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## An Analysis Of Health Interest Of Selected Secondary School Students

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AN ANALYSIS OF HEALTH INTEREST OF SELECTED  
SECONDARY SCHOOL STUDENTS



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**AN ANALYSIS OF HEALTH INTEREST OF SELECTED  
SECONDARY SCHOOL STUDENTS**

**A Thesis**

**By**

**LEWIS MELVIN MARSHALL**

**Submitted to the Graduate School of  
Prairie View Agricultural and Mechanical College  
In Partial Fulfillment of The  
Degree of  
MASTER OF SCIENCE**

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**Month**

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**Year**

**Major Subject** \_\_\_\_\_

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AN ANALYSIS OF HEALTH INTEREST OF SELECTED  
SECONDARY SCHOOL STUDENTS

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A Thesis

By

LEWIS MELVIN MARSHALL

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8

1965

Month

Year

## ACKNOWLEDGMENT

I wish to thank Mr. Leroy Moore, Dr. C. A. Wood, and Dr. Norman Johnson, under whose supervision this study was made, for their guidance and efforts. I also wish to express my appreciation to Dr. J. W. Echols, and Mr. W. J. Nicks for serving on my committee.

To the many students of Brooks Quinn Jr. High and E. J. Campbell High School as a whole, to my family and associates in the Nacogdoches and Kilgore Public Schools in particular, and to the appropriate members of Prairie View A. and M. College faculty--all of whom contributed mightly to my efforts, I submit my heartfelt thanks.

L.M.M.

Prairie View A&M College  
Prairie View, Texas  
August, 1965

## DEDICATION

This Thesis is dedicated to my wife, Juretta, my son, Larry, and my daughter, Mitzi for their faith and confidence, devotion and sacrifice, and their unfailing love and trust.

L. M. M.

## TABLE OF CONTENTS

<u>CHAPTER</u>		<u>PAGE</u>
I.	INTRODUCTION .....	1
	Statement of the Problem .....	5
	The Need for this Study .....	5
	Purpose of the Study .....	6
	Procedure .....	6
	Limitation .....	9
	Source of Data .....	9
	Definitions .....	9
II.	REVIEW OF RELATED LITERATURE .....	12
III.	ANALYSIS OF DATA .....	24
IV.	SUMMARY .....	37
	BIBLIOGRAPHY .....	41
	APPENDIX .....	44

LIST OF TABLES

	<u>PAGE</u>
1. Interest of 200 Secondary Students by Major Health Areas .....	27
2. 50 leading Interest of 200 Secondary School Students .....	30
3. 10 Items of Highest Interest to the Freshman and Sophomore Boys .....	33
4. 10 Items of Highest Interest to the Junior and Senior Boys .....	34
5. 10 Items of Highest Interest to Freshman and Sophomore Girls .....	35
6. 10 Items of Highest to the Junior and Senior Girls .....	36



CHAPTER I  
INTRODUCTION

The National Conference on Undergraduate Professional Preparation in Physical Education, Health Education, and Recreation states the basic philosophy on which any educational program of health must be based:

Health is of primary importance in the development of the individual in our society, and is recognized as one of the basic objectives of all education. The achievement of this objective, therefore, becomes the concern of all leaders who work for the welfare of the people. Health education, as an area of general education, is based on a recognition of the value of human life and the realization that to preserve and improve life, attention must be focused on the healthful function of the entire organism, interacting with the physical and social environment.<sup>1</sup>

Specifically, the objectives of the program of health education are: to guide young people in the conservation of their health; to assist them in developing habits and principles of living which will serve as a basis for their

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<sup>1</sup>The National Conference on Undergraduate Professional Preparation in Physical Education, Health Education, and Recreation. Jackson's Mill, Weston, West Virginia, May 16-27, 1948. (Chicago: The Athletic Institute, 1948), p. 2.

happiness as members of the family and community; and to influence parents and adults through the child's health education so that the school may promote health education in the community and in the family. The Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association stated in 1930 the following objectives:

To improve the individual and community life of the future; to insure a better generation, and still better third generation; a healthier and fitter nation and race.<sup>2</sup>

In the past, as Kilander points out,

Health education has of necessity been centered upon those areas of health needs which could be approached collectively through community motivation.<sup>3</sup>

Measures taken to meet these needs have been directed mainly towards control of communicable diseases, water purification, sewage and garbage disposal, pasteurization of milk, and control of vermin. These measures have contributed to the health of all the people and have made it

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<sup>2</sup>Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association, Health Education. Thomas D. Wood, M. D., Editor, 505 West 120 Street, New York City, 1930, p. 13.

<sup>3</sup>H. F. Kilander, "Today's Needs in Health Education Are Reflected in High School Instruction," Journal of the American Association for Health, Physical Education, and Recreation, XXII. (January, 1951), p. 24.

possible to live in a highly congested community. Such advancements in the field of public health and medicine as vaccination and the discovery of antibiotics have improved health still further.

Today the ultimate success of the program to prevent ill-health and to reduce the cause of death rests with the individual citizen. He must accept responsibility not only for his personal health, but for community health as well. To teach him to understand his responsibilities is the problem of education. As Kilander states,

The great needs are to inform and to motivate people so that they will do for themselves those things which are desirable for their health and the health of others.<sup>4</sup>

The basis to good health instruction are the needs, interests and activities of children. Turner, Sellery, and Smith pointed out that "the teacher has in mind the natural interests, tendencies, and incentives of pupil when he plans for teaching health."<sup>5</sup> They further asserted that:

Health instruction is properly developed along with the expanding curiosity of the child. Information is given to pupil not when it happens to be convenient for the teacher but when it meets the interest and needs of the child. It

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<sup>4</sup> Ibid., p. 24.

<sup>5</sup> C. E. Turner, C. Sellery, Sara Smith, School Health and Health Education (St. Louis: C. V. Mosby Co., 1957)p. 336.

It comes in answer to the curiosity he has developed.<sup>6</sup>

Expressing his point of view, Schneider states:

It has been indicated that personal and societal needs influence the complexion of the school curriculum. While the basic needs and developmental characteristics of children are known, it remains to identify their individual needs and those group needs which reflect environment influence. These may vary from group to group and in different geographical areas. Because the interests of children provide some evidence of these needs, it follows that to ascertain them will provide opportunity to base the program of health instruction more firmly. Since the quality of health instruction must be considered of greatest importance than quantity especially when the quantity is arbitrarily fixed, the teacher need not feel that the time spent in ascertaining interests or the development of instruction around these interests is to deny substance to instruction.<sup>7</sup>

Irwin, Humphrey and Johnson had this to say:

As in many of the other subject matter areas, health teaching is being considered more from the functional point of view. Health knowledge as an end in itself is slowly but gradually, being replaced with the idea that knowledge is a means of helping pupils cope intelligently with health problems. This concept indicates that health subject matter is not an end but a tool through which desirable health learning experiences may be provided. Modern health teaching recognizes the child as a living organism capable of sharing in the solution of problems which concern his health.

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<sup>6</sup> Ibid., pp. 336-37.

<sup>7</sup> Robert E. Schneider, Method and Material of Health Education (Philadelphia: W. B. Saunders Co., 1958), p. 93.

It is based on the changing concepts which provided for numerous learning activities designed to take into account individual differences and characteristics of the learner.<sup>8</sup>

No better start can be made in the health instruction programs of the nation's schools.

Statement of Problem. For many years the discovery of pupil interest has been considered of primary importance in developing the school curriculum. Lantange writes,

In recent years health education has become a part of the school curriculum, but relatively little attention has been given to the matter of health interest to curriculum building.<sup>9</sup>

This study concerns itself with analyzing the health interest of secondary school students in Nacogdoches, Texas.

The Need for This Study. Many children terminate their formal education during or at the end of the secondary level. The secondary school, therefore, is often the last place where scientific and factual information on health can be presented. It is here that the adults of tomorrow must be so motivated that they will always practice those habits which promote good health. The teachers in the

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<sup>8</sup>Leslie W. Irwin, James Humphery, and Warren Johnson, Methods and Materials in Teaching Health (St. Louis: C. V. Mosby Co., 1956), p. 156.

<sup>9</sup>Joseph E. Lantange, "An Analysis of Health Interests of 3,000 Secondary School Students," The Research Quarterly, XXX (March, 1950), p. 37.

elementary school lay the foundation for the work of health. The secondary school should continue it with material and methods appropriate to the interest and needs of youth.

Serrem asserted that:

Several scientific studies of health of secondary schools have been published. There has not been a recent study of health interests of secondary school youth in Texas. With more secondary schools including or planning health in their curricula in Texas, there is a need for an objective study of health interests in order for our youth to receive the maximum benefit.<sup>10</sup>

Purpose of Study. The purpose of this study is for securing information and to analyze health interest of secondary boys and girls in Nacogdoches, Texas that may be valuable in aiding the administrative staff and teachers in setting up a health program based on the interest and needs in this locality.

Procedure. In order to accomplish the purpose of this study, the normative survey method was used. The method employed was the Oliver E. Byrd "Health Attitude Scale."<sup>11</sup>

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<sup>10</sup> Margaret C. Serrem, "A Study of Present Practice in Health and Safety Instruction in Texas Secondary Schools" (Unpublished Master's Thesis, Dept. of Education, University of Texas, 1956), p. 6.

<sup>11</sup> See Appendix A.

The health scale was compiled by Oliver E. Byrd, M. D., professor and director of the Department of Hygiene, School of Education, Stanford University. The inventory consisted of 300 items under 21 major classifications as outlined by Oliver E. Byrd in *The Research Quarterly*, 1950. This inventory was the result of health problems which the Dr. Byrd has prepared from the reading of more than 10,000 scientific articles on health which appeared in medical, public health, and allied professional journals over a period of five years. A fundamental concept in the preparation of the checklist was that no health problem consistently appearing in such journals would be trivial in nature, hence the student would have an opportunity to express an interest only in regard to significant problems.

The health interest checklist has been used by others, as well as Dr. Byrd for the determination of a more adequate college curriculum in hygiene. Dr. Joseph Lantange of the University of California at Santa Barbara has been especially active in exploring health interests of both college and high school students for the purpose of modernizing the content of health courses.

In a study done by Lantange, the validity of this inventory was established in the following ways:

1. The significance of health problems listed was established by selection from 10,000 health journals. Frequent discussion of health problems in the professional medical and public health journals would establish these problems as significant ones.
2. The inventory was administered to a group of junior high and high school students on a trial basis which eliminated overly technical terms and other confusing factors.<sup>12</sup>

The health attitude scale compiled by Oliver E. Byrd was used in two secondary schools in Nacogdoches, Texas as a means of determining the health interest of students at this academic level. These schools are indicated in the following table:

TEXAS SECONDARY SCHOOLS USED IN  
STUDY OF HEALTH INTEREST

Name of School	Location	Size	County	Cases
Brooks Quinn Jr. High School	Nacogdoches	450	Nacogdoches	50
E. J. Campbell High School	Nacogdoches	315	Nacogdoches	150

Brooks Quinn and E. J. Campbell represent medium size secondary schools with a population from farming, industrial

<sup>12</sup>Joseph E. Lantange, loc. cit., p. 35.



and vegetable-producing areas. A high percentage of the students are from non-professional and lower middle class families in this residential community. The students were equally divided according to sex. The inventory was administered to the students during their preparation period by the counselor and teachers at both schools. The inventories were taken anonymously in order to enlist the best effort of the students. Both principals were very cooperative in this study. The replies were compiled, tabulated and analyzed.

Limitation. This study was limited to the health interest of 200 students in Brooks Quinn Junior High School and E. J. Campbell High School in Nacogdoches, Texas.

Source of Data. The primary source was the data from persons who took the Oliver E. Byrd "Health Attitude Scale." The secondary sources included literature concerning health interest of students and studies that have been compiled relating to health interests of students.

Definitions. For the purpose of this study, the following list of definitions is presented:

Health	"A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." <sup>13</sup>
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- Health Education "The process of providing learning experiences for the purpose of influencing knowledge, attitudes, and conduct relating to the individual and group health."<sup>14</sup>
- Health Instruction "The assistance given the student in acquiring desirable habits, wholesome attitudes and adequate knowledge relating to personal, community, and racial health."<sup>15</sup>
- Secondary School Level "Secondary school level refers to grades 9 through 12 inclusive, which typifies the regular and most often encountered type of vertical organization of secondary schools at the present time."<sup>16</sup>
- Nutrition "The science of nourishing the body properly, that is, providing adequately for its growth, maintenance, and repairs."<sup>17</sup>

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<sup>14</sup>Committee of Terminology in School Health Education. "Terminology in School Health Education," Journal of the American Association for Health, Physical Education, and Recreation, XXII, (September, 1951), p. 14.

<sup>15</sup>J. F. Williams and C. L. Brownell, Health and Physical Education for Public School Administrators--Secondary Schools (New York: Bureau of Publications, Teachers' College, Columbia, 1931), 3:239.

<sup>16</sup>Roy O. Billett, Fundamentals of Secondary School Teaching (Boston: Houghton Mifflin Co., Teachers' College, Columbia, 1927), p. 108.

<sup>17</sup>L. Jean Bogert, Nutrition and Physical Fitness (Philadelphia: W. B. Saunders Co., 1949), p. 10.

**Sex Education**

"The inculcation of a wholesome attitude toward family life and parenthood, and development of standards of behavior between members of the opposite sex to promote a sense of social responsibility."<sup>18</sup>

**Interest**

Interest in this study will refer to the significant problems in which a student seek to obtain additional knowledge.

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<sup>18</sup>Margaret Cameron Serrem, loc. cit., p. 10.

## CHAPTER II

### REVIEW OF RELATED LITERATURE

In a general way, health problems of group interest may be discovered by a study of health interest of individuals. Recent studies of this nature have been useful in providing clues for health guidance purposes.

Lantange, in his study found the following:

1. Health interest of high school pupils can be measured with a high degree of reliability.
2. There is a very high level of pupil interest in health problems.
3. There is a common core of health interests among high school pupils regardless of age or sex which should prove useful for curriculum construction.
4. There are negligible differences in health interests in respect to religion.
5. There are some variations in health interests between boys and girls; this information should prove useful for segregated classes in health.
6. There are some variations in health interest by grades placement but these are relatively few in number.
7. Some health problems long considered by teachers to have little interest appeal to pupils have been shown to rank highly in students interest. Cancer is a good example of this.

8. Some health problems entirely overlooked by some health educators have been revealed as ranking highly in students interest.
9. There are distinct variations in pupil health interests both in major areas and specific detail.
10. It should be possible to improve the quality of learning experiences in health in the school curriculum by utilization of the health interest discovered in such studies as this one.<sup>19</sup>

Lantange, in a similar study of 10,000 high school students covering ten states, Georgia, Florida, Indiana, Maine, Maryland, Massachusetts, New York, Ohio and Wisconsin concluded the followings:

1. Health interest of high school students can be measured with a high degree of reliability.
2. There is a very high level of pupil interest in health problems. The 10,000 students participating in this study indicated interest which average 75 health problems per student.
3. There is a wide range of pupil interest in specific health items varying from 67 percent interested in Sex Education to 7 per cent interested in Function of the Health Coordinator.
4. There is a common core of health interest among high school students regardless of age or sex which prove useful for curriculum construction.

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<sup>19</sup>Joseph E. Lantange, loc. cit., p. 38.

5. Geographical location seems to have little or no influence on health interests as expressed by students. Of the 300 items only a few items showed significant variation.
6. The largest variation in health occurred between the sexes even though approximately 90 percent of the boys and the health items of greatest interest to girls are identical. The variations should prove useful for segregated classes. Girls are more interested than boys in personal problems that personally concern them; such as menstruation, childbearing, and nutrition. Boys are more interested than girls in problems relative to physical activity and safety.
7. There are some variations in health interest were few in number.
8. Many health problems long considered by teachers to have little interest appeal to pupils have been shown to rank extremely high in students interest. Cancer and Problems of Tooth Decay, ranking second and sixth in students were good examples of this.
9. High interest in a major health area does not imply that all problems within that area were of high interest to students and similarly, low interest in a major health area does not imply that all problems with that area were of low interest in each major health area.
10. It should be possible to improve that quality of learning experience in health in school curriculum by the utilization of the health interests discovered in this study.<sup>20</sup>

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<sup>20</sup>Joseph E. Lantange, "Health Interest of 10,000 Secondary School Students," Research Quarterly, XXIII (October, 1952), p. 344.

Schaller writes that:

Express needs of girls and boys are markedly different, which may support the separation of the sexes in the health class. There was a common core of interest among high school students regardless of the categories into which the students were placed.<sup>21</sup>

It was further asserted by Schaller that:

The area of understanding mental health and mental illness, personal care of the body, understanding harmful habit-forming substances, and the importance of activity and rest appear to be the most important areas for inclusion in a high school health course. It was further concluded that the area of structure and function of the human body, community health services and facilities, and voluntary health programs appear to be the least desirable for inclusion in a high school health course.<sup>22</sup>

Lantange's study on Analysis of Items of Interest in Marriage and Parenthood of 4,000 students in Junior and Senior colleges revealed there were significant differences in leading items of interest of these two college groups:

First, the senior college students demonstrated a considerably greater interest in the items of Parent child Relationship than did the junior college students. Second, senior college students showed a lesser interest in the item Normal Sex Relations. Third, items such as Happiness with Home and Family and Mental Adjustment in Marriage showed increase

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<sup>21</sup>Warren E. Schaller, "Health Needs and Interests as a Basic for Selecting Content in Secondary School," Research Quarterly, XXXI (October, 1960), p. 521.

<sup>22</sup>Ibid., p. 521.

interest with senior college students. Fourth, both college groups demonstrated nearly the same interest in some items such as Pregnancy Problems, Responsibilities of Parents, Birth Control Problems, Social Life of Parents, and Physical Adjustments in Marriage. Fifth, the variance in interest in the item of dating was great: the senior college group indicated much less interest than the junior college group. The males' primary interests included such items as Normal Sex Relations, and Parent-Child Relationships. As a secondary grouping of interests, the college male was concerned with Demands of the Opposite Sex, Living with the Opposite Sex, Mental Adjustment in Marriage, and A College Education. The third basic area of interest was Responsibilities of Parents, Juvenile Delinquency Prevention, and Religion and Marriage. As a fourth general problem area for men, such items as Pregnancy Problems, Birth Control Problems, Wholesome Attitudes Toward Marriage, and Causes of Divorce seem to have priority. Women were primarily concerned with the problems of the home which should normally tend to strengthen marital happiness. These items include Parent-Child Relations, Happiness in the Home, Mental Adjustment in Marriage, and Marriage. The second cluster of interests of the women included, The Family as a Unit, Normal Sex Relations and Responsibilities of Parents. A College Education and Marriage While in College likewise were considered very important, and this was consistent with the males thinking. The problems dealing with Demands of the Opposite Sex, Birth Control, Causes of Divorce, and Child-birth ranked in that order. Although there were varying degrees of responses by the different religious denominations represented, there were no significant trends. Of the 20 items of greatest interest that were analyzed, it was found that the interests of men and women of different religious beliefs were about equal in intensity.<sup>23</sup>

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<sup>23</sup> Joseph E. Lantange, "Comparative Analysis of Items of Interest in Marriage and Parenthood of 4,000 Students in Junior and Senior Colleges," Research Quarterly, XXVII (May, 1956), pp. 411-414.



In a similar comparative study with high school students, Lantange found that:

More girls than boys demonstrate interest in the majority of items in his inventory. The girls are extremely interested in Pregnancy Problems, with the high interest rating of 73 per cent. This is closely followed by Happiness with Home and Family, 72 per cent. They are interested in a cluster of items surrounding questions pertaining to sex, including: Normal Sex Relations, 69 per cent; Living with the Opposite Sex, 68 per cent; Childbirth, 76 per cent; and Birth Control Problems, 65 per cent. The girls also demonstrated their interest in Juvenile Delinquency Prevention; and Parent-Child Relationships, both 65 per cent. The items of interest to the highest percentage of boys are Juvenile Delinquency Prevention, 61 per cent, Living with the Opposite Sex, 60 per cent; and Dating, 58 per cent. These are followed by Demands of the Opposite Sex, 56 per cent; Normal Sex Relations, 55 per cent; Happiness with Home and Family, 50 per cent; The Job or Probable Career, 48 per cent; and A College Education, 47 per cent. Although there are differences between the interest of boys and of girls, the similarities are striking. Seven among the top ten items for boys and girls are the same. The items among the top 25 for girls but not for boys related to engagement, wedding and budget. The item on the boys table which do not appear on the girls' table are chiefly concerned with problems relating to supporting a family. Students responding to the inventory did not demonstrate any clearcut pattern of intensity of interest in relation to religious differences. This study considered only public school children, and there could be basic religious differences if parochial school students were inventoried.<sup>24</sup>

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Joseph E. Lantange, "Interests of 4,000 High School Pupils in Problems of Marriage and Parenthood," Research Quarterly, XXIX (December, 1958), pp. 199-201.

It was discovered by Lantange in a similar study conducted to the same number of college students the following interesting comparisons:

Of the first 25 items of interest, 20 were identical to both the high school and college groups. It is worth noting that of the first 15 items of greatest interest to men and boys, 13 of the items were identical. This clearly indicates that the interest of both men and boys are quite specific, consistent, and dependable. The intensity of interests, however, varies. When comparing interests of college girls and high school girls, it is found that 11 of the 15 items are identical. When further comparisons are made, it is found that of the items of interest to fewest girls, three out of five are identical to both groups.<sup>25</sup>

Besie, in her study of 484 freshmen women entering the University of Michigan, in relation to interest, states:

1. At the present time, the top ranking activities in interest are swimming, social dancing, tennis, riding, and skating.
2. The interest in baseball, archery, badminton, bowling, and riding has shown a steady increase since 1932.
3. Student's self-ratings of skills are of value in understanding the basis of sport interest.
4. A study of the amount of participation is also of value in gaining an understanding of the basis of sports interests.<sup>26</sup>

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<sup>25</sup> Ibid., p. 414.

<sup>26</sup> Dorothy Besie, "A Comparative Analysis of Physical Education Background, Interests and Desires of College Students," Research Quarterly, XI (December, 1940), p. 131.

In a study by Humphery, it was concluded that:

It might be well for the instructor in college hygiene to attempt to find out from students just what their interests are. In this way the instructor could divide his time wisely on each of the topics and keep the course in harmony with the tone of the class.<sup>27</sup>

A study by Craig revealed that:

The average college student will select activities high in carryover values and will enjoy taking them. In the greater percentage of cases he expects to make further use of the activities he takes, but even where he does not expect to continue participating, he feels that his courses were worth while. Curiosity about a sport and the desire to improve a skill already possessed are the student's motive in entering his courses. He believes that exercise and joy of playing are the most important benefits he can derive from physical education. In short, the average college student shows a good balance of ideas concerning sports and can be properly allowed to exercise his own judgement in such matters.<sup>28</sup>

Stuhr's feeling that the abilities and interest of the students should be considered in planning a program, devised a questionnaire for determining these factors in her study at Oregon State College. She stated:

If interest is used as a basis for program planning: (1) Many sections should be offered in tennis, swimming, golf, riding, canoeing, archery,

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<sup>27</sup>James H. Humphery, "Health Problems of Interest to College Men," Research Quarterly, XXIII (October, 1952) 319.

<sup>28</sup>H. W. Craig, "Sport Interest and Attitudes of Students Enrolled in a Service Curriculum in Physical Education at the University of Illinois," Research Quarterly, X (May, 1936), 143.

tap dancing, natural dancing, badminton, and fencing. (2) Fewer sections should be offered in baseball, volleyball and basketball. (3) Clogging, polo tumbling, deck tennis, horse-shoe, track and field, speedball, fieldball, squash, rifle, or ping-pong probably should not be offered in the intramural program. (4) Many courses should be offered at 11 A. M.; 4 P. M.; 3 P. M.; and 10 A. M..<sup>29</sup>

Mason, comparing his study with one conducted at Pennsylvania State College in 1931 and 1932 with freshmen by Davis found the following:

1. Basketball was the most popular sport with freshmen at Pennsylvania State College in 1931 and Ohio State in 1946.
2. Interests have changed very little in the past 16 years. The following sports were favorably chosen in both surveys: basketball, softball, tennis, boxing and golf.
3. Swimming, a popular sport at Ohio State University, was not mentioned at Pennsylvania State College by students as they had no swimming facilities when the study was made and they ranked only those activities offered specifically in their program.
4. The activities mentioned in 1946 at Ohio State that were not mentioned in 1931 at Pennsylvania State College as being popular were swimming, football, baseball, bowling, and pistol shooting.
5. Similar physical education activities were disliked by both groups and included heavy

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<sup>29</sup> Elsie Jacobsen Stuhr, "Interests and Abilities as a Basis for Program Planning," Research Quarterly, VII (May 1936), 92-98.

apparatus, calisthenics, marching cross country, boxing, fencing, and wrestling. No competitive team games were mentioned by either group.<sup>30</sup>

It was revealed in Zeigler's study of male physical education majors at the University of Michigan that:

Students show high interest and ability in physical recreational interests and low interest (and perhaps ability) in aesthetics, creative, and learning recreational pursuits. They scored quite well in the social interest and only fairly well in communicative interests.<sup>31</sup>

Southworth, Latimer, and Turner in their study found:

Posture and exercise, medical advice, care of skin, nutrition, care of hair, acute disease (especially colds), mental health, body weight and height, use of tobacco and chronic disease (cancer in particular) the most frequent interest.<sup>32</sup>

Streit stated that "on selecting the content of health education, questions such as the following was faced: "Is the content really directed toward satisfying the interest

<sup>30</sup>James G. Mason, "Postwar Interests in Physical Education at the Ohio State University," Research Quarterly, XIX (October, 1948) 220.

<sup>31</sup>Earle F. Zeigler, "Recreational Interest of Undergraduate Men Physical Education Majors," Research Quarterly, (December, 1959), 489.

<sup>32</sup>Warren H. Southworth, Jean Latimer, "A Study of the Health Practices, Knowledge, Attitudes, and Interests of Senior High Pupils," Research Quarterly, XV (May, 1944) 119.

and meeting the health needs of the students."<sup>33</sup>

Knutson wrote that "We must also be concerned with students interests that may be related to health."<sup>34</sup>

A study conducted by Toogood found:

Activities desired by the greatest number of students are generally those which would probable be available only if provided by the institution. The highest participation is in inactive and indoor forms of recreation. The desire expressed, however, are for more active, outdoor sports.<sup>35</sup>

McMurray observed in his study that:

Children grow away from the family as they become older. High School pupils begin to plan their summer activities for themselves, and the desire for camp is not being satisfied.

It was further noted the decrease as the children grow older in Sunday School attendance, and the increase in church attendance, which seems to be a very natural change.

It was also found that the junior high school boys and girls were bicyclists, while the senior high school people are becoming "car conscious."

In the areas of music and art respectively: there is a decrease in singing as the age rises; possibly as they grow older they have found out they cannot sing. The boys and girls like to draw

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<sup>33</sup> W. K. Streit, "Planning Health Education from Kindergarten to Senior High," Journal of the American Association for Health, Physical Education, and Recreation, XXVII (March, 1956), 14.

<sup>34</sup> Andie L. Knutson, "Evaluating Progress in Health Education," Journal of the American Association for Health, Physical Education and Recreation, XXVIII (May-June, 1957), 21.

<sup>35</sup> Ruth Toogood, "A survey of Recreational Interest and Pursuit of College Women," Research Quarterly, X (Oct. 1939), 99.

and paint pictures, but the larger percentage who prefer to draw than to paint. Perhaps the amount of skill necessary accounts for this. It was also noted that interest seems to decrease as the age level rises.

These are only a few of the comparative interests of boys and girls, but through this information it is clear that the same program does not fit all age levels, and the information also helps to show weaknesses in reaching the desire of boys and girls.<sup>36</sup>

Oberteuffer stated:

Teaching must be based upon, must be related to, must in fact be identical with the needs and interest of consuming learners. People of all ages have needs. They have interests. Sometimes students reveal their interests. Sometime they hide them; the teacher of health education must have the ability to dig them out whatever they are, to organize them for class purposes, and to use them as the material with which the class deals. The best way to get students to think vitally about their health problems would be to seek out those problems of living which are vital to them. Their interests and felt needs play just such a role; to seek out the individual and class interests and use them for subject matter is to recognize the basic principle that the best learning takes place when the learner reacts vitally to the subject material.<sup>37</sup>

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<sup>36</sup> Roy J. McMurray, "A Survey of Special Interest Activities," Research Quarterly, X (March, 1939), 117-119.

<sup>37</sup> Delbert Obertueffer, School Health Education (New York: Harper and Brothers Publishers, 1954), pp. 38-39.

### CHAPTER III

#### ANALYSIS OF DATA

Upon completion of the inventories the information was compiled, tabulated, and analyzed according to first, grade in school; and second, sex. None of the students surveyed had a specific course in health education. The health courses were integrated in the Physical Education and Driver Education programs. An analysis of all items was made, and items were placed in rank order from greatest to least interest. These ranking are shown in Table 3. The major health areas were completed according to students interest and the information is summarized in Table 2.

In order to realize full utilization of the results of this inventory of greatest interest were organized in list according to sex and grade level. This enables comparative results that might easily be translated into part of a curriculum in health education.

An analysis of the responses of 200 secondary students to the health inventory revealed important interests in the 21 major health areas as well as in specific health



problems. There were 6 to 25 items in each major health area. Table 2 indicates the rank order by interest of each major health area, the number of cases (200). This indicated the percentage participation in each area by the group.

The major health area which received the greatest interest was International Health with 39.25 per cent response. Many authorities have yet to recognize the importance of this area in the health program. It is highly possible that this area received the highest percentage is due to considerable travel by Americans to Mexico and other foreign countries. It may have been influenced, also, by the Peace Core.

The second area of greatest interest was Trends and Possibilities with 38.07 per cent response. The National Science Foundation has created a tremendous amount of interest in this area, not only in college but on the high school level, also. The American Medical Association Platform and Socialized Medicine has been headlines recently.

The third area of greatest interest was Exercise and Body Mechanics with 33.67 per cent of the students participating. National emphasis has been placed on this area through the late President John F. Kennedy's physical fitness program.

The fourth area of greatest interest was Fatigue and Rest with 32.36 per cent participation. Some items in this area have been highly indicated interest.

The fifth area of greatest interest was Safety with 32.35 per cent participation. This area has and will continue to receive national emphasis. Many schools in Texas and the Nation have some type of safety course in their curriculums.

The areas of least interest were Nutrition and Health and Scientific Health Services and Facilities. The areas although receiving least interest, should be included in the health program, but the emphasis should not be as great as the areas of major responses.

This study indicated the various differences of interest in each area as being significant. There was only 1.18 per cent in the difference between the first two groups. According to Joseph E. Langange, "there is significant difference of interest in areas varying by 10 per cent."<sup>38</sup>

This study revealed there was only a 10 per cent variance between the last area and the first two areas of greatest interest.

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<sup>38</sup> Joseph E. Langange, Loc. cit., p.

TABLE I

INTEREST OF 200 SECONDARY STUDENTS  
BY MAJOR HEALTH AREAS

Order	Major Area	Items in Area	Total Response	% Interest- ed
1.	International Health	6	471	39.25
2.	Trends and Possibilities	7	533	38.07
3.	Exercise and Body Mechanics	12	808	33.67
4.	Fatigue and Rest	14	906	32.36
5.	Safety	17	1100	32.35
6.	Chronic and Degenerative Disorders	9	578	32.11
7.	Habit Forming Substance	9	552	30.67
8.	Health As A Social Accomplishment	9	551	30.61
9.	Health As A Social Problem	9	547	30.39
10.	School Health	18	1082	30.06
11.	Heredity and Eugenics	10	585	29.25
12.	The Care of Special Organs	19	1110	20.21
13.	Mental Health and Disease	14	816	29.14
14.	Health and Physical Environment	24	1392	29.00

TABLE I-CONTINUED

Order	Major Area	Items in Area	Total Response	% Interest- ed
15.	Family Health	23	1317	28.63
16.	Occupational Health	16	857	27.78
17.	Community Health Service	15	832	27.73
18.	Excretion and Health	12	662	27.58
19.	Infection and Immunity	25	1329	26.58
20.	Nutrition and Health	16	547	26.50
21.	Health Service and Facilities	16	838	26.19

An analysis of the specific health interest of 200 secondary school students may be found in Table 3. This table will indicate the 50 leading items of interest, the position, and percentage of students interested. There was considerable variance as to the degree of interest which ranges from the leading item Cause of Mental Illness with 59.5 per cent response to the items of least interest, Can a Person Exercise Too Much and How to Relax With a 35.5 per cent response.

The second greatest interest was Hospital Service with a 56 per cent response. This item revealed a major interest to both sexes.

The third greatest interest was the Problem of Physical Unfitness with a 55.5 per cent response. This item has received National publicity and is an immediate problem we are facing.

The fourth greatest item of interest was Accidents as a National Problem with 54.5 per cent response. This problem has constantly been given State, National and Local publicity. It is a specific problem for this age group because of the number of accidents that occur at this age level.

The fifth greatest item was the Problem of Tooth Decay. This is not only a problem to this age group, but to all age levels. This problem has been given a great deal of publicity by Dentist and Manufacturers of Tooth Paste Brands and may be important for the interest shown.

In relation to the above items of interest, Can a Person Exercise too Much and How to Relax received only 35.5 per cent responses. These items showed very little interest to the students. It may be concluded that these items had little direct relationship with the students.

TABLE II

50 LEADING HEALTH INTEREST OF  
200 SECONDARY SCHOOL STUDENTS

Order	Health Problems	Percentage of Students Interested
1.	Cause of Mental Illness	59.50
2.	Hospital Service	56.00
3.	The Problem of Physical Unfitness	55.50
4.	Accidents as a National Problem	54.50
5.	Problem of Dental Decay	54.00
6.	Local Health Unit	53.00
7.	Is Cancer Hereditary	53.05
8.	Leading World Health Problems	52.00
9.	School Health Program	49.00
10.	Fatigue As a Health Problem	48.50
11.	National Health Bill in Congress	48.50
12.	Health Problems of the Negro	48.00
13.	Heart Disease and Public Health	47.50
14.	Health of Women in Industry	47.50
15.	Cancer	47.00
16.	Disease and International Travel	46.50

TABLE II-CONTINUED

Order	Health Problems	Percentage of Students Interested
17.	Problems of Alcohol	45.50
18.	Blasts and Explosions	45.00
19.	Good Posture	44.50
20.	Life Expectance in Other Countries	44.00
21.	Safety in the Water	43.50
22.	Home Safety	42.50
23.	Prevention of Mental Illness	42.50
24.	The School Lunch	42.00
25.	Safest Age to Have Baby	41.00
26.	Life Expectancy in the United States	41.00
27.	Biphtheria	40.50
28.	Fires	40.00
29.	World Food Needs	40.00
30.	Sex Instruction	39.50
31.	Major Health Problems	39.50
32.	U. S. Public Health Services	39.50
33.	Lifelong Care of the Eyes	39.00
34.	Drunken Driving	39.00
35.	Child Labor	39.00

TABLE II--CONTINUED

Order	Health Problems	Percentage of Students Interested
36.	Milk and Dairy Sanitation	38.50
37.	Laxative and Appendicitis	38.00
38.	Heat Stroke	38.00
39.	Immunization in Children	38.00
40.	Cancer of the Digestive Tract	37.50
41.	Nervous Fatigue	37.50
42.	Health Problems in Old Age	37.50
43.	The Cross-Eyed Child	37.00
44.	National Science Foundation	37.00
45.	Physically Handicapped Workers	36.50
46.	Tobacco and Human Health	36.50
47.	Kidney and Urinary Disease	36.00
48.	Function of School Nurse	36.00
49.	Can a Person Exercise too Much	35.50
50.	How to Relax	35.50

Some difference in health interest by sex and grade level were apparent in this study. Tables 3, 4, 5, and 6 will indicate the difference.



Table 3 will show the percentage of interest in the 10 items of highest interest to the freshman and sophomore boys.

TABLE III

10 ITEMS OF HIGHEST INTEREST TO THE  
FRESHMAN AND SOPHOMORE BOYS

Order	Health Problem	Percentage of Students Interested
1.	The Problems of Physical Unfitness	56.00
2.	Fires	56.00
3.	Accidents as a National Problem	56.00
4.	Blast and Explosions	52.00
5.	Problems of Dental Decay	52.00
6.	Local Health Units	52.00
7.	Leading World Health Problems	52.00
8.	Hospital Service	52.00
9.	School Health Program	50.00
10.	World Food Needs	48.00

Table 4 will indicate the percentages of interest in the 10 items of highest interest to the junior and senior boys.

An analysis of the 50 junior and senior boys revealed that Accidents as a National Problems with 54 per cent response was the item of greatest interest.

TABLE IV

10 ITEMS OF HIGHEST INTEREST TO  
THE JUNIOR AND SENIOR BOYS

Order	Health Problems	Percentage of Students Interested
1.	Accidents as a National Problem	54.00
2.	Hospital Service	50.00
3.	The Problem of Physical unfitness	50.00
4.	Fatigue as a Health Problem	50.00
5.	Nervous Fatigue	48.00
6.	Cause of Mental Illness	48.00
7.	Is Cancer Hereditary	48.00
8.	Leading World Health Problems	48.00
9.	School Health Program	46.00
10.	Local Health Units	46.00

The following in Table 5 indicates the percentage of interest in the 10 items of highest interest to freshman and sophomore girls. An analysis revealed that the Cause

of Mental Illness with 74 per cent response was the item of greatest interest.

TABLE V

10 ITEMS OF HIGHEST INTEREST TO  
FRESHMAN AND SOPHOMORE GIRLS

Order	Health Problems	Percentage of Students Interested
1.	Cause of Mental Illness	74.00
2.	Accidents as a National Problem	64.00
3.	Disease and International Travel	62.00
4.	Leading World Health Problems	62.00
5.	Local Health Unit	60.00
6.	Is Cancer Hereditary	60.00
7.	Hospital Service	58.00
8.	Cancer	58.00
9.	Safety in Water	56.00
10.	Sex Instruction	54.00

Table 6 will reveal the percentage of interest in the 10 items of highest interest to the junior and senior girls.

An analysis of the 50 junior and senior girls indicated that Problems of Dental Decay with 68 per cent response, was

the item of greatest interest. This may have been because of the emphasis placed on it by Dentist and Manufacturers of Tooth Paste as stated earlier by the author.

TABLE VI  
10 ITEMS OF HIGHEST INTEREST TO  
THE JUNIOR AND SENIOR GIRLS

Order	Health Problems	Percentage of Students Interested
1.	Problems of Dental Decay	68.00
2.	Heart Disease and Public Health	64.00
3.	Hospital Service	64.00
4.	Cause of Mental Illness	52.00
5.	Life Expectancy in Other Countries	60.00
6.	Fatigue as a Health Problem	60.00
7.	National Health Bills in Congress	58.00
8.	The Problem of Physical Fitness	58.00
9.	Exercise and Menustration	56.00
10.	Sex Instruction	54.00

## CHAPTER IV

### SUMMARY

The purpose of this chapter is to summarize the Health Interests brought out in the findings of Chapter III. From this summary will come specific conclusions. Following the conclusions will be certain recommendations.

This study was made to determine the Health interest of 200 secondary school students in Nacogdoches, Texas.

Appendix A contains the Oliver E. Byrd Health Attitude scale, administered to 100 boys and 100 girls enrolled in Brooks Quinn Junior High School and E. J. Campbell High School. From the checks and circles made on the scales which were returned, the tabulation and analysis on health interest were made.

For convenience, different tables were set up which listed the interest order, health problems and percentage of students interested. For comparative purposes tables were set up which listed the interest order, health problems and percentages of students interested according to sex and grade level.

Table I, page 27, reveals the interests of 200 secondary students by major areas. The leading area was International Health with 39.25 percent interested.

Table II, pages 30, 31, and 32, shows the fifty leading health interest of 200 secondary students. The leading health problems was the cause of Mental Illness with 59.50 percent of the students interested.

Table III, page 33, gives the ten items of highest interest to freshman and sophomore boys. The leading problem of greatest interest was the Problem of Physical Unfitness with 56 percent of the students interested.

Table IV, page 34, gives the ten items of highest interest to the junior and senior boys. The problem of greatest interest was Accidents as a National Problem with 54 percent response.

Table V, page 35, gives the ten items of highest interest to freshmen and sophomore girls. The problem receiving the greatest interest was the Cause of Mental Illness with 74 percent response.

Table VI, page 36, indicates the ten highest interest to the junior and senior girls. The problem receiving the highest interest was the Problems of Dental Decay with 68 percent response.

Modern health teaching recognizes the child as a living organism capable of sharing in the solution of problems which concern his health. As in many of the subject matter areas, health teaching is being considered more from the functional point of view. This concept indicates that health subject matter is not an end, but a tool through which desirable health learning experiences may be provided.

Many children terminate their formal education during or at the end of the secondary level. It is here that the adults of tomorrow must be so motivated that they will always practice those habits which promote good health.

#### CONCLUSION

Many significant conclusions can be drawn from the data obtained as a result of this study. These conclusions are listed as follows:

1. There is a high level of pupil interest in health problems. The 200 students participating in this study indicated interests which average 87 health problems per student.
2. There are some variations in health interests between boys and girls, but not to the degree of continuing segregated classes in health.
3. There is a common core of health interests among high school pupils regardless of age or sex which might prove useful for curriculum construction.

4. Some health problems long considered by teachers to have little interest-appeal to pupils have shown to rank highly in students interest. Hospital service is a good example of this.
5. Some health problems entirely overlooked by some health educators have been revealed as ranking highly in student interest.

#### RECOMMENDATIONS

Based on the conclusions, the following recommendations were drawn:

1. Curriculum should be planned according to the student's needs and interests.
2. Health classes should not be segregated according to sex, since there is a fairly common core of health interest among the sexes.
3. On the basis of pupil interest, greater emphasis should be given to International Health, which leads all others in interest quality.
4. On the basis of pupil interest greater emphasis should be given to Trends and Possibilities, Exercise and Body Mechanics, Fatigue and Rest, Safety, Chronic and Degenerative Disorders and Habit Forming Substances.
5. Further studies of this nature should be conducted on a national, state, and local level.



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APPENDIX

## OLIVER E. BYRD'S HEALTH ATTITUDE SCALE

### 1. Health as a Social Accomplishment

- 1- 1. Life expectancy in other countries
- 1- 2. Life expectancy in the United States
- 1- 3. Conquest of disease
- 1- 4. Death rate trends
- 1- 5. Prevalence of sickness
- 1- 6. Infant and maternal mortality
- 1- 7. World food and medical relief
- 1- 8. Health accomplishments of states
- 1- 9. International death rates

### 2. Health as a Social Problem

- 2-10. Major health problems
- 2-11. Health and income
- 2-12. Soil depletion and health
- 2-13. Housing and death
- 2-14. Overpopulation and health
- 2-15. Atomic warfare
- 2-16. River pollution and health
- 2-17. Health problem of the Negro
- 2-18. Health problems of migrant workers

### 3. Nutrition and Health

- 3-19. Health hazards with foods
- 3-20. Importance of minerals
- 3-21. The vitamin problem
- 3-22. Health aspect of protein
- 3-23. Fats in human nutrition
- 3-24. White bread and epilepsy
- 3-25. World food conferences
- 3-26. World food needs
- 3-27. Sweets and dental decay
- 3-28. Cooking and food values
- 3-29. Nutrition and body weight
- 3-30. Facts about milk
- 3-31. Nutrition deficiencies

- 3-32. Nutrition during pregnancy
- 3-33. Practical selection of foods
- 3-34. Effects of storing, freezing, canning, and dehydrating on food values

#### 4. Excretion and Health

- 4-35. Laxatives and appendicitis
- 4-36. Constipation and health
- 4-37. Diarrhea and its significance
- 4-38. Significance of urinalysis
- 4-39. Intestinal production of vitamins
- 4-40. Kidney and urinary diseases
- 4-41. Disease of intestines
- 4-42. Cancer of the digestive tract
- 4-43. Mineral oils in food and health
- 4-44. Worm infections as world problems
- 4-45. Kidney and urinary stones
- 4-46. Chronic "colitis"

#### 5. Exercise and Body Mechanics

- 5-47. The Problem of physical unfitness
- 5-48. Military drills vs. Physical education
- 5-49. Sports vs. apparatus activities
- 5-50. Exercise and Convalescence
- 5-51. Exercise and menstruation
- 5-52. Age and capacity for exercise
- 5-53. Work and nutrition requirement
- 5-54. Good posture
- 5-55. Can a person exercise too much
- 5-56. Paralysis from crossing the legs
- 5-57. Posture and tuberculosis
- 5-58. Is there an "athletic heart"

#### 6. Fatigue and Rest

- 6-59. Fatigue as a health problem
- 6-60. Fatigue in industry
- 6-61. Optimum working hours
- 6-62. Health resorts
- 6-63. Nervous fatigue
- 6-64. Ways of overcoming fatigue
- 6-65. Ways of getting sleep

- 6-66. Battle Fatigue
- 6-67. Rest for children
- 6-68. Medically prescribed vacations
- 6-69. Rest and tuberculosis
- 6-70. Fatigue cause by disease
- 6-71. How to relax
- 6-72. Fatigue fracture

## 7. Mental Health and Disease

- 7-73. Cause of mental illness
- 7-74. Cause of suicide
- 7-75. Mental disorder in armed forces
- 7-76. Types of mental disorders
- 7-77. Retardation of mental decline
- 7-78. Psychologicals basis of crime
- 7-79. Hazards of high IQ
- 7-80. Psychological basis of crime
- 7-81. Prevalence of emotional disorders
- 7-82. National Mental Health Act
- 7-83. Mental hygiene in infance
- 7-84. Jealousy
- 7-85. Mental hygiene of normal persons
- 7-86. Prevention of mental illness

## 8. Heredity and Eugenics

- 8-87. Is cancer hereditary?
- 8-88. Diabetes and heredity
- 8-89. Is epilepsy inherited?
- 8-90. Allergy and heredity
- 8-91. The Rh blood factor
- 8-92. Heredity and high blood pressure
- 8-93. Practical eugenics
- 8-94. Medical genetics
- 8-95. Medical disease and heredity
- 8-96. Hereditary aspects of rheumatic fever

## 9. Infection and emmunity

- 9-97. Diphtheria
- 9-98. Gamma globulin and its value
- 9-99. Handshaking and disease

- 9-100. Leading communicable diseases
- 9-101. Pneumonia and influenza
- 9-102. Tuberculosis
- 9-103. Poliomyelitis
- 9-104. Insects and disease
- 9-105. D. D. T. and disease control
- 9-106. Venereal disease
- 9-107. Prevention of infection
- 9-108. Whooping cough
- 9-109. Blood testing program Alabama
- 9-110. Sulfa and penicillin
- 9-111. Pneumatic fever
- 9-112. Bacterial warfare
- 9-113. Desirable immunization
- 9-114. Smallpox
- 9-115. Influenza and pneumonia
- 9-116. Other specific communicable diseases
- 9-117. Vaccination against influenza
- 9-118. Vaccination against tuberculosis
- 9-119. Diseases from animals
- 9-120. Infectious hepatitis (infection of liver)
- 9-121. Encephalitis (brain inflammation)

#### 10. Chronic and Degenerative Disorders

- 10-122. Heart disease and public health
- 10-123. Cancer
- 10-124. The ulcer problem
- 10-125. Cancer preventative clinics
- 10-126. Diabetes
- 10-127. Arthritis and rheumatism
- 10-128. Varicose veins
- 10-129. Rehabilitation of handicapped
- 10-130. Health problems in old age

- #### 11.
- 11-131. Tobacco and human health
  - 11-132. Treasury Department and anti-narcotics
  - 11-133. Can drug addicts be cured?
  - 11-134. Marijuana
  - 11-135. Bromide poisoning
  - 11-136. Problems of alcohol
  - 11-137. Effects of tea and coffee
  - 11-138. Use and abuses of narcotics
  - 11-139. Hazards of barbiturates (sleeping drugs)



## 12. The Care of Special Organs

- 12-140. Problems of dental decay
- 12-141. Lifelong care of the eyes
- 12-142. Ear infections in childhood
- 12-143. Defective hearing
- 12-144. Aids to hearing
- 12-145. Flat feet
- 12-146. Are nose drops harmful?
- 12-147. Tonsil and adenoid operations
- 12-148. The cross-eyed child
- 12-149. Eye band for sight resoration
- 12-150. "Athlete's foot"
- 12-151. Ingrown toenails
- 12-152. Wax in the ears
- 12-153. Medical emergencies of the eye
- 12-154. Fluorides and dental health
- 12-155. Contact lenses
- 12-156. Eye examination
- 12-157. Candy and dental health
- 12-158. Speech disorder and significance

## 13. Safety

- 13-159. Accidents as a National problem
- 13-160. Speed and accidents
- 13-161. Traffic accidents
- 13-162. Artificial respiration
- 13-163. Bicycle Safety
- 13-164. Farm Safety
- 13-165. Home Safety
- 13-166. Drunken driving
- 13-167. How to use a gun properly
- 13-168. Safety in the water
- 13-169. Aviation Safety
- 13-170. Railroad Safety
- 13-171. Parking and traffic safety
- 13-172. Protecting pedestrians
- 13-173. Road condition and accidents
- 13-174. Hit and run accident
- 13-175. Accident procedures

## 14. Health and the Physical Environment

- 14-176. Blasts and explosions
- 14-177. Frostbite
- 14-178. Trenchfoot
- 14-179. Immersion foot
- 14-180. Heat strokes
- 14-181. Sunburn
- 14-182. Motion sickness (sea sickness)
- 14-183. Exposure to cold
- 14-184. High altitudes
- 14-185. Ragweed control
- 14-186. Radium and p-rays
- 14-187. Atomic radiation
- 14-188. Pollution and health
- 14-189. Volcanoes
- 14-190. Rhus poisoning (poison oak, ivy)
- 14-191. Health effects of radar
- 14-192. Earthquakes
- 14-193. Floods
- 14-194. Effects of life in tropics
- 14-195. Fires
- 14-196. High winds, tornadoes, etc.
- 14-197. Dust and disease
- 14-198. Sunlight and health
- 14-199. Effects of high pressure

## 15. Scientific Health Service and Facilities

- 15-200. Hospital service
- 15-201. The nursing profession
- 15-202. Medicine as a profession
- 15-203. Physical therapy
- 15-204. Animals in medical research
- 15-205. Blood donar service
- 15-206. Hospital construction act
- 15-207. Thermometes
- 15-208. Hospital Consturction Act
- 15-209. Dietitians
- 15-210. Public health clinics
- 15-211. Values of X-Rays
- 15-212. Pharmacy
- 15-213. The dental profession
- 15-214. Selection of health advisors
- 15-215. Evaluation of health information

## 16. Family Health

- 16-216. Immunization in children
- 16-217. Juvenile delinquency
- 16-218. Births in hospitals or homes
- 16-219. Causes of infant deaths
- 16-220. Preparation for marriage
- 16-221. Sex instruction
- 16-222. Safest age to have a baby
- 16-223. Home care of the sick
- 16-224. Pregnancy and health
- 16-225. Tuberculosis and pregnancy
- 16-226. Epilepsy and pregnancy
- 16-227. Problems of maternal deaths
- 16-228. Early rising after childbirth
- 16-229. Breast feeding vs. bottle feeding
- 16-230. Safety in home
- 16-231. Health aspects of fertility
- 16-232. Convulsions in children
- 16-233. Menstrual problems
- 16-234. Infant and child feeding
- 16-235. Family health insurance
- 16-236. Mental health and marriage
- 16-237. Health for grandparents
- 16-238. Hospital insurance

## 17. School Health

- 17-239. School health program
- 17-240. Venereal disease in school
- 17-241. Should school close during epidemics?
- 17-242. Radiant disinfection of schoolrooms
- 17-243. The school lunch
- 17-244. Teacher health inspections
- 17-245. The health course
- 17-246. Ringworm of the scalp
- 17-247. Legal aspects of school accidents
- 17-248. Nutrition and learning
- 17-249. Functions of health coordinator
- 17-250. Head lice in school children
- 17-251. School medical services
- 17-252. Vision testing in schools
- 17-253. The preschool round-up
- 17-254. Functions of school nurse
- 17-255. Tuberculin testing in schools
- 17-256. Hearing testing in schools

**18. Occupational Health**

- 18-257. Health of women in industry
- 18-258. Nutrition of industrial workers
- 18-259. Occupational skin diseases
- 18-260. Industrial dust and health
- 18-261. Physically handicapped workers.
- 18-262. Health aspects of absenteeism
- 18-263. Health hazards in occupations
- 18-264. Noise and vibration
- 18-265. Child labor
- 18-266. Dangers of industrial solvents
- 18-267. Rehabilitation on the job
- 18-268. Mental health in industry
- 18-269. Accident hazards in industry
- 18-270. Values of industrial health programs
- 18-271. Labor-management health contracts

**19. 19-273. U. S. Public Health Services**

- 19-274. Milk pasteurization
- 19-275. State vaccination laws
- 19-276. Chlorination of water
- 19-277. Resturant sanitation
- 19-278. Sewage disposal
- 19-279. National Food and Drug Act
- 19-280. Mosquito control
- 19-281. Job opportunities in public health
- 19-282. National health contests
- 19-283. Activities of local health officers
- 19-284. Milk ordinance communities
- 19-285. Rat control program
- 19-286. Septic tanks
- 19-287. Milk and dairy sanitation

**20. International Health**

- 20-288. Leading World health problems
- 20-289. Inter-American health programs
- 20-290. Worldwide epidemics
- 20-291. World Health Organization
- 20-292. Shipping related to disease
- 20-293. Disease and international travel

**21. Trends and Possibilities**

- 21-294. National health bills in congress
- 21-295. Research in health
- 21-296. Cabinet post for health
- 21-297. National Science Foundations
- 21-298. Socialized Medicine
- 21-299. American Medical Association Platform
- 21-300. Local Health Units