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A Health Education Program In The Junior High School, Wichita Falls, Texas

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A HEALTH EDUCATION PROGRAM IN THE JUNIOR
HIGH SCHOOL, WICHITA FALLS, TEXAS

By

F. D. Burnett

A Thesis in Physical Education Submitted
in Partial Fulfillment of the Requirement
For the Degree

of

Bachelor of Science

in the

Division of Arts and Sciences

of the

Prairie View State College

Prairie View, Texas

August 1940

ACKNOWLEDGMENTS

The writer is indebted to Professor F. S. Russell, his advisor, for the patience and suggestions that made this work possible.

DEDICATED

To

My beloved Children;

Junior,
Freddie Mae
Jennie Allen

a
n
d

Estella Marie (Deceased)

1-3

4-5

6-9

10-13

ACKNOWLEDGMENTS

The writer is indebted to Professor T. S. Russell, his adviser, for the patience and suggestions that made this work possible.

14-17

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CHAPTER I

INTRODUCTION

The Problem Defined

It is the purpose of the investigator to set up a workable integrated health education program for the Washington Junior High School, Wichita Falls, Texas.

The Purpose of the Problem

- (1) To determine the physical needs of each boy and girl and to provide such instruction as will result in his highest physical efficiency.
- (2) To develop organic vigor, neuro-muscular strength and skill, coordination, good posture, courage, confidence, sound judgment, will power, and self-control.
- (3) To learn and observe the fundamental laws of health.
- (4) To train pupils in the formation of ideals of right living that will guide them in the social and civic life of the community.
- (5) To develop a consciousness of the relation of maximum health to the acquisition of abilities in other phases of efficient living.

Need For the Study

In the Washington School there is a lack of a definite program or procedure in reaching the predominant objective of education which is health.

Limitations

- (1) School officials, including Board of Education, Superintendent of Schools, Principal, Teachers, Supervisors, children and school custodian.
- (2) School physician, school nurse, school dentist, and city health officer.
- (3) A modern school plant, large open spaces for both sexes, and equipment for baseball, volleyball, basketball, Tennis courts, croquet grounds, track and field for intra-school competition. An attractive, well equipped school cafeteria is maintained for all children of the school community.
- (4) Wash bowls with hot and cold water, soap and paper towels are placed in the basement and rest rooms as well as on the grounds, easily accessible to all, so that hands can be washed before and after lunch.
- (5) Shower baths with one or two bath tubs in use for teaching home sanitation.
- (6) A gymnasium for formal exercises, dressing rooms, toilet rooms, lecture room, club-room, with tables

CHAPTER II

equipped for table games.

(7) First aid instruction outfit for demonstration and use in case of accident.

(8) A bed with appropriate bedding, bandages, towels, and pans are provided.

Definition of Terms

Health is a state of being mentally, morally, and physically fit.

Education is life or a process of development for living.

Health Education is the development of mental, moral and physical fitness.

A program is a schedule of activities.

CHAPTER II

TRENDS

"Nothing that is admittedly horrible matters much in this world if it frightens people into seeking a remedy."¹

It will be remembered that the frightful disclosures resulting from the physical examinations of millions of American youths preparatory for military service in the regular army during the World War made the United States health conscious when practically one-third of the hosts subject to duty over sea were found to be physically unfit. It took a World War to open the eyes of the nation to the challenge for a happier, healthier, and a better nation. The challenge was accepted first by the United States government and passed on to the states, and finally to the cities and rural districts, all working through the medium of the school. It is gratifying to know that today every state in the Union has caught the vision and that a definite health education program is a part of its educational program. Not only that, but adequate provisions are fast being made for the proper administration and supervision of health work in the public schools. Teachers are being required to take such courses in our colleges and universities as will broaden their knowledge

¹ Shaw, George Bernard, Public Address

of, and improve their techniques and methods of teaching health.

So, the general trend is toward health through proper health activities in our schools.

"There have been studies to discover whether athletics as now pursued in our schools, contribute to the desirable traits of character, and although the studies reported are not conclusive, the psychological possibilities of any vigorous physical activity, directed toward a definite goal and involving uttermost judgment and rapid cooperative thinking, the author is convinced that competitive organized games requiring team work and played under wholesome influences, can be made a powerful constructive influence and will contribute generously to physical health and character development."¹

Parent-Teacher Clubs, Mothers Clubs, Civic and Service Clubs devote a part of their time to the school health program, as can be seen by their generous donations to such worthy projects as free lunches for the underprivileged, clinics, corrective and follow up work in the local health program.

¹ R. W. Pringle, The Junior High School, P. 143

CHAPTER III

AIMS AND OBJECTIVES

The public schools have assumed the task of educating the masses to the health needs of a growing and progressive nation. The degree of success attained can be measured as well by the definiteness of the aims and objectives set up by such a program as it can by its content and technique of methods of instruction. A government, a business or educational institution, a church, a school, or a home, could do little more than mark time without a definite code of aims and objectives. Teachers in our schools make plans for every learning unit they propose to teach, and at the same time, they stipulate the aims and objectives of said unit to guide them and the children whom they teach toward some worthy goal. It will not be carrying the analogy too far to say that the same can be said of a health education program in any school, and that any attempt to administer it without definite aims and objectives suddenly will result in confusion, rather than in the realization of worthy outcomes.

What should be the aims and objectives of a health education program in a modern Junior High School? So much has been written in answer to this differing mostly in phraseology, one hardly knows what to submit. The aims of health education are clear, understandable and

and attainable. Probably one of the most inclusive aims of health education is that of the elevation and maintenance of the highest possible standards of child health by establishing early and practicing continually correct habits and giving attention to personal fitness for daily tasks. Secondly, health development in its broadest sense should be the primary aim.¹

The following objectives were taken from various state courses of study which should at least reveal the unanimity of opinion in regard to the objectives set up by various states of the Union in their state health programs.

- (1) To promote health and maintain the physical fitness of the child.
- (2) To protect the health of the individual and the community.
- (3) To make health practices habitual.
- (4) To detect and correct physical defects.
- (5) To teach the child to correlate judgment with taste in matters of food, clothing, shelter, exercise, rest, sleep and play.
- (6) To develop a distaste^{for} physical inefficiency.
- (7) To develop a desire for personal cleanliness.

¹ D.K. Brace, Health and Physical Education, Bulletin 273

- (8) To teach the child how to keep the body in proper working order.
- (9) To develop an interest in public health activities.
- (10) To provide the child with the necessary knowledge and habits by which he can preserve his own health and physical fitness and that of his associates.
- (11) To develop an interest in public health activities.
- (12) To develop the health of the individual so that he can use his physical and mental abilities to the best advantage.

The realization of any one of these objectives would doubtless justify the trouble and expense of the program, but taken as a whole, they fall far short of the investigator's ideal for the Junior High School of today. It seems at the outset, that the omission of mental health of the child's life is just as important as the physical. It matters much what a child's attitude is toward life. Certainly his life should be made as happy and satisfying as possible.

"To protect children from tasks for which they can never be adequate, and to save them thus from a feeling of futility is of much importance in promoting their general efficiency. It is not a worrying attitude about health that children need. It is rather a joy in living, a pride of vigorous body equipment and a common sense attitude

about caring for the human machinery which is theirs."¹

One cannot mistake the fine sense of values in the above paragraph, neither can one fail to discover the kindly interest in the spiritual life of the child in the paragraph that follows: "Pupils attain freedom of bodily movement, sportsmanlike attitudes and behaviors, happiness in competition, self-confidence, and integration of personalities in the activities of physical education in a progressive Junior High School."

A program of health should not be based on a study of physical or physical well-being alone. First, because health largely determines the factors of interests and endurance. Second, interest and endurance largely determine health.

¹ R. W. C. Cox, The Junior High School, 164

The physical education program should be divided into three distinct phases. (1) Health supervision, including examination, sanitation of school plant and environment; (2) health service, including inspection for health and

T. H. Wood, Health Problems in Education, p. 33

CHAPTER IV

Phases and Content of the Program

A knowledge of health aims, health objectives, and trends, is not sufficient for a workable health set-up in a Junior High School. These must be incorporated in a well balanced program suited to the needs and interests of children in their maximum period of change, change in statue, in likes and dislikes, in attitudes toward themselves and others, toward religion, toward home and home life.

"A program of health should not be based on a study of physical of physical well-being alone, First, because health largely determines the factors of interests and endurance. Second, interest and endurance largely determines efficiency. Third, efficiency during youth in studies and games, and during maturity in the more serious tasks of life, largely determines happiness, happiness largely determines disposition and attitude."¹

The physical education program should be divided into three distinct phases, (1) Health supervision, including examination, sanitation of school plant and environment; (2) health service, including inspection for health and

¹ T. D. Wood, Health Problems in Education, P. 33

health habits, such as cleanliness, habits of the day, sanitary inspection of belongings, books and brief cases, (3) health instruction, which is the teaching of health knowledge, formation of ideals and attitudes, care of physical mechanism, nutrition, sleep, rest, prevention of disease, mental health, and community hygiene.

In a still further explanation of the meaning of the various phases, one can break up the first three phases given into the following: ¹

- (1) Physiological health, which may be sub-divided into; (a) proper growth in height, weight, and structural and functional development. (b) Full efficiency of functions, muscular, nervous, mental, emotional, glandular, nutritional, circulatory, respiratory, and reproduction.
- (2) Mental health, (a) predominating emotional qualities, happiness, cheerfulness, and courage.
- (3) Social health, (a) a new view point; the result of our conduct on future generations, (b) a new attitude; informing young people accurately and scientifically about the facts of life and human relations, (c) new standards, creating ideals of usefulness and establishing habits of accepting the community responsibility.

¹ D. K. Brace, Health and Physical Education, Bulletin 273

maybe

In this discussion above Dr. Brace covers the field beautifully, thoroughly in line with the Junior High School ideal in the field of health education.

Among the many things which should characterize the general phases and content of a comprehensive Junior High School program are, examination and inspection of pupils, supervision, and general health and hygiene knowledge of body structure and ideals, free play, and organized games. The program should contain material as will effect habitual expressions in physical activities and social relationships. It should include the bettering of environmental conditions from every health standpoint. Dr. Brace's discussion of the phases of the health previously stated in this thesis so completely expresses the views of the investigator that he will omit any lengthy discussion here, devoting the greater part of the space to content.

It will be seen that the above items, will apply to all schools irrespective of race or geographical location of the schools, the big problem being the prevention of preventable diseases and the correction of such mental and physical defects as may lie within the province of school activities.

The following material will be found suggestive, to say the least in a school of junior high grade level:

- (1) Fixing health habits stressed in the grades,

- (2) Personal hygiene,
- (3) Hygiene of home and school,
- (4) Community hygiene as it pertains to water, sewage milk and food supply. Materials should also be given to **stimulate** ideals of health, such as -

- (a) desire for health discontent with low vitality and mere absence of disease;
- (b) desire to attain and maintain favorable standards in weight, posture and daily habits necessary to secure the highest efficiency and satisfaction;
- (c) development of a health conscience which realizes the danger of exposing other persons unnecessarily to infectious diseases,
- (d) acceptance of the of the ideal "good health is to live most and serve best".

CHAPTER V

EXAMINATIONS

In the light of Wood's definition of a healthy personality and the comprehensive list of characteristics included in such a personality, it is not difficult to accept the above paragraph in full as it relates to examination and inspection as a means of improving the general health of our children. Wood defines a healthy personality as one which enables the individual to make successful, happy, or effective adjustments to his environments. Below is a list of what he calls important characteristics of such a personality:¹

- (1) Intelligence to meet the demands of life;
- (2) To concentrate attention on important matters and decide with accuracy and precision;
- (3) Interested in the world about and curious to understand it;
- (4) Active in overcoming difficulties;
- (5) Predominating emotional qualities-happiness, cheerfulness and laughter;
- (6) Does not brood or sulk;
- (7) Many objective interests-friends, hobbies, games;

¹ T. D. Woods, Health Problems in Education, P. 34

(8) Companionable- mingles easily with others, cooperative, leadership;

(9) Wholesome relationship with other children of opposite sex;

(10) Sense of responsibility for the happiness, well-being and well-fare of his friends and schoolmates.

Inspection of pupils should be given daily by the home-room teacher as a precaution against the spread of communicable diseases, as well as to impress upon the children the importance of personal cleanliness. The inspection may lead to the discovery of symptoms of diseases which should engage the attention of the school physician or nurse.

Davis in his Junior High School Education, gives an ingenious method of inspection used by the Junior High School of Rochester, New York, for daily inspection of children, using as a basis of such inspection the following signs of health disorder:

Signs:

1. Sore Throat

2. Ear Ache

3. Ear Discharge

4. Running Nose

Disorder:

Disorder of Nose, Throat and Ear

Signs (Cont.)

Disorders (Cont.)

1. Sore eyes
2. Styes
3. Eyes red
4. Dizziness

Eye disorders and defects

-
1. Flushed face
 2. Chills
 3. Headache
 4. Eruptions
 5. Nausea
 6. Vomiting
 7. Running nose
 8. Congested eyes
 9. Violent cough

Contagious diseases

-
1. Fits
 2. Fainting

Nervous disorder

-
1. Enlarged neck glands
 2. Puffiness in face and eyes
 3. Shortness of breath
 4. Unusual pain anywhere

Nutritional and general
disturbances

The particular merit of the above chart lies in the shortness of time required for its execution, and its simplicity. Any one of ordinary intelligence can administer it and record the results.

that one should like to know about the child's physical condition. In other words, a child's being under weight or over-weight does not necessarily mean that his health is in any way impaired, and that he should have the attention of the school physician or school nurse. It does enable the child to make a systematic study of his own progress in relation to standards for weight and height. Children like to compete with their own records, and thus may be induced to take the proper amount of sleep, food, and rest in order to bring their measurement up to the standard for their age and weight.

CHAPTER VI

WEIGHINGS AND MEASUREMENTS

Monthly weighings and measurements do not tell all that one should like to know about the child's physical condition. In other words, a child's being under weight or over-weight does not necessarily mean that his health is in any way impaired, and that he should have the attention of the school physician or school nurse. It does enable the child to make a systematic study of his own progress in relation to standards for weight and height. Children like to compete with their own records, and thus may be induced to take the proper amount of sleep, food, and rest in order to bring their measurement up to the standard for their age and weight.

"All pupils are assigned to physical training unless they are excused by their family physician with the approval of the school physician."

The same author insists on activities involving formal work which he designates as marching, military drill, formalized locomotion exercise gymnastic drills, selected functional purposes, special corrective movements, stunts and dramatic and rhythmic activities, interspersed with

CHAPTER VII

PHYSICAL ACTIVITIES

Physical education is so closely related to health education that one scarcely knows where one begins or the other ends. Perhaps the best statement of their close relationship can most clearly be seen in the saying that, "Examination and physical education form the legs of a triangle of which health education is the base. The two fields over-lap, the outcomes of instruction of one being almost identical with the outcomes of the other."

No health education program would be complete without its physical activities and play exercises consisting of formal work, free play, games, and various kinds of athletics.

"All pupils are assigned to physical training unless they are excused by their family physician with the approval of the school physician."¹

The same author insists on activities involving formal work which he designates as marching, military drill, formalized locomotion exercise gymnastic drills, selected functional purposes, special corrective movements, stunts and dramatic and rhythmical activities, interspersed with

¹ F. C. Touton, Junior High School Procedure, P. 33

a definite program of organized games, sports and other athletics which offer experiences in developing physical, social, mental and emotional assets.

"Junior High School play develops necessary and desirable forms of human behavior."¹ Enlarging upon this thought in another chapter of the same book, he points out that, those who have studied the effect of various forms of exercise, are now quite generally united in the belief that the major part of physical recreation should be games and free play. Without question, it should be as enjoyable as possible. To as great extent as possible, it should be out of doors, almost irrespective of weather, and when not outside it should be in thoroughly ventilated rooms.

According to the observations of these outstanding advocates and devotees of the Junior High School movement the public schools must provide abundant opportunity for free play in their health education programs or else fail on the constructive side of this type of education. It is gratifying to note that "big muscle" development, robust bodies, physical strength and endurance are not the highest objectives of the play program in our junior high schools. Everyone admires a strong, robust, rugged boy, but the school must give back something more than brawn

¹ E. B. Smith, Education Moves Ahead, P. 167

and even intellect, through its play program.

"But perhaps the greatest values that come from the play ground are social and moral ones; social adaptation, openmindedness to the view point of others, ability to win without boasting, to lose without rancor, to put team-play above individual triumph, and cooperation above selfishness. If, as has been said, England's battles are won on her athletic fields, it is equally certain that American citizens are being prepared on the school playground."¹

¹ E. E. Smith, Op. Cit. P. 15

PLACE OF HEALTH EDUCATION IN THE CURRICULUM

There is some doubt in the minds of the strongest advocates in the public schools as to its place in the curriculum, but the investigator holds that the very nature of the program dictates that it should be incorporated in the Junior and Senior High Schools.

Health instruction in the grades is confined to fixing health habits; and can easily be correlated with other subjects. It is equally true that health education can be correlated with every subject taught in the high school, but since the study of health in the high school involves the study of physiology and biology, placing it along side them as a separate course would be fully justified. In either case it should be made to function in the lives of the children, or be permanently discarded from both the high school and the grades.

fields, such as; civics, English, geography, and Home-making, where concrete examples for its application can be found. This should be done, incidentally and unconsciously, when and wherever the occasions arise.

Certain factors of the health program, such as; daily inspection, physical examination, posture education individual gymnastics, are just essential to physical education as to health education and should be coordinated in some effective way.

CHAPTER IX

CORRELATION AND COORDINATION

Every part of the curriculum that is in any way related to health education, should contribute to the acquisition of ideas, ideals and the formation of habits affecting the pupils' health and the health of the others. Schoolmen have tried the incorporation of health teaching into various other school subjects where there was no definite set-up for it as a separate course. Had teachers been trained to so plan the work of allied courses, and to gather suitable materials for the learning unit, the need for a special period would have been greatly minimized.

This does not mean that teachers should overlook the opportunity to correlate the subject of health with other subjects, even where definite programs have been worked out. There are numerous occasions for teachers in other fields, such as; civic, English, geography, and Homemaking, where concrete examples for its application can be found. This should be done, incidentally and unconsciously, when and wherever the occasions arise.

Certain factors of the health program, such as; daily inspection, physical examination, posture education individual gymnastics, are just essential to physical education as to health education and should be coordinated in some effective way.

CHAPTER X

SUMMARY

It is the investigator's problem to set up a workable, integrated health education program for the Washington Junior High School, Wichita Falls, Texas. The purpose of the set-up is to provide for each boy and girl that health education instruction that will result in his highest physical, mental, moral and social efficiency. Since no definite program was in force one was badly needed. To carry out the program there are the administrative staff, the health staff, the teachers, the children and the custodians of the buildings.

In recent years more emphasis is being put on health education in the public schools of Texas. It is a state requirement that a minimum number of hours of health education be given each week. An outline or health course of study is furnished each teacher. Also teachers are required to take courses in health or physical education.

The objectives and aims of health education are to promote health and maintain the physical fitness of the child, to protect the health of the individual and the community, to make health practices habitual, to detect physical defects, and to develop, as nearly as possible,

a perfect healthy being.

The phases of health education are health supervision, health service, health instruction, physiological health, social health, and mental health. The content should provide for examination and inspection of pupils, supervision and general health and hygiene knowledge of body structure and ideals, free play and organized games. The program should contain material as will effect habitual expressions in physical activities and social relationships. It should include the environmental conditions from every point of view that is related to health.

Health examinations should be made periodically in order to find defects and to correct defects. Records of findings should be accurately recorded and a one hundred per cent remedial check up should be made if possible. Weighing and measuring should be done and accurate records should be kept of results. Weighing and measuring serve as a guide to the child and the teacher if there is a vast difference between the weights of the same child during a given period.

The physical activities of the program consist of play exercises, free play, games, and the various kinds of athletics. Every boy and girl should be compelled to take part in these exercises unless excused by the family physician or school physician.

Health education should have the same amount of time and space in the curriculum of the school as any other subject. It should be given preference over all other subjects since it is the foundation of the others.

Health education can be and should be carefully and purposely correlated with nature study, general science and biology, physical education, social sciences and economics.

Those factors of health education and of physical education that are similar should be coordinated in some effective way.

- (4) That a qualified health or physical education teacher be employed to teach health education or physical education.
- (5) That all preventive measures possible be taken to check the spread of communicable diseases.
- (6) That the vaccination against smallpox be compulsory to all.
- (7) That all the teachers be required to have health examinations annually.
- (8) That all the teachers be required to have a minimum number of college credits in health or physical education.
- (9) That all defects found be remedied if possible.

CHAPTER XI

RECOMMENDATIONS AND DISCUSSIONS

The investigator makes the following recommendations:

- (1) That Washington Junior High School, Wichita Falls, Texas adopt and carry out to the letter the program set up in this thesis.
- (2) The appointment of a health staff consisting of a school nurse and a school physician.
- (3) That this staff work with the principal, teachers and children to obtain the best healthful living conditions in the school and the community.
- (4) That a qualified health or physical education teacher be employed to teach health education or physical education.
- (5) That all preventive measures possible be taken to check the spread of communicable diseases.
- (6) That the vaccination against smallpox be compulsory to all.
- (7) That all the teachers be required to have health examinations annually.
- (8) That all the teachers be required to have a minimum number of college credits in health or physical education.
- (9) That all defects found be remedied if possible and

- (10) That the custodian be required to keep the school plant in superb sanitary condition, and to see to it that the proper adjustments for heating, lighting, seating, and ventilation are properly made.
- (11) That some provisions be made for handicapped children.
- (12) That some provisions be made for the children who are under-nourished.
- (13) That health education be correlated and coordinated with every subject where it is possible to do so.
- (14) That health plays, health movies, and health programs be given frequently.
- (15) That a Good Health Year be observed rather than a good health week.
- (16) That sex education be given some space in the program.

In the Wichita Falls, Texas Junior High School and in other schools it has been observed that health education is being taught in a vague way. The majority of the teachers are not prepared to teach health education. They do have inspections daily and examinations once or twice per school year. But what do they do or the authorities do about the findings? Nothing, is done in most cases. If defects are found they are merely passed over without making any great effort to correct the faults. They know or care little about the welfare of the child. Perhaps they do try to see that his hair is combed, teeth washed, nails cleaned and et cetera; but further than that they are not concerned.

Therefore the investigator thinks that a definite health program should be set up in all educational institutions.

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