, Philadelphia: W. B. Saunders Company, 1939. p. 129.

sidered essential, Turner states that it is desirable that children in grades one and two should learn such routines as the following.

1. Some habits that help them to grow (such as long hours of sleep, outdoor exercise, drinking milk, having a good breakfast).
2. How to wash the face, neck and ears properly.
3. How to wash the hands and clean the fingernails properly.
4. How to brush the teeth properly.
5. That the sixth year molar is the first of their permanent teeth and must be well cared for.
6. How to care for the toothbrush.
7. That they should go to the dentist regularly.
8. How to blow the nose properly.
9. How to cross the street safely.
10. That they may expect to gain about one quarter to one half pound a month.

Hoag and Terman,³⁴ in their work on this phase of health, say that if during the first five grades, the daily personal and the general inspection be observed and that if a knowledge of good food, fresh air, and cleanliness of environment be insisted upon, the child will have formed the most fundamentally important habits of health.

The following health rules have been listed by Justin and Rust as good ones to follow:³⁵

33. Turner, C. E. School Health and Health Education. St. Louis: C. V. Mosby, 1947. p. 169.

34. Hoag, Ernest B. and Terman, Lewis M. Health Work in the Schools. New York: Houghton-Mifflin, 1941. p. 230.

35. Justin, Margaret M. and Rust, Lucille O. "What Health Practices Shall We Follow?" National Parent-Teachers Magazine, December, 1941. 36:23.

1. Three adequate and regular meals each day with food of proper quality and quantity.
2. Sleep and rest are necessary with fresh air during sleep.
3. Exercise is important.
4. Personal cleanliness should be maintained.
5. Good posture is needed.
6. Proper elimination is essential.
7. Good mental habits are important.

36

Bell lists the three outstanding health habits essential to all programs as adequate nutrition, achieved through well-balanced diet; sleep, rest, relaxation, and mental hygiene; exercise and recreation. In a similar vein Moehlman declares "the basic causes of physical inadequacy lie in poor food, poor housing and lack of proper medical and dental care in early childhood."³⁷

Eating Habits

The child's food habits begin with his first days of existence. Though good food habits are most easily formed early, it is never too late to form them. In discussing eating habits, Justin and Rust give these rules:

1. Three adequate and regular meals should be eaten.
2. Only milk or orange juice should be taken between meals.

36. Bell, Margaret. "Health Examinations Help to Promote Physical Fitness," The Nation's Schools, April, 1943. 31:25.

37. Moehlman, Arthur B. "Physical Fitness," The Nation's Schools. March, 1942. 29:14.

38. Justin and Rust, op. cit., p. 23.

3. Food should be chewed thoroughly.

Habits of eating are formed like any other habits, on a basis of repeated successful or pleasurable acts.³⁹ The healthy growing child should be a hungry child. It is thought that the conditions under which the small child eats deserve careful consideration. The room should be quiet, with no audience present just to watch the child eat. The food should be appetizing. Meals should be served at regular hours. No comments should be made about the undesirability of certain foods.⁴⁰

Habits of Cleanliness

Since cleanliness is a matter of the first importance, the teacher should urge her pupils to form definite habits based on this assumption. Cleanliness is approved and uncleanliness is disapproved. Education in cleanliness involves far more than mere lessons though these are essential to it.⁴²

Strang and Smiley agree that:

Cleanliness of person and clothing affords a measure of protection against skin diseases and, in case of the hands, against the transmission of infections which enter the body through the nose and mouth.⁴³ Then too it is important to note that many

39. Faegre, Marion L. Booklet on Habits Based on Reports of the White House Conference on Child Health and Protection. New York: Century, 1932. 32 pp.

40. _____ "Habits for Children," Hygeia, August, 1937. 15: 768.

41. Muir, W. A. and Green, George H. Health and Cleanliness, London: Health and Cleanliness Council, 1930. p. 55.

42. Ibid., p. 13.

43. Strang, Ruth M. and Smiley, Dean F. The Role of the Teacher in Health Education. New York: MacMillan, 1941. p. 68.

health habits remain the same from early childhood to adulthood. Washing the hands before eating is just as important for the business man as for the first grade child.⁴⁴

Summary

The consensus of the authorities is that health habits play a very important part in the life of each individual. These habits should begin as early in the life of the child as is possible. Those habits which might work out to the disadvantage of the child in later life should be eliminated.

The authorities agree that regularity in schedule should be maintained in order to form these habits. Those habits which authorities seem to agree are essential are as follows:

1. Three adequate and regular meals should be eaten each day.
2. Only milk or orange juice should be taken between meals.
3. Food should be chewed thoroughly.
4. Sleep and rest are necessary with fresh air during sleep.

Hours of sleep will vary with the age of the child.

5. Good mental habits are important.
6. Exercise and recreation are important.
7. Good posture is needed.
8. Proper elimination is essential.
9. Teeth should be brushed regularly.
10. Regular visits to the dentist are necessary.
11. Personal cleanliness should be maintained.
12. Cleanliness of clothing is essential.

44. Ibid., p. 68.

13. Ability of child to dress himself.
14. Ability to select suitable clothing.

CHAPTER III

HEALTH RESPONSIBILITIES OF THE HOME

It is the purpose of this chapter to present the responsibilities of the home in regard to the health education of the child. The home and family of the child play a major role in his life. In the home, the development of the whole child is the family responsibility.⁴⁵

Likewise, every family has a right to demand a safe school environment for the student, and every school has a right to expect cooperation and assistance from the home.⁴⁶

⁴⁷
As Gilbert, a registered nurse, says

One cannot expect children to learn many of the health habits at school. Health habits require constant repetition to become fixed and the most valuable and essential health habits should be taught and practiced at home. We would waste less time if we were to hold parent group meetings, and instruct parents in habit formation.

The consensus of the experts in the field is that the pre-school years are most important in building some of the basic health habits. The child from birth must eat, sleep, and eliminate. It is the responsibility of the home and the parents to secure the food and

45. Lamkin, Nina B. Health Education in Rural Schools and Communities. New York: A. S. Barnes, 1946. p. 6.

46. Ryckman, Ethel C. "Building for Health in a Secondary School," Public Health Nursing, September, 1937. 29:537.

47. Gilbert, Eliza E. "A Directed Activity Program in School Health," Public Health Nursing, February, 1936. 28:97.

prepare it for the child. It is the parents' job to prepare a place for the child to sleep. These habits, eating and sleeping, are established very early in life.

Often children acquire undesirable habits, such as twisting a blanket corner. These habits, when once formed, are hard to break.⁴⁸ If care is taken, these tendencies may never be formed. Arlitt makes this point: "When a bad habit must be broken, remember that it is better to find a more wholesome way for the child to use his activity."

Faegre⁴⁹ pertinently remarks that

Whether or not they have training or guidance, children always acquire some habits. Parents should remember that childhood is the time when the child is proceeding most rapidly in learning and that good habits are just as readily formed as poor ones. This is the time when we may help the child to form habits of play, work, self-reliance and cooperation with other people.

Stolz⁵⁰ reminds us that

It is the parents of a child who first begin to induct him into the approved ways of behaving. Sometimes parents are very wise and these learnings during pre-school years have taken place with little or no tenseness or emotional strain. Sometimes, however, parents are so anxious that the child learn socially approved and accepted ways of behaving that they have unwittingly built up patterns of resistance, inconsistent behavior, and emotional insecurity instead.

Lerrigo⁵¹ points out that the home holds the key position in health education and that the parents are the principal health advocates

48. Arlitt, op. cit., p. 35.

49. Faegre, op. cit., p. 5.

50. Stolz, Herbert R. "Understanding the Child's Needs," National Education Association. October, 1938. 27:194.

51. Lerrigo, Marion Olive, Children Can Help Themselves, New York: The MacMillan Company, 1944. p. viii.

of the country, whether they realize it or not.

52

In speaking of parents' responsibility, Arlitt states:

Children are, as has been said, human beings, and so are parents. The parents' responsibility lies not in creating a perfect child, but in giving the child the soundest standards available, in giving the child as far as possible those experiences which will enable him to develop in line with his capacities and abilities, and in allowing him to develop in accordance with his own pattern in so far as this pattern makes of him a well adjusted child.

53

Arlitt continues this discussion of parental responsibility by asserting that

Scientists who deal with children from infancy to school age agree that this is the most important period in the life of any child. All parents, then, stand in the position of the most important educators whom the child will ever meet. The basis for habits of thinking straight, of telling the truth, of having a high code of ethics, is laid down in the first six years of life. Good behavior for the rest of the child's life depends upon the habits of good behavior set up in the first six years. Even those health habits, upon which the child's whole future health depends, begin while the child is still in the home under the parent's care - that is, in the pre-school period.

Faegre states that

Without a knowledge of what constitutes healthy growth, parents cannot provide the right conditions for such growth. They must know that regularity of eating, sleeping and health habits is essential.⁵⁴

55

Hoag and Terman have this to say about the care parents give to their children.

52. Arlitt, op. cit., p. 224.

53. Arlitt, op. cit., p. 39.

54. Faegre, op. cit., p. 4.

55. Hoag and Terman, op. cit., p. 3.

If all parents were wise in regard to health matters, it would not be so necessary for schools to make a special study of the physical conditions of the children entrusted to them.

Realization that children must be well housed, well nourished and well cared for medically in their formative years, if they are to become healthy adults, is growing with dramatic swiftness throughout the country.⁵⁶

57 58 59

Holt, Faegre, and Arlitt believe that the health education of the child should be begun at an early age in the home. Here the trouble may begin with the health knowledge of the adults. It is not that they are so ignorant but in the words of Artemus Ward, "they know so many things that ain't so."⁶⁰ Childhood is the time before habits have been formed and prejudices established. The twig is so easily bent in the right direction. Care must be given to see that desirable habits are practiced.

61

Patty says "human beings learn by doing. Properly supervised health services are laboratory activities through which the pupil may learn." Therefore, the child should be encouraged to practice those habits that are considered desirable and acceptable.

Someone has said that it makes little difference how much an individual knows about health if he does nothing about it. It is by doing that results are accomplished. Parents must teach the child the

56. Moehlman, Arthur B. "Feeding the Children," The Nation's Schools, December, 1943. 32:14.

57. Holt, op. cit., p. 223.

58. Faegre, op. cit., p. 5.

59. Arlitt, op. cit., p. 39.

60. Holt, op. cit., pp. 223-224.

61. Patty, Willard Walter, Teaching Health and Safety in Elementary Grades. New York: Prentice - Hall, Inc., 1940. p. 101.

things necessary for maintaining health and then they must see to it
 that he carries out the necessary activities.⁶²

The training given the child when illness occurs should not be different from training given at other times. The child must be taught to obey, whether sick or well. He should be instructed that eating the right food at the right time, going to bed at a regular hour, playing in fresh air and sunshine are activities to be carried out, not merely because father and mother say so, but because they are necessary and worth while in themselves.

Ways in Which The School Can Help The Home

The needs of the child are the center of the teacher's interests. They should be shared by the home. The home is primarily responsible for the child's security and his feeling of security and of being loved and wanted. It is nevertheless true that due to a variety of causes many homes are unable to meet this need in the child. Economic stress, the lack of adequate means in the home to provide food, clothing, proper shelter, and other essentials rob the child of the very
 foundation upon which health is built.⁶³

Henry Ford has said he does not oppose women working in any field, but that no bigger or better job can be done than to rear better

62. Bundesen, op. cit., p. 138.

63. Wood, Thomas D. and others, Home and School Cooperation For The Health of School Children. Report of Joint Committee on Health Problems in Education, 1937. pp. 7-8.

and healthier children. If we can improve child care in the home and make better parents, he says, we can greatly improve the entire American nation.

It is the opinion of Cromwell that

The home provides the essentials of health training and determines the ultimate success in the development of a healthy child. Health behavior depends upon the provision made for health practices, the food supplied, the routine of the child's life, and adequate supervision supplied by parents and assisted by specialists as occasion demands. Good habits formed in the pre-school years are of essential importance to a child's future health. Nevertheless, in order to have him fit successfully into his school environment, the health habits established during the pre-school period will require adjustment to school schedule.

66

Otto reports that we preach about health in school but that most health habits have to be practiced at home because little or no opportunity is provided for this activity at school. Furthermore, the child needs a continuously healthful experience and environment for himself and for those with whom he lives. He also needs wise guidance states Leonard. But Abbot points out that the influence of the home does not end when the child enters school.

67

68

69

Hussey says:

The most powerful influence on health practices is exerted by

64. Ford, Henry. "Don't Neglect the Children," Nation's Schools, April, 1942. 29:18.

65. Cromwell, op. cit., p. 140.

66. Otto, Henry J., "An Educator Looks at School Health," Public Health Nursing, June, 1938, 30:373.

67. Leonard, Eunice H. "Sound Health," National Parent Teachers Magazine, October, 1941. 36:31.

68. Abbot, Julia Wade, "Healthful Attitudes Toward Health," Childhood Education, March, 1942, Number 7. p. 293.

69. Hussey, Marguerite M. Teaching for Health, New York: Prentice - Hall, Inc., 1939. pp. 34.

the home. It has been stated that the home has four to five times as much influence as the school, but the home, even the home of middle or upper class, is astonishingly ignorant of some of the simple and fundamental proper health practices, while the home of the underprivileged child is often lacking in the knowledge of proper health practices and facilities for decent living. The school, therefore, must take upon itself the responsibility of this work, for unless it reaches the home very little of its constructive teaching will be of much avail. Children may learn in school what they should do and how to do it and may want to live according to the laws of hygiene. But what can they do if their mothers give them doughnuts and coffee for breakfast, or if adults in the family keep the radio going till midnight, night after night, interfering with sleep and making the child tense and nervous? How can the child take a daily bath if there are no facilities provided? No matter what good practice a child may want to follow, he is controlled by home conditions.

70

In regard to cooperation between home and school, Phelan says

Home as well as school conditions may interfere with the normal development of the child. The home may fail to provide conditions essential for restful sleep of children. The provisions for home study may be such that the child has a headache or watery eyes when the study hour is over. The family diet may be selected to suit the taste of adult members of the family rather than the needs of the growing child.

Sleep Habits

Sleep is an essential factor in health and growth. The primary responsibility for this rests on the home. When the child enters school, the teacher should stress the importance of sleep and rest. Regularity of rest and retiring hours should be kept just as faithfully as regularity of mealtime. The whole matter of sleep should be surrounded by an atmosphere conducive to the formation of proper sleep habits. "It is important that the young child should not sleep in the same room with his parents and not in the same bed with an adult because

70. Phelan, Annette M., "When Home and School Cooperate," Child Study, February, 1934. 11:142.

a child's sleep is thus disturbed by the presence of other persons."⁷¹

⁷²
Teagarden states in regard to sleep that "ultimately every adult would be better off if he enjoyed going to bed and to sleep." Also habits should be established so that he might go to sleep immediately and not be dependent upon some help, such as reading, in order to go to sleep. ⁷³Teagarden also remarks that "in furnishing our children's bedroom, let us avoid bedside lamps at all costs." However, it is true that some adults must have a certain amount of light or darkness in order to go to sleep. Some city folk who go to the country cannot sleep because of the extreme quietness found there and the same is true of those folk who live the quiet country life and go into a busy city. The noises of the city cause the individual to be restless. Some parents, when the child is put to bed, practically "turn off the household" as ⁷⁴Teagarden so wisely puts it. Everyone must tiptoe in order not to awaken the baby. However, the activities of other members of the family should not be completely disrupted. The radio need not be turned to top volume, yet it need not be turned off.

⁷⁵
In Teagarden's opinion there are those parents who go to the other extreme. The child is so sleepy and perhaps begs to go to bed, yet no provision is made for the child's rest. He may fall asleep in

71. _____. "Habits for Children," Hygeia, August, 1937, 15:768.

72. Teagarden, Florence, Child Psychology for Professional Workers. New York: Prentice - Hall, Inc., 1940. p. 191.

73. Ibid., p. 191.

74. Ibid., p. 193.

75. Ibid., p. 194.

a chair or on the bed, while still fully clothed. There are other children who have to try to sleep with a radio blaring away or with loud noises and boisterous laughing or even a disturbing card game going on late at night.

There are also children whose sleep is interrupted because of some fear. Laughing at a child's fear does not improve the situation, for in many cases dreams cause fear. The wise parent will not laugh at the child's terrors but will make provisions to terminate this disturbance as quickly as possible, declares Teagarden.⁷⁶

Dressing Habits

Independence developed early by the child may aid in developing the child's dressing habits. Many two year old children can take off their clothes or most of them, at least if help has been given with buttons. Among the first things a child may accomplish are unlacing shoes and taking them off, pulling arms out of clothes and pulling off stockings. In discussing this routine, Teagarden suggests⁷⁷ that one might list, as an ultimate attitude, the enjoyment of clothes. Skill in the selection of clothes has to be learned. Also skill in buying for value, quality, appropriateness, and beauty is desirable. The choice of suitable clothes is extremely important. Children can quite early in life learn to choose clothes that are correct for certain occasions.

76. Ibid., p. 195.

77. Ibid., p. 208.

Teagarden further states that

Many a mother will sit down in the living room in the evening and help her child undress. The stockings and clothes are allowed to fall on the floor, and the child is sent off to bed. Sooner or later it becomes necessary to get the clothes out of the way; the mother picks them up and sticks them some place. The next time the child is to wear the clothes, the whole family has to join in the hunt for them. Infinite time and patience could be saved by undressing the child in his own room and by putting his clothes away at the time they are taken off.

Food Habits

The wise parent will see that the child receives the best food for the nourishment of his body and will see to it that it is prepared correctly. How much opportunity the child has in selecting proper foods depends greatly on his parents. The amount of time spent with the child in helping him establish proper habits of eating depends on the parents also.

Examples of bad food habits are eating at all hours rather than at regular hours, eating candies and sweets between meals, and eating too rapidly to masticate food properly. Although there is danger of the child being uncared for at any age, it is during the period immediately after infancy that the child is most neglected. His food, his hours of feeding, the way his food is prepared are in so many cases identical with those of the rest of the family. Unless guidance is given during this time, there is danger of the child developing bad food habits.

78. Ibid., p. 207.

79. Holt, op. cit., p. 211.

80. Ibid., p. 216.

Washing Habits

81

Teagarden says of the washing habit that a child from one and one-half years to two years can learn to wash his hands and face with very little help. Children this age can learn to wash hands before eating and after going to the toilet. Some of the nursery schools now have wash basins and toilets in miniature size. Others use a box under the basin in order that the child can comfortably wash his hands. Each child should have his own towel, wash cloth, and toothbrush; containers for each of those articles should be provided. The child can soon be taught to clean the tub and basin in order that they might be left in good condition for others to use.

Much patience will be needed when the little one begins this act of independence. It is so much easier for mother to wash Johnny's hands and face, but Johnny is not learning independence and self-help. The child will also find that there is much pleasure for him in splashing the water and suds.

Summary

In the light of the foregoing it would seem that the authorities agree that the home is primarily responsible for certain of our basic health habits. Those considered most essential by the authorities consulted include the following:

1. The ability on the part of the home to give to the child the instruction and training needed in the formation of proper habits

81. Teagarden, op. cit., p. 208.

of sleep; namely,

- a. Adequate number of hours of sleep should be received.
 - b. Fresh air during sleep hours is important.
 - c. Sleep free from interruption is desirable.
2. Formation of proper habits of eating; namely,
 - a. Three adequate meals a day should be eaten.
 - b. Wholesome food, well selected and prepared is desirable.
 - c. Food should be chewed thoroughly.
 3. Ability on the part of the child to wash his face and hands correctly.
 4. Ability to care for his toilet needs by the time he enters school.
 5. The child should be given opportunity to dress himself with perhaps some degree of help.
 6. He should be able to brush his teeth without help.
 7. He should have received information from the home in regard to playing out of doors and in the sunshine, but will not need to have explanation in any great detail as to why he needs fresh air, sunshine and exercise.
 8. The child should begin to take care of his clothing.

82

Hussey sums up the duties of the home by saying it is desirable that a home be responsible for the following:

1. To provide three proper meals a day, adequate rest and sleep, proper clothing, bathing facilities, health examinations and other health practices of this type.

2. Provide for proper organic and neuro-muscular development through encouragement to undertake home tasks, through materials and space for manual activities.

3. Provide for proper impulsive (emotional) development - through understanding and affection; giving child a feeling of security and self-importance.

4. Provide for proper recreative adjustment.

5. Provide for proper fellowship adjustment through carefully supervised experiences with other children.

6. Provide for sex adjustment through answering child's questions honestly.

CHAPTER IV

RESPONSIBILITIES OF THE SCHOOL REGARDING HEALTH

This chapter is concerned with the health responsibilities of the school as reviewed in the professional literature. The field of health education offers a challenge to every department of the school. There can be no doubt as to its importance. It is the job of the school to train its boys and girls in health education for wholesome living. This should include instruction in safety measures as a protection from fire, traffic, and other accidents.⁸³

Patty gives us this thought:

The primary importance of health habit formation, especially in the lower grades of the elementary school, is being increasingly recognized. Health knowledge alone, however, does not guarantee right health conduct. The teacher should help each pupil to reinforce correct health habits. A more difficult duty of the teacher, however, is that of assisting each child in the class to break bad health habits and to substitute good ones.⁸⁴

85

Rogers declares:

Every pupil should be a fit person to work with. Health examinations are essential, especially for the discovery of remedial defects. Every child should be free from those defects that interfere with his learning.

A school health program includes both health protection and health instruction. It contributes to community health only as it motivates pupils, teachers, and parents and provides an opportunity

83. Rogers, James Edward, "Essentials of Health Education," Nation's Schools, January, 1938. 21:32.

84. Patty, op. cit., p. 5.

85. Rogers, op. cit., p. 32.

for everyone to participate.

The School and the Home Cooperate

The school and home have to work together. Neither is entirely independent of the other. Neither one can say "this is my job. I'll stop when I have completed this much." One builds on to the other. The child must go home at night and with him goes what he has learned that day. Of a necessity teachers and parents should be partners in helping with life problems of children.

87

88

Rappoport says:

Home and school must work together and practice of each must be in harmony. Otherwise, child is confused and does not know what to do. For example, if child learns to wash hands before eating at home and does not have this opportunity at school, or vice versa, he either thinks that one only washes his hands in certain places or else he never learns the habit. If he learns he should brush his teeth at one time at home and at another time at school, he is uncertain about brushing his teeth at all. The only way to develop a child's habits is for us to get together and to decide on consistent behavior, so that he forms the habit without conflicts.

89

Broadly and French agree that:

It must be made clear that the school does not wish to invade the privacy of the home, but rather that it desires to supplement and aid the home in the effort to promote the child's welfare.

86. Thomas, Adeline, "Health in the Consolidated School," Public Health Nursing, May, 1939. 31:281.

87. Lamkin, op. cit., p. 37.

88. Rappoport, May B. "Headed for Healthful Living," Journal of Health and Physical Education, November, 1937. 8:529.

89. Broadly, Lois Pederson and French, Esther. Health and Physical Education in Small Schools, Lincoln: University of Nebraska Press, 1942. p. 47.

Emphasis should be on the fact that the simple prerequisites for health, namely, food, rest, and relaxation, are all within the power of the home to bestow.

The school is not the sole agency responsible for the health of the people. The health of the people is determined by many factors, including heredity, home environment, nutrition, personal attitudes, intelligence, information, economic status, accidents, disease or injury. It would be as unfair to attribute ill health in the nation to failure of the schools as it would be unwarranted to claim all health progress as caused solely by the schools. Yet the schools are a vital factor.⁹⁰

91

Whitney tells us:

A teacher must know her pupils. To accomplish this she must observe their physical and social growth and development, as well as their intellectual growth. She must always be on the alert for symptoms of deviation from the normal functioning . . . Nearly all problems for treatment have in some early stage been problems for prevention. The teacher must be helped to concentrate on the problems for prevention as these concern all her pupils. The teacher in the school and the parent in the home are the keystones in any preventive program.

There must be the three musketeers of public health - - doctors, health officials and citizens - - all for one and one for all, Bauer tells us.⁹²

93

Sharman says "the general purpose of health education should be to help develop productive individuals who can adjust successfully and happily to the social group in which they live."

90. American Association of School Administration. Health in Schools. Twentieth Yearbook. Washington, D. C.: The Association, c. 1942. p. 11.

91. Whitney, Anne, "Teamwork in School Health Education," Public Health Nursing. June, 1936. 28:373.

92. Bauer, William Waldo, Health, Hygiene and Hoocy, New York: Bobbs-Merrill Company, 1938. p. 265.

93. Sharman, op. cit., p. 17.

94

John T. Phair and others say that health is not to be regarded as a formal subject in the school curriculum, but rather a quality of living related to all the child's experiences in his home, in school, and in his association with others.

95

Sears declares that

Health is not something that can be taught 40 minutes of a week. It must be lived. Nor is health wholly physical; there must be a consideration for mental and social health as well as the physical aspects.

Health education has two parts: the practicing of health habits, and the acquiring of factual knowledge about health and health practices.

In the primary grades the emphasis is placed on the development of good health habits by doing. There should be opportunity for class discussion on health topics of interest to the child; but the acquiring of knowledge by the child is not the teacher's primary aim. The health habits emphasized are those which the child can carry out himself - not those requiring the help of an older person to carry out.

Sears further asserts that from the very beginning of the child's school life, he should be made to feel that the doctor, nurse, and dentist are his friends. He should never have any fear in paying a visit to those who give him health service. He should have the same confidence in visiting the health office as in going to the lunch room or any other room in the school.

96

Safeguarding The Child's Health

94. Phair, John T., Power, Mary; Roberts, Robert H. Health - A Handbook of Suggestions for Teachers in Elementary Schools, Toronto: The Ryerson Press, 1938. p. 3.

95. Sears, Elizabeth, "Health Teaching in the School," Public Health Nursing, May, 1939. 31:353.

96. Suggested School Health Policies. A Committee Report: Part II. Journal of Health and Physical Education, June, 1940. 11:359.

A child entering first grade should be properly immunized to safeguard his own health as well as the health of all others with whom he comes in contact. These immunizations include diphtheria, whooping cough, and smallpox. It would be wise for parents to have these done long before school opens, for Teagarden⁹⁷ reminds us that children's diseases are not to be taken lightly. Too many complications may take place following a case of measles or whooping cough. Modern medicine is as concerned about prevention of disease as it is about the cure.

A visit to the dentist should be made to have all teeth in good condition. A child entering school with physical defects is handicapped at the start of his school career. Many parents feel it is not necessary to have those baby teeth filled or otherwise repaired since they are not permanent. On the contrary, however, the child needs good, strong teeth to chew his food well, and, if there is a tooth needing work, there is a tendency to swallow food with very little chewing or to omit eating most of the food given the child.

The public health nurse more than ever before has to share the responsibility with the school of seeing that the health program is being carried out to the fullest. Health has for a long time been recognized as the first objective of education. This can be a vital part of the educational program only if teachers make it so by participating to the fullest extent of their ability in the health work of the school.⁹⁸

97. Teagarden, op. cit., p. 496.

98. Mumford, Eleanor W. "Sharing the Eye Health Program," Public Health Nursing, September, 1943. 35:503.

The North Carolina state law requires a child to attend school for a certain number of months in a year and for a number of years during his childhood and adolescence. As is often the case and more so perhaps during these past war years, due to housing conditions, several thousand children may be gathered together during several hours of a day. Here is where the danger lies in children living so close to each other. Contagious diseases become prevalent and only by constant care and observation can epidemics be kept to a minimum.

99

Ayres and others explain that it was the effort to control school epidemics that first led to the organized medical inspection movement as a part of the educational procedure. An arrangement was worked out whereby doctors would periodically check the school children. Of course, as a physician looked tongues and checked temperatures, he could not fail to see enlarged tonsils and adenoids that caused interference with breathing. Some cases were found indeed in which a child of seemingly dull intelligence was partially blind or deaf.

100

Lamkin states that "health education is a contriving and well-balanced educational program which has for its goal the improvement of human living." She also says that every child in the school

deserves a fair start; a teacher who is herself healthy and understanding of the needs of childhood at different levels; a school board whose members realize the needs of adequate facilities

99. Ayres, Mrs. May and others, Healthful Schools. New York: Houghton-Mifflin, 1918. pp. 208-210.

100. Lamkin, op. cit., pp. 3-8.

in a good building; and parents who are ready to cooperate with all those concerned in the situation.

The effect of all activities on the health of the child should
101
be considered when planning the school program. In order to protect the child from hazards to health and life, and to set up before him standards for later life, there should be provided modern fireproof construction; pure water; adequate heating, lighting, ventilation; proper seating, toilet facilities and the like.

The School Program

The authorities agree that in the primary grades particularly health instruction should be thought of as a way of helping children
102
to live healthfully at home, at school, and at play. Unparalleled opportunity is offered in the school for children to acquire health knowledge and form correct health habits or follow those already set up. There is a great deal of information secured through the radio, sales talk and faddists. However, the school remains the best hope of
103
finding truth.

In the primary grades during those early years of school life health teaching can be most effectively accomplished through (a) the utilization of daily experience, (b) stimulation of the practice of

101. _____ . "Education for Physical Security," National Education Association Journal, January, 1938. 27:11.

102. American Association of School Administrators, op. cit., p.63.

103. American Association of School Administrators, op. cit., p. 11.

health habits, (c) development of understanding of the environment and activities of people, (d) use of health readers and creative expression.

104

Emerson classifies health thus:

	Per cent
Excellent	90-100
Fair plus	80-90
Fair	70-80
Fair minus	60-70
Poor	50-60

Health of the majority is 70-80 per cent; a smaller number have rated 80-90 per cent. Very few of us have the excellent health rating of 90-100 per cent.

School programs should be planned to meet the needs of groups and individuals. If a problem is of interest to an entire group, it would be well worth the teacher's time to consider it. If on the other hand it concerned the individual only, he alone should be given the help he needs.

105

Hoag and Terman point out that in the primary grades, emphasis is placed on the development of good health habits by doing. If a child does something, he is likely to remember it much longer than by listening to some rule on the subject. Children of this age learn more successfully by imitation and constant repetition. The young child becomes a part of all that surrounds him.

104. Emerson, op. cit., p. 2.

105. Hoag and Terman, op. cit., p. 222.

In order for a child to learn correct habits of health Hoag
 106
 and Terman agree that "the child must be instructed how to do the
 107
 right thing in health, rather than why to do it."

Sears tells us that in the first grade children are capable
 in most cases of brushing their teeth, washing their face and hands,
 attending to toilet needs, and putting on most of their clothes, al-
 though sashes must be tied by mother and, in most cases, buttons fas-
 tened. For clean clothes and bathing, the child is still dependent
 upon his parents, although pride in cleanliness can be developed.
 Good attitudes toward food can begin in the first grade. However, a
 first grade child cannot be expected to follow suggestions as to the
 type of food he needs. What he eats will depend upon what the parent
 puts on the table. On the other hand, second and third grade children
 are becoming more independent, and health practices depend more on the
 108
 child's initiative and not so much on the parent at this stage.

109

Dressler says:

It is the business of teachers to guard and promote the health
 of the children committed to their care during school hours, as
 well as to instruct them in the various branches of a school cur-
 riculum. Teachers must know what constitutes healthful school
 conditions in order to be able to manage and to direct the children
 accordingly. The school exists not only for the welfare of each
 child in attendance, but also for the welfare of the state and
 nation.

106. Ibid., p. 224.

107. Hoag and Terman, op. cit., p. 224.

108. Sears, op. cit., p. 354.

109. Dressler, Fletcher B., School Hygiene, New York:
 MacMillan, 1913. p. 1.

110

Craighan says that the health education needed is an education that will prepare a child for his responsibility as a citizen and parent. It must enable one to practice healthful living in any situation - on a farm, in a city slum, or in a fashionable hotel. The same child leaves home, goes to school, and returns to the community and home. "Therefore, he must be considered in relation to his life as a whole."¹¹¹

A teacher who is interested in and trying to teach certain habits must possess these habits himself. A teacher trying to teach cleanliness, for instance, must believe with the Health and Cleanliness Council that "cleanliness is the first law of health, that it is necessary to individual and communal well-being, and that where there's dirt, there's danger."¹¹² Children are taught to wash hands before lunch and after going to the toilet. This is one of the basic health rules. However, in many schools no opportunity is given for children to do this. No provision is made to furnish towels and soap. The matter of cleanliness certainly applies to our clothing as well as our bodies. There is no value in washing our bodies and putting on soiled clothing or visa versa.

The matter of food is quite important both at home and at school. Very few six-year-olds are capable of selecting a balanced meal. Before coming to school this was usually taken care of by mother, but now the teacher takes over as a substitute mother. She

110. Craighan, Lily A. "Responsibility for Health Education," Elementary School Journal, September, 1945. 46:43.

111. Wood, op. cit., p. 5.

112. Muir and Green, op. cit., p. 56.

must see that children do not spend their money for sweets only, as practically all children must be guided throughout their first school year to see that proper foods are selected. This is true also of many second and third grade children.

Many of our schools today are receiving assistance from the federal government. The cafeterias in these schools serve a well-balanced meal as a rule. Here the child has no choice. He takes his plate as it is served. The teacher then has to do a good job in her health teaching on foods. Otherwise very little is eaten from many plates.

Sleep and rest are as important and necessary as food. As a rule, most children have their little nap in the afternoon. When school begins, a child accustomed to going to sleep every afternoon, will need to get some sleep, for every child should rest and relax after his lunch hour. Many schools, especially kindergarten or nursery, provide cots for children to lie on and sleep a little while. Most public schools as yet have made very little provisions for children to rest. In the school in which the writer works the first grade room has thirty-nine children enrolled. Since this school room is of average size, it does not have available space for children to lie down. In addition there are no cots. The children rest by putting their heads on the desk. This is not entirely satisfactory, yet several children will frequently go to sleep.

The school program has an important influence on the health of the school child and should provide well-equipped playgrounds with supervision. A health education program from the child's earliest years

in school is also an ally to the home in training for healthy living. When the child is only an infant, his mother sees to it that he gets some fresh air and sunshine every day. The same thing should be done, as the child grows older. Living together in a room for a while, even though windows are opened, does not prove too healthful, especially when rooms are so overcrowded. In fact the child does much better work if given time to get out and be in the fresh air for a few minutes.

The school has been established to provide a place and opportunity for learning those things which are considered of worth by society.¹¹⁴ The health of the learner is considered of paramount importance if the educational process is to produce results. Teacher's energy, time, and money is spent for a poor return when the learning of individuals is retarded due to some remedial handicap or general poor health. Therefore, it is the responsibility of the school directly to remove, if possible, any hindrance to the learning process. This implies that the school should assume the job of (1) seeing that defects are discovered, (2) that remedial conditions are cared for, (3) that school life promotes health, (4) that parents are educated, and (5) that young people are taught how to live most effectively.

The Home Helps The School

In this matter of health education, the school and home must work together for the best advantage of the child. When a child comes for an examination to determine if any defects exist, the parent should

113. National Congress of Parents and Teachers. Healthy Children. Washington, D. C.: National Congress of Parents and Teachers. pp. 12-13.

114. Hussey, op. cit., pp. 32-33.

accompany him. A conference with the doctor will do much to enlighten the parent. In turn the parent may give valuable information concerning the child.

Then we see that the home has a definite job to do to get the child ready for school. The school takes up where the home leaves off. In many cases the school must do the job which should have been done by the home. Each has a great responsibility. Both must cooperate for desired results to be achieved.

115

Hoag and Terman say the argument that the health supervision of schools invade the right of the home has the same value as the corresponding argument against compulsory school attendance. The school does not claim more than the right to make an examination of the child's physical and mental conditions. This is necessary in order that the school work may be adjusted properly to the needs of the child. This also serves to advise parents of such defects as may be found. The responsibility for correction of any defects is left entirely with the parents.

In order to understand a child better and to work with him with more success, the school must look in on the home. "Conference with the mother before the child enters school gives valuable information to the teacher in helping the child adjust to the new situation. But the influence of the home does not cease when the child

116

enters school." The child's teacher needs to know if the child is

117

115. Hoag and Terman, op. cit., p. 4.

116. Ibid., p. 10.

117. Abbot, op. cit., p. 293.

receiving the kind and amount of food that is necessary for growth. The number of hours of sleep he gets each night and where he sleeps are important. The teacher will be better prepared to give the child the help he needs if she knows how much studying he does at home, what provisions are made for him to study, and the amount of play and recreation he receives. In other words, the teacher needs to know the child's home environment.

Abbot emphatically states that "The teacher's part in molding
118
the health habits of pupils is equalled by that of no other agency."

119
Emerson says every child should be required to be up to standard, physically when he enters the school system. If he is accepted, it should be only provisional and on part time until he becomes physically fit. His height and weight should be checked each month to see that he is making normal gain. If he does not show gain, the cause should be found and corrected.

120
Turner says a report from the Joint Committee on Health Problems in Education gives the following estimate of the number of school children afflicted with physical defects: seven per cent suffer from organic heart trouble, from fifty per cent to ninety-eight per cent from decayed teeth, from one to five per cent suffer from tuberculosis, twenty-five per cent from defective posture and foot arches, and from fifteen to twenty-five per cent from malnutrition, from thirty to forty per cent from adenoids and diseased tonsils.

118. Ibid., p. 63.

119. Emerson, op. cit., p. 108.

120. Turner, C. E., Personal and Community Health, St. Louis: C. V. Mosby Company, 1943. p. 441.

It is the consensus of the authorities that:

The school should provide for periodical health examinations and inspection, control of communicable diseases, and classification of students. Health examinations should be made each year by qualified physicians.¹²¹

A school should not consider its job done when it has found remedial physical defects and reported such to parents of the child. "It does no good merely to find diseases or defects if nothing is done about them. Parents should be informed concerning such conditions,¹²² and urged to secure adequate treatment for their children." When a parent, because of ignorance or poverty, does not give a child adequate medical service,¹²³ the state should exercise control.

124

Turner gives us this thought;

As society looks ahead, it can conceive the hope that some day almost every human being will be well, intelligent, physically vigorous, mentally alert, emotionally stable, socially reasonable, and ethically sound. At least society must concern itself with progress toward that goal. We have much left to do but much has been done already.

Summary

In the light of the foregoing it would seem that the school should be primarily responsible for giving training and instilling in young children certain basic health habits.

121. _____, "Education for Physical Security," op. cit., p. 11.

122. Rogers, James Frederick, "Safety and Health for the School Year," School Life, October, 1937. 23:37.

123. Kefauver, Grayson N., "Education and Health," School and Society, September, 1937. 46: 321.

124. Turner, op. cit., p. 30.

When the child comes to school, he had lived in his own little family circle. Now he must begin to make adjustments. He is a member of a very large family. He must learn to listen and to work with a group of several rather than one or two. His habits of eating and sleeping will be changed somewhat. He will no longer have someone to help him individually. The school follows up what the home started in regard to several of these health rules. The child learns to eat different foods although the food may be prepared differently from the way he is accustomed to eating it.

The school is responsible for seeing that the children get some rest, even though it is not a complete relaxation. The child learns that there is a time set aside for a rest period. A big responsibility of the school is that of seeing that proper immunizations have been given children entering school. Sometimes parents are very lax with this responsibility. After a physical examination is given, parents have to be urged in many cases to have defects corrected. The school and home must work hand in hand all through the grades but especially during those early days of school.

According to the authorities the essential health habits for which the school should be responsible include;

1. Modification of eating habits with good attitudes toward food stressed.
2. Adjustment in rest period.
3. Adjustment in exercise and recreation.
4. Ability in greater degree of child dressing himself.
5. Continuation of health habits begins at home; to wit: brushing teeth, caring for toilet needs, washing hands, and others.

6. Ability to greater degree of caring for clothing.
7. Ability to cooperate with individuals and groups.
8. Self-reliance.

CHAPTER V

SUMMARY

The purpose of this study as stated in Chapter I was to survey the literature on the inculcation of health habits in primary school children. The study extends over a period of twelve years, 1936-1948. The problems were:

1. What do authorities consider the essential health habits to be inculcated in primary children?

2. Which of these habits can best be formed in the home?
How can the school help the home?

3. Which of these habits can best be formed in the school?
How can the home help the school?

In Chapter II a review of the literature revealed the fact that the habits considered as basic were:

1. Three adequate meals should be eaten each day.
2. Only milk and orange juice should be taken between meals.
3. Food should be chewed thoroughly.
4. Adequate number of hours of sleep and rest must be maintained.
 - a. Fresh air is necessary during sleep.
 - b. Hours of sleep will vary with the age of the child.
5. Good mental habits are important.
6. Good posture is needed.
7. Exercise and recreation are important.
8. Proper elimination is essential.
9. Regularity in brushing teeth should be kept.

10. Regular visits to the dentist are necessary.
11. Cleanliness of body and clothing is of great importance.
12. Good habits of cooperation and self-reliance should be practiced.
13. The child should learn to dress himself.
14. Ability of the child to select suitable clothing is desirable.

It was the consensus of the authorities that the pre-school years are the most important in building some of the essential habits. From birth the child must eat, sleep, and eliminate. In the home, the parents must see that the child has nourishment for his body. His daily needs must have attention. It is the parents who first begin to implant in the child approved ways of behavior.

When the child enters school, he builds on what he has learned at home. In cases where habits are considered as being a disadvantage to the child, the teacher helps the child eliminate those habits and establish helpful ones.

The authorities agree that the home and school should work together to secure desired results. Parents should be informed as to what the child is being taught in health education and their cooperation should be secured to see that the child is given encouragement as well as opportunity to practice those things learned at school. When the home and school cooperate, any emotional upset shown by the child can be cleared much quicker than by either working alone.

Conferences held often with the child's parents will prove to be of great value.

Conclusions

The survey of the literature makes the following conclusions possible:

1. There are certain health habits that are considered basic to all others, namely:
 - a. The formation of good food habits.
 - b. Formation of desirable habits governing sleep.
 - c. Habits of cleanliness (body and clothing).
 - d. Good dressing habits.
 - e. Proper habits of elimination.
 - f. Good play habits.
 - g. Desirable habits regarding cooperation and self-reliance.
2. The school and home are dependent upon each other in setting up and instilling in the young child proper and desirable health habits. The child must practice the same health habits at home and at school in order for them to become automatic.
3. The home should be responsible for the setting up of habits regarding eating. The child must eat from the beginning of his existence.
4. It is a necessity that the child have sleep. Parents should see that the proper number of hours for sleep and rest are received by the child and an appropriate place should be made available for the child to sleep.
5. Proper toilet habits are a responsibility of the home.
6. When the child enters school, he must learn how to play with large groups of children. He continues with those habits learned at home but now must adjust himself to a new environment.

The school must work with the child to see that the correct habits of health are being formed and undesirable habits are being eliminated.

7. The school nurse and doctor as well as the dentist should have a definite part in this fundamental process.

Recommendations

As a result of the study the following recommendations are appropriate.

1. There should be a period of training for parents in regard to what the child should know and be able to do before he comes to school, such as keeping his toys picked up and put away, brushing his teeth, putting waste paper in proper place.

2. Teachers should exhaust the possibilities of materials, that are frequently neglected but are of value in carrying on successful units of work.

3. Teachers should pay visits to homes of children to better understand the child's situation.

4. Parents should visit the school and see what the children are being taught. Parents and teachers should have an understanding of the responsibilities that each hold.

5. School and home should work together to see that child is taught same things in both places. Otherwise child is confused.

6. It is desirable to have better arrangements made for child's rest period at school. At present few have mats or cots.

7. There should be a clinic for exceptional children.

8. Health and physical education coordinators should be employed.

BIBLIOGRAPHY

BIBLIOGRAPHY

- Abbot, Julia Wade, "Healthful Attitudes Toward Health." Childhood Education, 18:293, March, 1942.
- American Association of School Administrators; Health in Schools. Twentieth Yearbook. Washington, D. C.: The Association, 1942. 544 pp.
- Arlitt, Ada Hart, The Child From One to Twelve. New York: McGraw-Hill, Inc., 1931. 228 pp.
- Ayres, Mrs. May and others. Healthful Schools. New York: Houghton-Mifflin, 1918. 292 pp.
- Baird, Charles M., Health and Longevity. Boston: The Christopher Publishing Company, 1941. 157 pp.
- Bauer, William Waldo, Health, Hygiene and Hocey, New York: Bobbs-Merrill Company, 1938. 322 pp.
- Bell, Margaret., "Health Examinations Help to Promote Physical Fitness." The Nation's Schools, 31:25, April, 1943.
- Benell, Florence, "Health Habits Learned in Nursery School Persist Through Life." Nation's Schools, 34:20, November, 1944.
- Broady, Lois Pederson and French, Esther, Health and Physical Education in Small Schools, Lincoln: University of Nebraska Press, 1942. 281 pp.
- Bundesen, Herman H., "Well Balanced Health Training." Child Study, 11:139. February, 1934.
- Conrad, Howard L. and Meister, Joseph F., Teaching Procedures in Health Education. Philadelphia: W. B. Saunders Company, 1939. 160 pp.
- Craighan, Lily A., "Responsibility for Health Education." Elementary School Journal. 46:43, September, 1945.
- Cromwell, Gertrude E., The Health of the School Child. Philadelphia: Saunders, 1946. 256 pp.
- Dressler, Fletcher B., School Hygiene. New York: MacMillan, 1913. 369 pp.
- Emerson, William R. P., Health for the Having. New York: MacMillan, 1944. 146 pp.

- Evans, Llewellyn, "Let's Build Future Citizens on a Foundation of Good Food," Nation's Schools, 30:48, July, 1942.
- Faegre, Marion L., Booklet on Habits Based on Reports of the White House Conference on Child Health and Protection. New York: Century, 1932. 32 pp.
- Fitzgerald, May V., "Health Education Coordinated." Public Health Nursing, 28:451, July, 1936.
- Ford, Henry, "Don't Neglect the Children." Nation's Schools, 29:18, April, 1942.
- Gilbert, Eliza E., "A Directed Activity Program in School Health." Public Health Nursing, 28:97, February, 1936.
- Grout, Ruth E., Handbook of Health Education. Garden City, New York: Doubleday, Doran and Company, Inc., 1936. 298 pp.
- Hoag, Ernest B. and Terman, Lewis M., Health Work in the Schools. New York: Houghton-Mifflin, 1914. 321 pp.
- Holt, L. Emmett, Food, Health and Growth. New York: MacMillan, 1922. 273 pp.
- Hussey, Marguerite M., Teaching for Health. New York: Prentice-Hall, Inc., 1939. 321 pp.
- Justin, Margaret M. and Rust, Lucille O., "What Health Practices Shall We Follow?" National Parent Teachers Magazine, 36:23, December, 1941.
- Kefauver, Grayson N., "Education and Health." School and Society, 46: 321, September, 1937.
- Kerr, Florence, "The School Lunch Program." Childhood Education, 18: 318, March, 1942.
- Lamkin, Nina B., Health Education in Rural Schools and Communities. New York: A. S. Barnes, 1946. 209 pp.
- Leonard, Eunice H., "Sound Health." National Parent Teachers Magazine, 36:31, October, 1941.
- Lerrigo, Marion Olive, Children Can Help Themselves. New York: MacMillan, 1944. 219 pp.
- Moshlman, Arthur B., "Feeding the Children." Nation's Schools, 32:14. December, 1943.
- _____. "Physical Fitness." Nation's Schools, 29:14, March, 1942.
- Muir, W. A. and Green, George H., Health and Cleanliness. London: Health and Cleanliness Council, 1930. 64 pp.

- Mumford, Eleanor W., "Sharing the Eye Health Program." Public Health Nursing, 35:503, September, 1943.
- National Congress of Parents and Teachers. Healthy Children. Washington, D. C.; National Congress of Parents and Teachers, 32 pp.
- Otto, Henry J., "An Educator Looks at School Health." Public Health Nursing, 30:373, June, 1938.
- Patty, Willard Walter, Teaching Health and Safety in Elementary Grades, New York: Prentice - Hall, Inc., 1940. 371 pp.
- Phair, John T.; Powers, Mary; Roberts, Robert H., Health; A Handbook of Suggestions For Teachers in Elementary Schools. Toronto: The Ryerson Press, 1938. 189 pp.
- Phelan, Annette M., "When Home and School Cooperate," Child Study, 11:142, February, 1934.
- Randle, Bosse B., "Wartime Essentials in School Nursing." Public Health Nursing. 35:482, September, 1943.
- Rappoport, May B., "Headed For Healthful Living," Journal of Health and Physical Education, 8:529, November, 1937.
- Reynolds, Martha May. Sleep of Young Children. Michigan Public Health Bulletin. Lansing: Michigan Publishing Company, 1936. 15 pp.
- Rogers, James Edward. "Essentials of Health Education." Nation's Schools. 21:32, January, 1938.
- Rogers, James Frederick, "Safety and Health for the School Year." School Life, 23:37, October, 1937.
- Ryckman, Ethel C., "Building for Health in a Secondary School." Public Health Nursing, 29:537, September, 1937.
- Sears, Elizabeth L., "Health Teaching in the School," Public Health Nursing, 31:353, May, 1939.
- Sharman, Jackson R., Introduction to Health Education, New York: A. S. Barnes, 1948. 273 pp.
- Smith, B. L., "Health Is Basic to Teaching." Nation's Schools, 33:20, March, 1944.
- Steidinger, Ruth. "Health Training During the Pre-School Years." Public Health Nursing, 29:623, November, 1937.
- Stolz, Herbert R., "Understanding the Child's Needs." National Education Association, 27:194, October, 1938.

Strang, Ruth M., and Smiley, Dean F., The Role of the Teacher in Health Education. New York: MacMillan, 1941. 359 pp.

Suggested School Health Policies, A Committee Report; Part II. Journal of Health and Physical Education, 11:359, June, 1940.

Teagarden, Florence, Child Psychology for Professional Workers. New York: Prentice-Hall, Inc., 1940. 641 pp.

Thom, D. A., Habit Training for Children. New York: National Committee for Mental Hygiene, Inc., C. 1924. 16. pp.

Thomas, Adeline, "Health in the Consolidated School." Public Health Nursing, 31:281, May, 1939.

Turner, C. E., School Health and Health Education. St. Louis: C. V. Mosby, 1947. 457 pp.

_____. Personal and Community Health. St. Louis: C. V. Mosby, 1943. 585 pp.

_____. Gaining Health. New York: D. C. Heath and Company, 1941.

Whitley, Mary Theodora, "Bases of Habits," Child Study, 14:99 January, 1937.

Whitney, Anne, "Teamwork in School Health Education," Public Health Nursing, 28:373, June, 1936.

Williams, Jesse Feiring. Personal Hygiene Applied. Philadelphia: W. B. Saunders Company, 1941. 529 pp.

Wood, Thomas D. and others. Home and School Cooperation For the Health of School Children. Report of Joint Committee on Health Problems in Education, 1937. 32 pp.

Anonymous Works

_____. "Habits for Children," Hygeia, 15:768, August, 1937.

_____. "Education for Physical Security," National Education Association Journal, 27:11, January, 1938.