

Health Education
in
Rural Schools
and
Communities

By

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Foreword

In this volume the author has crystallized her wide experience, her great fund of information, into a valuable instrument for the intelligent teaching of health education in the schools and communities of our nation. Workers in the field of public health education will recognize in the work a sound and valuable adjunct to their efforts.

Workers in the educational field will find a valuable and comprehensive exposition on the whole life of the child and his environment, with good explanations on the use of health services.

People interested in maintaining the proper standards in healthful living will find an abundance of sound practical information on the use of commonplace situations in life to the very best advantage.

The author's educational background, her indefatigable effort, her constant interest in the health of human beings, her unending vigil for the best ways and means to disseminate sound health principles, her continuous co-operative spirit, and her vision and insight into the whole picture of public health are the attributes which have given this volume an important usefulness.

I am proud, because of my association with Nina B. Lamkin in the field of public health and because of her valuable contribution to this Department, to recommend this worth while study, on behalf of the health of rural groups.

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Author's Note

Events in our world today give a new emphasis to the importance of health education in homes, schools, and communities. The healthful living program is a co-operative adventure to which everyone can contribute.

This book has evolved from co-operative work on practical problems in healthful living with instructors in education, rural education, physical education, psychology, science, and biology. Material has been gathered through practical experience with hundreds of school administrators and teachers in small communities (villages of 50 inhabitants to towns of 2,500 population). Much of the work was done with community folk themselves, as they are represented in Extension Service, Farm Bureau, and Homemakers' Clubs and other civic organizations. Finally, some of the material was developed from my association with public health personnel in four of these United States.

Boys and girls have helped to make this book, because of their co-operative activities for healthful living in their homes, schools, and communities.

To teach the use of community facilities and resources in maintaining a high health standard, with more happiness and efficiency in ways of living, is our goal.

Introduction

CHILDREN ARE IMPORTANT

Children are important for what they will become. Every child has a birthright. Every child enters school with his background of heredity, home environment, and the living experiences of early years. We receive him into the schools today, on the whole, with a better health status than ever before. Can we send him forth from our schools with his potentialities developed to the highest peak to which the school years can contribute?

The health education program in the schools of America needs a great impetus for improvement. Its background begins before the birth of the child in the home, and continues with what is done for him in the preschool years. The home and the community must be included in the school planning for optimum health for every child.

The rural schools, homes, and communities in peace time, or when our country is at war, have a great responsibility for life and for ways of living. Children should be taught the basic skills, and given the information about growth and development that will be necessary to them to meet and solve life problems.

If our nation is to have the physical, mental, and emotional fitness that physicians, educators, and military leaders demand, then there is much to be done.

The rural and small town schools will have to do very specific planning for optimum health of children and youth, in terms of the rural environment, the facilities which it offers, and the individual needs to be met.

Shall we be about this planning now? I believe that this book will help you.

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Part I

Health Problems in Rural Areas

Introduction

THERE are many problems peculiar to rural areas today. Very often the distances are great and the facilities for medical care few; especially during these years when over half of our physicians and nurses have been in service. Often teacher shortages make it necessary to give the teacher just out of high school, or the older teacher who is returning to school work, definite guidance in problems which have to do with the health and welfare of the boys and girls whom she will teach.

People in rural areas are not different today but their environment, facilities and opportunities are different. We believe, that the more information on positive health and on the prevention of illness, that can be integrated with the living program in schools and homes, along with practices in right ways of doing everyday activities that affect healthful living the better we shall be able to help the family keep well. Well families help to make a well community.

There are opportunities throughout the twenty-four hours of the day to use your knowledge in finding the health problems in your schools, homes and communities, and to work out ways and means for their solution.

Health education is a continuing and well-balanced educational program which has for its goal the improvement of human living. It is an integral part of the school curriculum and of the day-by-day life in any community.

Each young child looks eagerly forward to the time when he will go to school. He brings with him to the school his personality, his physical status, his intellectual background. He brings with him his potentialities for growth, development, and efficiency. Parents in the main, want the schools to offer opportunities for every child to have the essential elements of wholesome, healthful living. Everyone in the home and in the school, whether he lives in an urban or a rural situation has a re-

sponsibility for this growth and efficient development of the individual child.

WHAT DOES HEALTH EDUCATION INCLUDE?

In the home, it includes a knowledge of and a determination to practice those procedures which help to keep the family well: personal good habits in the care of the body; control of infection, isolation of the sick child at home and notifying the physician, if it seems necessary; adequate food, rest and recreation; periodic check-ups by a physician; the correction of remediable defects; dental examinations and corrections; immunization against diphtheria, smallpox, and whooping cough; immunization against typhoid fever should the physician advise it.

In the home, health education means a knowledge of healthful environmental factors, with provisions made for them: safe water: safe milk; safe disposal of sewage and garbage; screened windows; sanitary privies; individual belongings for each member of the family; adequate care of the food, and sanitary measures in handling it.

In the home, health education involves procedures which help the mental, social, emotional, and spiritual growth of children: a pleasant home environment; assistance to each child with his individual problems of adjustment; a knowledge of the child's needs at all periods of growth, with help in developing the initiative, courage, and confidence so valuable in meeting life's problems.

In the school, health education means the use of all the natural situations occurring in the school day to give the children an understanding of the practices which help one to be well and to live more effectively. These are the same practices which promote nutrition and growth: relaxation, exercise, rest, and sleep; proper elimination; recreation; fresh air and sunshine; cleanliness, and care of teeth, body, and clothing; adequate medical and dental attention; control of infection; the care of the eyes and ears; good posture; safety measures in daily situations; and emotional and social adjustment.

In the school, health education means good lighting, good seating arrangements, heating, and ventilation in the classrooms; cleanliness, and good housekeeping; good use of the noon hours; use of the playground; isolation of the sick child at home; an understanding of human relationships, and the appreciation of a happy school day.

In the high school, health education means preparation for general fitness and efficiency. There is a great need for definite units of work for every boy and girl in high school—for techniques in personal living; the use of community facilities; sex education and an understanding of boy-girl relationships; nutrition; the control of communicable disease; mental and social health; housing, and other community health problems.

No health education program in any school can be successful unless it is developed in active co-operation with the home, and with interested community agencies.

In the community, public health education means adequate attention to all sanitary problems concerned with garbage and sewage disposal; the elimination of breeding places of flies and mosquitoes; safe water and inspected drinking fountains; safe milk; clean public-eating places and desirable recreation centers.

In the community, public health is also concerned with keeping the masses of the people well, preventing communicable disease, and improving ways of living through information, education, legislation, and the co-operation of all agencies in the area which work for community progress.

This book has been written as a guide for school administrators and teachers in rural areas, to help them find the health problems needing attention, and to awaken homes and communities to an awareness of their health needs. The school administrators and teachers are leaders in every rural community. They have the opportunity to influence children, families, and public officials in a recognition of health problems, which, if improved, will mean a richer life for the whole community.

We need to conserve human resources. Each citizen has some responsibility in this conservation. Adequate knowledge of healthful living and the opportunities to use the practices which affect the growth and development of people will, we believe, influence the attitudes and standards of the individual. This, naturally, would mean less illness, less absenteeism, better growth and development, better heredity, and greater individual efficiency, with achievement and happiness as its goals. These factors are the basis of national strength and efficiency.

I.

Finding the Problems

EACH day will provide many opportunities for finding the health problems in the schools, homes, and communities of any given area. The entire school program should contribute to health and happiness. Healthful school living is vital to the educational program. It loses much of its strength, however, unless there is healthful living, at the same time, in the homes and in the community.

To find the health problems and to solve them, three phases of the health education program should be considered, as they are integrated through everyday living in the school, home, and community; through curriculum activities; and through home-school relationships and co-operation. These three phases are: the environment for healthful living; the health services which the individual and his family need and can have; and the health instruction program in the school. The school program should include the basic information needed to understand the specific problems that are concerned with health; suggestions for working out co-operative activities, which will help to solve a particular problem; and an evaluation of what has been achieved, in terms of improved knowledge, attitudes, and practices that affect human living.

WHAT ARE THE NEEDS?

In the home the development of the whole child is the family responsibility. His mental, social, and emotional growth, his physical growth and advancement, need to be considered in family planning. Father and mother both play an important role in the broad aspects of child growth, although it is the mother who must give a greater part of her time and energy in actual care and supervision. Real co-operation between the parents, with positive health on both sides, eliminates much of the worry, anxiety, and fear that too many mothers face.

The child, through the preschool years, is shaping his physical health,

his personality, his attitudes, and his relationships, according to the kind of home he lives in. Is it a democracy, or a dictatorship? Much of his later achievement and development will depend upon this early environment.

Oversolicitude on the part of the parents often creates definite personality problems. While a child may be old enough to go to school, he may yet lack strength, courage, and initiative. Repression or rigid disciplinary methods often twist the mental outlook of a child, leading to his resentment of authority later in life. Relationships between parents and children are delicate matters, and should be based not only upon love and devotion but also upon a clear understanding of what the child, as an individual, needs, and what the parents have a right to expect, in the way of responses at different levels of growth. Nearly every problem of child adjustment, which the teacher will discover and endeavor to help the child to solve, has its beginning in the home.

The child needs personal physical help at all levels of growth. First, he needs to be wellborn. There is much constructive literature to help the family in matters of prenatal and infant care. The family physician gives medical advice and medical care. Secondly, the child needs a good home: freedom from undue crowding, fresh air, warmth, sunshine and cleanliness; a home where safe water is available, where there are proper provisions for disposal of garbage and excreta; a home where screened windows keep out flies and mosquitoes. Thirdly, the child needs to be well fed, in accordance with the needs of his growing body. Food habits, too, need attention, if food is to do its best for him. Fourthly the child needs the proper daily care. He needs to be loved, to be comfortable, and to learn healthful practices which help in "growing." Fifthly, the child needs to be protected against disease. He should be immunized against smallpox, diphtheria, and whooping cough before he is one year of age. He needs periodic medical examinations, and any remediable defects discovered should be corrected, as soon as the doctor advises it. At two years of age he should be taken regularly to the dentist for examination and for necessary treatment. These day-by-day practices in the home help to prevent and control communicable disease.¹

If the home is a democracy, where each child makes his contribution to family life, where proper guidance gives him a basis for making decisions and developing initiative, where he has adequate housing,

¹ Adapted from "Facts About Child Health," U. S. Children's Bureau, Washington, D. C., 1943.

clothing, food, recreation, rest, and medical care, he will probably be ready to go to school. Parents and school personnel will need to be in constant touch with each other, or the child may often be confused and handicapped in his adventure of "growing up."

In the school, every child deserves a fair start: a teacher who is herself healthy, and understanding of the needs of childhood at different levels; a school board whose members realize the need of adequate school facilities in a good building; and parents who are ready to co-operate with all those concerned in the situation.

What are the health problems in *your* school? Should these form the basis for your health education program, which will necessarily involve the home, the community, and all agencies which touch the life of a child?

You will, of course, consider that each child has had a different background of experiences in the home, in previous school situations, if he has already been in school, and in the community. These experiences have affected his health behaviors, some of which may have been built up through undesirable influences. You, as the teacher, will want to guide such a child toward improved thinking, feeling, and acting, in everyday situations. You will want to help the home, without arousing undesirable reactions.

You will learn through various community sources, and through your own observations, various facts about the children and their homes. What type of a community is it? Is ranching, farming, market-gardening, or business the chief occupation? Do the fathers travel to a neighboring area for mining, industrial, or factory work? Do the mothers work away from home? What is the general social and economic status of the families that make up this community?

From studies that have been made, it has been found that the poorest schools are in rural areas. What kind of school do *you* have? Consider the building—does it have good lighting, adequate seating arrangements, heating, and good ventilation? Is it clean and attractive? What kind of schoolyard is there? What about the well? The toilets? Is there hand-washing equipment, are there drinking cups, and facilities for keeping the water cool and clean? These, and other conditions, must be observed at your school.² You will learn something about the health status of each child. How many of the children have regular medical and dental check-ups? How many of them have been immunized? How

² See pp. 180-181, "Check Your School Sanitation."

much absence from school was caused by illness, last year? How many, according to the records, did not have colds during the school year? What are the safety problems in the neighborhood? What about the noon lunch? The playground? Play equipment? Is there daily observation for signs of communicable disease? Is there a neighborhood club? Do most of the parents belong to it? Do you know the parents? The nature of the health education program, and the plans for healthful living, will be determined by the needs and the interests of the group, by the ages and abilities of the pupils, and by the facilities of the school for carrying out the program, as well as by the co-operation of the homes and the community.

Some of the best health teaching that you do in your school is: (1) to teach right ways of doing the everyday activities in real situations which occur throughout the school day; (2) to give each boy and girl an opportunity to practice these behaviors in as pleasant situations as possible with some degree of success; and (3) to give them an understanding, according to age, *why* these are desirable ways to behave.

In the community healthy and efficient families make a healthy and efficient community. When any community fails to develop the potentialities of its people, and to meet the problems that progress brings, many difficult needs will be created.

The health and well-being of the individual is vitally important; yet, in thousands of communities, these questions go unheeded:

Are the cows tested for tuberculosis and undulant fever? How is the milk produced?

What kind of drinking water is available at home, and at the school?

How often is it tested?

Where are the wells located, in relation to the privies? Is the well construction good?

Is the construction of the school buildings satisfactory?

Is the school the community center for parties, neighborhood gatherings, songfests, game evenings?

Are the public- and school-eating places clean? Are the dishes sterilized,³ and is the food properly taken care of?

Does the school have a hot lunch? A hot dish for lunch?

What facilities does the school need, to make the lunch hour better for teacher and children?

³ See pp. 53-54, "Sanitary Measures and the School Lunch."

The citizens in the rural community are responsible for using the ballot in favor of constructive school legislation. They are responsible for appointing, or electing, a board of education whose members will have the best interests of the boys and girls as their goal for service. The citizens are responsible for supporting good sanitary measures, giving needed financial support to the schools, encouraging adequate medical care, demanding properly constructed health laws, and insisting upon the employment of well-qualified teachers.

WHAT ARE THE RESOURCES IN YOUR COMMUNITY?

Every community in every state can have help with its health problems, if it knows where to go and whom to ask, and if it is ready to take responsibility for getting things done. In doing this, any community can lessen its communicable disease many fold. Is it not worth the effort of teachers and other leaders in the community?

In the rural community, the county or town officials usually begin proceedings. A club group, such as a rural or a service club, may take the initiative and go to the authorities, present the needs, and ask for action. The parent-teacher or some other neighborhood group, is usually very active in all rural communities.

The division of animal industry of the state department of agriculture will usually arrange the testing of cows in the community.

The division of sanitation of the state, or local, health department will arrange to have the dairies inspected, or will tell you the source of help in your state. In some states, the inspection is made automatically because of a state law; in others, it is an educational procedure, and calls for an invitation from the county or town authorities. The state, or local, health department will also arrange to have the drinking water tested, and will advise about the location and construction of wells and of privies.

The local board of education, if it has been elected to help with school problems, and if it is supported by the citizens, will provide a well-built and sanitary school building. If the board is merely an instrument in politics, then the children and the school will suffer.

Agencies, clubs, and individual citizens if they are interested in the problems of children and adolescents, will co-operate with the school board, and plan to have the school building used as a community center. This is as it should be. For many years there has been recogni-

tion of the success of this plan. The teacher can be a strong influence in this situation.

The town authorities and the citizens should be interested in clean school- and public-eating places, and in the proper care of food, not only for comfort but, most of all, for the prevention and control of communicable disease. The state, or local, health department will assist by making inspections and by giving advice about improvements, to meet the standards set up by the United States Public Health Service, in the interest of preventing and controlling disease. The department will probably arrange for food handlers to have medical examinations and, in many states, the division of sanitation gives courses in food-handling for those who serve food to the public.

Does the school have a hot lunch, or at least one hot dish for lunch? Find the proper authority in your state to advise you concerning government money available for lunches in schools, and how you can apply it in your budget for school meals. The U. S. Department of Agriculture, Production and Marketing Administration, Washington, D. C., is the central office. There is a branch in each state.

All of these sanitary measures are a part of a school and community health program, closely related to the homes and schools in the area. What other community resources are there, for keeping well? The average citizen can find and use these services, for himself and for his family. Everyone, including the teachers, should know:

1. The physician, or physicians, nearest one's home. Each one chooses his own family physician.
2. The county public health nurse, if one is employed. One should know about her services to the physicians, to the homes, and to the schools. (There are, however, over one thousand counties in the United States that do not have this service.)
3. The dentist nearest one's home.
4. Where is the nearest Well-Child Conference? Clinic? Hospital?
5. Who are the members of the county health board? In many states, this board consists of the sheriff as the quarantine officer, the county physician as medical adviser, and the county superintendent as secretary.
6. The Red Cross chairman in the county, who can, often, find a solution to a health problem through that agency.