A SURVEY OF HEALTH EDUCATION AND PRACTICE IN THE SCHOOLS
FOR COLORED CHILDREN AND THEIR COMMUNITIES

by

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Contributions of the Graduate School
Indiana State Teachers College
Number 69

Submitted in Partial Fulfillment
of the Requirements for the
Master of Science Degree
in Education

1932
ACKNOWLEDGMENTS

I hereby acknowledge the generous and kindly interest of Prof. Earl E. Ramsey, Head of the Department of Education, Dr. John Raymond Shannon, Professor of Education, and Dr. Fred Donaghy, Professor of Physiology and Hygiene, for their patient guidance and helpful suggestions. Furthermore, I desire to express my gratitude to my co-workers, in both urban and rural districts of Vigo County. Their suggestions, health programs, and cheerful cooperation aided materially in making this investigation.

Morton A. Lewis.
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INTRODUCTION

A. The Problem

The writer's problem in the preparation of this thesis is to determine, as far as possible, the exact status of Health Education as administered in schools for colored children and its effect upon the patrons in certain parts of the city of Terre Haute and in selected rural districts of Vigo County, Indiana.

A health program is carried out each year in these schools and doubtless the subject matter, habits, attitudes, and practices developed have a decided effect on the lives of these people. It seems, then, that an attempt to evaluate the effects produced by this type of education would be valuable and offer a reasonable justification for the outlay of time, effort, and money.

Furthermore, it should indicate what new facts should be added to the course and what facts should be omitted, the habits to be inculcated, and attitudes that should be developed. In fact, valuable guidance in curriculum building should be obtained.

It is true that colored pupils have a neater personal appearance than formerly, are healthier and happier in many ways, their communities and homes have markedly improved in
sanitation, beauty, and neatness. Since these results are so obvious, it seems that a survey made by personal interview and questionnaire would make these advances explicable. A number of questions of vast importance suggest themselves. The following are of the type for which an answer will be sought.

I. Are teachers and parents fully aware of the importance of health as a cardinal objective in education?

II. Is health more to be desired that we may get a better education and get it more easily, or is education more to be desired that we may live healthier, and, therefore, happier lives?

III. Are we making the home, the school, and the community safe for public health?

IV. Are parents growing in health practice and knowledge?

V. Do parents believe in modern safeguards against disease?

VI. Are their beliefs and practices a profitable background for the child's physical and mental health?

VII. Are teachers stressing health in curricular and extra-curricular activities?

VIII. Are teachers growing in ability:

1. To recognize and solve health problems?

2. To identify the things that contribute greatly to child health?
B. Procedure

In making such a study it is necessary to have clearly in mind the problem we care to investigate. This will determine very largely the method which the writer believes best suited to accomplish this end.

It was decided that a thorough study of the available literature should be made. Certain types of questionnaires lend themselves readily to such a survey. Hence, two questionnaires were formulated, one a family interview type in which the questions were asked and the answers recorded personally by the investigator. A second questionnaire was addressed to the teachers of the schools for children in the area studied.

The courses of study proposed for these schools, or the health-study programs should be investigated with the hope of making suitable additions and omissions which seem necessary to the common good of the people concerned. Further, it was felt that a few principles should be stated and intelligently defended. These assumptions were as follows:

I. The school exists for the child and no program can be reasonably justified that will neglect, impair, or fail to develop both physical and mental health.

II. The burden of health education is greatest among the colored teachers because of the past opportunities of their race.

III. The greatest need of schools for colored children
and their communities is a whole-hearted intelligent belief in modern health education and the practice that should grow from its correct administration.
I. THE FAMILY INTERVIEW

A. Introduction

The success of education for health, or of any other type of education, is appreciable when something of value has been added to the lives of the learners. Health education should be so administered as to arouse interest in the home, and how well it is functioning should be fairly well determined by making direct observations of the home life. It seemed as if a family interview would be best suited to this task. One hundred families were interviewed personally by the investigator and interesting responses were received.

It may be said for the population of the colored communities of Vigo County that it is probably quite similar to that of any group in an average northern community. Varied social and economic levels prevail. There are those who have never known poverty and others who have known naught but privation. Some have never violated the law while others have been frequent offenders. Some are intelligent and useful citizens while others are ignorant and shiftless.

This background supplies the school population. In a surprisingly large number of cases, a fair amount of health knowledge and health practice is evident. In some cases health knowledge
minus health practice seems to be present. This condition seems generally due to poverty. Ninety-five per cent of the whole of this community population, or any part of it, will tell the interviewer that health should be the first and greatest aim or objective of education. This response does not indicate the same high percentage of health practice. Too often, it seems, health knowledge comes too late in life. This fact alone would justify a health program as a part of the educational scheme.

The value of this survey cannot be appraised in terms of what has been done but by what it suggests should be done. It is valuable in so far as it is an incentive for the conservation of that which can never be fully restored when lost.

A tabulation of the data obtained by the family interview questionnaire will show an abundance of health knowledge and almost primitive levels. There are many who would not invest in a health examination for themselves or for their children, except in cases of illness. There are those who do not believe in vaccination and immunization against diseases. Some think that internal medicine is sufficient, as far as health is concerned, and many do not believe that certain illnesses are caused by microorganisms.

In this health survey, as has already been indicated, mental health comes in for its share of attention. One's mental health, good or bad may be a result of contagion.
Robert L. Duffus makes the following statement: ¹

Children acquire beliefs...exactly as they acquire their language, their games, and their gang traditions. They learn from their parents, their school teachers, and their companions.... Being human, they learn what isn't so just as thoroughly as what is so and believe it just as firmly.

The investigator found that belief in such superstitions as voodoo, fortune telling, and the like still exists among a few of the colored people. Some of these superstitions are probably of native origin, but many have been borrowed from the white people. The following quotes Edwin E. Slosson:

Along with the increasing admiration for the natural, comes an increasing admiration for the supernatural. Astrology (today) has more adherents than lived in ancient Egypt and Babylon. Palmistry is more studied than botany. The late Sir Conan Doyle, doctor and detective, published photographs of fairies. It is commonly believed that Lord Carnarvon was the victim of Tut-ankh-Amen's curse. ²

Newbell Niles Puckett in his book on negro superstitions makes the following statement:

Should some weird, archaic, Negro doctrine be brought to his (the southern white man's) attention, he almost invariably considers it a "relic of African heathenism," though in four cases out of five it is a European dogma from which only centuries of patient education could wean even his own ancestors.


(Edwin E. Slosson, 1835- , is director of Science Service Washington, D. C., an institution founded to spread scientific knowledge in a popular manner.)
Their beliefs... show certain broad similarities both in Europe and Africa, and the Afro-American beliefs resulting from the contacts of the two cultures seem to indicate a very slight predominance of English influence.

It is true that in some parts of the South colored astrologers and voodoo-doctors reap a profitable harvest. There is evidence that these superstitions occasionally flourish in our communities, while in others these exist to a slight degree only.

Puckett in his survey, published in 1929, points out that because of negroes' progress in education, superstition among the colored people is rapidly dying out. Quoting Dr. H. Roger Williams of Mobile, Alabama, he describes a voodoo-doctor as follows:

He usually wears a long Prince Albert coat, that shows signs of having been in service many years. His hair is seldom, if ever, combed, his shoes, in many instances, are tied to his feet with white strings... and he boasts the fact that he has never been to school a day in his life.

The following quotation describes one, Ed. Murphy, a Mississippi voodoo-doctor:

Ed. Murphy is very religious--intensely so, as are most of the conjure-doctors... and is the "main exhorter" at revival meeting time... being part voodoo-doctor and part preacher.

---


4 According to Puckett the word "voodoo" is derived from the Guinean Ewe tribe word "vo" (to be afraid).

6 Ibid., p. 303.

5 Ibid., p. 205.
The voodoo remedies used by these doctors were:

Graveyard dirt, roots, herbs, burnt snake skins (Devil's dust), dried wasp stingers, frog bones, dirt dauber's nests, nail rust, red flannel, and substances too numerous to mention. 7

The writer's questionnaire shows that in some instances, especially in the rural districts, there is some absence of sanitary sensitiveness. As an illustration, the common drinking cup in the school is still tolerated in some places.

The above examples indicate much room for improvement in health knowledge and practice. At this point an important question presents itself: What is the attitude of the colored people toward the Twentieth Century shift in health interest, i.e., health protection? 8 Compare their attitude with that of the white people. The best available material for such a comparison is the White House Conference Survey as related to similar districts which we studied.

Taking for an example the matter of health examinations, the White House Conference Survey 9 reports that, in general, parents lose interest in health examinations as the child

8 "Active interest in the health of children--protecting their health--is an interest of the Twentieth Century," Health Protection for the Preschool Child, p. 3.
9 "Physicians were asked about the attitude of the parents. ....In their opinion, as they (the children) grew older, the parents lost interest," Ibid., p. 5.
grows older. The detailed reference Table IX\textsuperscript{10} shows that the largest number of children receive their health examinations before they are one year of age. Those children examined at that time are seldom re-examined. This shows, convincingly, that the baby gets more attention than do the older children. This does not exactly correspond with the same situation in the survey for colored people but compares approximately. A reference to the author's tabulations for the family interview questionnaire for this survey justifies this conclusion. It shows that the largest number, eleven per cent, received a health examination under one year of age, and the smallest number, one per cent, received an examination at the age of fifteen years.

In the case of vaccination the following results may be compared. Among the colored children approximately one per cent was vaccinated under one year of age while thirty-two per cent were vaccinated between the ages of six and eight years. The writer noticed that those persons who were badly situated financially employed the use of vaccination for smallpox as much as those in better circumstances. It will be seen, by referring to the tabulation, that a smaller per cent of rural colored children are vaccinated than of urban. The writer wishes to state, in this connection, that more rural children reported having had smallpox than urban.

It was found in the White House Conference Survey that as a general rule, although it is advised by physicians, no children were vaccinated against smallpox before they were a year old. More urban children were vaccinated than rural, and most children were vaccinated against smallpox between five and twelve years of age.

Dental health inspection among the whites seemed to increase with age up to adulthood and was employed more commonly among the wealthier. In the case of the colored people dental health inspection was sadly neglected. Only seven per cent of both rural and urban children seemed to have had a dental health examination. This is due perhaps to the fact that a large number of colored people are not financially able to pay for these examinations.

It was pointed out that whether the child had a health examination depends somewhat on the family's economic position. The same may be said for dental health examinations. In fact, the economic position is even more important with the dental health examination....It appears that among the relatively well-to-do, about one child in five gets dental health attention; in the poorest group only one in twenty-five.

The surveys further show that among both white and colored people immunization against diphtheria is more popular than vaccination against smallpox.

11 George T. Palmer, et. al., op. cit., p. 40.
In diphtheria immunization, it is astonishing that the rural child has received practically the same amount of attention as the city child. The country child is poorly protected against smallpox.

The Dick test and immunization against scarlet fever has not been employed among the colored people of these communities.

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12 George T. Palmer, et. al., op. cit., p. 94.
13 Ibid., p. 93.
B. The Questionnaire For The Family Interview

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<th>Areas Surveyed</th>
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<tr>
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<td>E</td>
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<td>T</td>
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<td>Harrison Twp.</td>
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</tr>
<tr>
<td>Lincoln No. 14</td>
<td>Terre Haute</td>
<td>F</td>
</tr>
<tr>
<td>Washington No. 10</td>
<td>Terre Haute</td>
<td>B</td>
</tr>
</tbody>
</table>

(A Health Survey Questionnaire For Parents)

Parents on the whole, seem to be growing more and more interested in the health program from year to year. It is the main purpose of this Questionnaire to determine the trend of interest in health education in the home.

The Seven Cardinal Objectives of education are listed below:

2. Command of the fundamental processes.
3. Worthy home membership.
4. Vocation.
5. Civic Education
7. Ethical character.
Please encircle your answers for the following questions.

1. Do you think that health should be the greatest purpose or aim in education? ........ Yes No

2. Have you acquainted yourself with the health program of the school? ...............Yes No

3. Have you any children who are five years or younger? ......................... Yes No

4. Have you any children who are six years or older? ......................... Yes No

5. Indicate the children of the following ages that have been examined by a doctor to see that they were developing rightly - even though they were not sick.

   Years of age
   Under 1 1 2 3 4 5 6 7 8 9 10
   11 12 13 14 15

6. Have any of these children ever been to a dentist? .........................Yes No

7. Have any of these children been to a dentist not because of a toothache, but just to have the teeth looked over? .........................Yes No

8. Indicate which ones:

   Years of age
   2 3 4 5 6 7 8 9 10
   11 12 13 14 15

9. Which ones have been vaccinated (against smallpox)?
Years of age

Under 1  2  3  4  5  6  7
8  9 10 11 12 13 14 15 16

10. Have any of these children had toxin-antitoxin treatment against diphtheria? Yes No

11. Indicate which ones:

Years of age

Under 1  2  3  4  5  6  7  8
9  10 11 12 13 14 15 16

12. Have any been immunized against scarlet fever? Yes No

13. Indicate which ones:

Years of Age

Under 1  1  2  3  4  5  6  7
8  9 10 11 12 13 14 15

14. Who attended mother at birth of last baby?
   Doctor  Midwife  Nurse  Neighbor  Family

15. Should your children be given some instruction about sex? Yes No

16. Indicate who should do this:
   Parent  Nurse  Doctor  Teacher  All four

17. Do you think that medicine is better for one's health than good health habits? Yes No

18. Is talking about health rules more important than example, in showing one's interest in health? Yes No
19. Do you give every possible assistance to teachers, nurse, and doctors in carrying out the health program?............ Yes No

20. Do you think that some sicknesses may be caused by microorganisms?............. Yes No

21. Do you believe in vaccination and immunity for some contagious diseases?............. Yes No

22. Do you believe in ghosts?............... Yes No

23. Do you believe in voodoo?............... Yes No

24. Have you ever had a health examination?.... Yes No

25. Do you believe in health examinations?..... Yes No

26. Is your child frequently out of school because of illness?......................... Yes No

27. When you visit your school, do you notice whether or not the rooms, corridors, toilets, drinking fountains, and the like, are kept in a clean and sanitary condition?............ Yes No

28. Is the common drinking cup still in use in your school?............................ Yes No

29. Have a large number of pupils in your school, suffered from communicable diseases (such as sore mouth or itch) this year?............ Yes No

30. Are we ever too old to improve our health habits?................................. Yes No
### TABLE I

**A TABULATION OF THE FAMILY INTERVIEW QUESTIONNAIRE**

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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<td>1. Do you think that health should be the greatest purpose or aim in education?</td>
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<tr>
<td>2. Have you acquainted yourself with the health program?</td>
<td>42</td>
<td>58</td>
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<tr>
<td>3. Have you any children who are five years or younger?</td>
<td>57</td>
<td>43</td>
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<tr>
<td>4. Have you any children who are six years or older?</td>
<td>51</td>
<td>49</td>
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<tr>
<td>5. Indicate the children of the following ages who have been examined by a doctor to see that they were developing rightly, even though they were not sick:</td>
<td></td>
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<tr>
<td><strong>Years of Age</strong></td>
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<td>Fifteen</td>
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<tr>
<td>6. Have any of these children ever been to the dentist?</td>
<td>50</td>
<td>50</td>
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<td>7. Have any of these children been to a dentist not because of a toothache, but just to have the teeth looked over?</td>
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8. Indicate which ones:

Years of Age

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9. Which ones have been vaccinated against smallpox?

Years of Age

<table>
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</table>

10. Have any of these children had toxin-antitoxin treatment to protect them against diphtheria? 50 50

11. Indicate which ones:

Years of Age

<table>
<thead>
<tr>
<th>Age</th>
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<td>Sixteen.</td>
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</table>

12. Have any been immunized against scarlet fever?... 0 100

13. Indicate which ones: None

14. Who attended mother at birth of last baby?
   Indicate number attended and by whom.

   Doctor. .......................... 96
   Midwife. .......................... 3
   Nurse. ............................ 1

15. Should your children be given some instruction about sex?........................ 95 5

16. Indicate who should do this:

   Parent. .......................... 65
   Nurse. ............................ 2
   Doctor. ............................ 20
   Teacher. ............................ 3
   All four............................ 5

17. Do you think that medicine is better for one's health than good health habits?........ 19 61

18. Is talking about health rules more important than example in showing one's interest in health?.............................. 38 62

19. Do you give every possible assistance to teachers, nurse, and doctors in carrying out the health programs?.............................. 71 23

20. Do you think that some sicknesses may be caused by microorganisms?.............................. 89 11

21. Do you believe in vaccination and immunity for some contagious diseases?.............................. 79 21

22. Do you believe in ghosts?.............................. 23 77

23. Do you believe in voodoo?.............................. 15 85
TABLE I (CONTINUED)

<table>
<thead>
<tr>
<th>Question</th>
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<tbody>
<tr>
<td>24. Have you ever had a health examination?</td>
<td>53</td>
<td>47</td>
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<tr>
<td>25. Do you believe in health examinations?</td>
<td>90</td>
<td>10</td>
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<tr>
<td>26. Is your child frequently out of school because of illness?</td>
<td>5</td>
<td>95</td>
</tr>
<tr>
<td>27. When you visit your school do you notice whether or not the rooms,</td>
<td>84</td>
<td>16</td>
</tr>
<tr>
<td>corridors, toilets, drinking fountains, and the like, are kept in a</td>
<td></td>
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</tr>
<tr>
<td>clean and sanitary condition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Is the common drinking cup still in use in your school?</td>
<td>30</td>
<td>70</td>
</tr>
<tr>
<td>29. Have a large number of pupils in your school, suffered from</td>
<td>20</td>
<td>80</td>
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<tr>
<td>communicable diseases (such as sore mouth or itch) this year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Are we ever too old to improve in our health habits?</td>
<td>1</td>
<td>99</td>
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Index for Family Interview

<table>
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<td>B</td>
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<tr>
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C. Summary

In this survey the general family interview questionnaire was used and one hundred personal interviews were recorded. Only schools for colored children and their communities were visited. The area selected for this survey included Harrison, Lost Creek, and Otter Creek townships. Several patrons of districts three, eight, ten, fourteen, and the Highland School were visited. As much care as possible was used to make the survey representative rather than selective.

A study of the one hundred recorded personal interviews revealed the fact that health was regarded as the most important of the seven cardinal objectives of modern education. Three of the remaining records indicated that vocation was considered as the dominant aim. The other three interviewed persons believed that ethical character was the most important factor that the school should establish in the lives of children.

The survey showed that the families living in the more remote sections of the area studied were large. This fact was especially true of the families residing in the northern part of Otter Creek Township, and those whose homes were in the southern portion of the city of Terre Haute. In these sections
were many children of preschool age. Fifty-seven of these interviewed families had children five years old or younger. Ninety-four of these families had children whose ages were six years or older. Ninety-four families, in which there were children six years old and over, included fifty-one of the above fifty-seven.

Ten children six years of age had been given medical examination. Beyond this age group it is evident that the parents' interest in the physical and mental welfare of their children declined. The interviews showed that eight children in the seventh year had consulted practicing physicians for thorough health examinations. Seven of the eight year old boys and girls were the recipients of such examinations, and medical examinations had been given to six who were nine years old. For the interval between the years of ten and fifteen inclusive the number receiving these examinations was surprisingly small. For children ten years old, only five were so fortunate. Four and five children were examined by a physician at the ages of eleven and twelve, respectively. Two other children had been given examinations at the age of thirteen, and three at the age of fourteen. Among all the members of this group, one had received a physician's examination at the age of fifteen. Children older than fifteen years of age were not considered.

Fifty per cent of this same group of children had received some dental care and advice. Forty of the fifty who had consulted a dentist had gone because of a toothache, while ten had gone for advice and prophylactic treatment. This shows, at
least, that dental health examinations are not considered as valuable as the writer would have them to be. It appears from the study of the questionnaires that no child had received any dental care before the age of six years. Evidently the preschool child is not considered in this respect, and the importance of such prophylaxis has not been properly impressed upon the parents through the various educational agencies for the dissemination of dental knowledge. One child at age of seven and one eight years old were fortunate enough to receive dental inspection. For the purpose of dental examination three children nine years of age had been sent to a dentist. Two children, each ten years old, were the recipients of a dental health examination. In the thirteenth, fourteenth, and fifteenth years one child for each year had received such care as indicated in this paragraph. It seems fair to assume in the years following this age limit, little attention to the real health of the teeth and gums would be given, unless driven by pain to such aid and counsel as a dentist can give.

The study made from the family interviews indicates that the colored people are acquiring knowledge of the value of vaccination against smallpox. This is supported by the fact that one child was successfully vaccinated against this disease before it was a year old. This investigation reveals further that two children were protected during their second year. Four children of this group received their vaccinations during their third year. Nine during the fourth and five in their fifth year were successfully vaccinated. Surely there is a note of hope in this showing.
At the age of six greater interest was shown in the protection conferred by vaccination against this age-feared disease. Ten children were successfully vaccinated at six years of age. This revival of the interest in vaccination against smallpox is probably due to the keen parental interest in children's future school careers. It is encouraging to see that parents are much concerned about Jennerian protection as shown by the fact that ten, twelve, fourteen, and ten children were successfully protected during the age periods of seven, eight, nine, and ten years, respectively. Again a declining interest is shown in this matter. At eleven years of age there were five vaccinated. Nine children were immunized in their twelfth year. The decline in this practice of vaccination became zero in the thirteenth year. Two and three children were protected by vaccination during their fourteenth and fifteenth years, respectively.

It was surprising to learn that fifty children had received the toxin-antitoxin treatment for immunization against diphtheria. In the preschool age was found one child of the group who had received this treatment before one year of age. In the next year interval, only one child received this treatment. Only one child two years old was immunized. Interest in the prevention of diphtheria seems to have been considered seriously in the third year period, since at this age six children were protected. In the fourth and fifth years we find a waning interest in protection which was shown by the fact that two children were given diphtherial toxin-antitoxin during each of the fourth and fifth years. Why such was the case was not explicable from the interviews. At school age a revival of interest was shown by the fact that three
received the treatment at six years of age and ten at seven years, respectively. There were four protected during their eighth year and four for those ten years old. Among the number nine years of age six received diphtherial toxin-antitoxin. Two children were immunized during their eleventh year. Of the eight remaining, one had been protected at the age of twelve, two at thirteen, three at fourteen, and one at fifteen. In this relation one child of sixteen, who had been immunized against diphtheria was counted in the total number studied.

Of the one hundred none had been immunized against scarlet fever. No doubt, this was due to the fact of the limited advantage of the colored people.

Practically all of the mothers had been attended by a doctor at the birth of the last baby. Of the one hundred, three had been attended by a midwife and one by a nurse.

Ninety-five of the one hundred parents thought that children should receive some sex instruction. Sixty-five thought this was the parent's duty, two would have the nurse, three the teacher, and five would have all four give this information. Twenty of this group suggested that a combination of two or three of these agencies would be advisable.

Nineteen thought that medicine was better for one's health than good health habits. Eighty-one thought health habits more important, and sixty-two of the number put example ahead of precept in matters of health.

As to home attitude in regard to health, the following report was commendable. Seventy-seven had given some assistance to
nurse, teachers, and doctors in carrying out the health program in the school and community.

Eighty-nine out of one hundred believed that many diseases were caused by microorganisms. Eleven did not believe that microorganisms caused disease. Seventy-nine believed in vaccination and immunization while twenty-one did not.

It is a well known fact that superstitious fears are detrimental to a healthy mental state, hence this phase of the health was studied. It was shown by the survey that the educational progress made by the colored people has freed them from many of their former superstitions. Yet the author was surprised to find from the interviews that nearly twenty-five per cent of those interviewed still believe in ghosts and other superstitions, both native and American.

It was shown in checking that twenty-three parents believe in ghosts and fifteen in voodoo. Forty-seven had never had a health examination. Sixteen were not interested in the sanitary condition of their schools, and thirty-two tolerated the use of the common drinking cup or water bucket in their schools. Twenty knew of sore mouth or other communicable diseases among school children.

However, ninety-nine of the one hundred interviewed felt that one is never too old to improve in health knowledge and practice.
II. THE TEACHER'S QUESTIONNAIRE

A. The Outcomes Of Health Education

(An Introduction)

It is obvious that the teacher should have a knowledge of facts pertinent to health education and the practices that grow out of such facts. This body of facts and practices cannot be obtained without a reasonably knowledge of biology, physiology, and neurology, psychology, normal and abnormal, psychiatry, pedagogy and child study, modern sociology, observation and folk thought, preventative medicine, and various other scientific studies. It is evident that this group of studies certainly would help the teacher to understand the intricate problem of health education and further the idea that the whole child goes to school.

It is to be regretted that the products of teacher training schools know so little concerning the child and his needs, both physically and mentally. A series of health slogans and platitudes will not be most valuable to the teacher. The broader training in the biological science including mental hygiene will secure the best possible results. A single course in health education is not sufficient to prepare teachers to do much effective work.
Any ideal of health will be more easily reached if there is some one to exemplify the principles and practices in her daily life. We desire and the public should demand that the teacher be free from defects and communicable diseases in order that she might impress pupils daily as to what good physical and mental health means and what its educational value is. It is also to be remembered that if the health programs are to be the best, mental health must not be overlooked.

Quoting Thomas D. Wood we have as follows:

The mental health of the teacher is the most important single factor in determining the mental health of the children under her guidance, and nothing is more contagious than mental good health or ill health. The teacher who is sarcastic, conceited, or domineering is a positive danger to children. Although some of the children may not be harmed by a bad-tempered or indifferent teacher, there are those who will store up resentments and hatreds which will affect them through all the years to come.14

It seems to me that scholarship in the various fields of study suggested above, and a teacher physically and mentally well, and with her daily life exemplifying the ideals of health education, are the logical bases for a health program. Upon these the final outcome of health education rests.

In brief, for the real teacher, this idea, teacher, involves both opportunity and obligation. Her health ideal should be of the highest possible order, and her opportunity to teach health in colored schools surpasses that of other subjects.

B. Health Programs

In the interest of health education certain health programs have been formulated. It is hoped that better programs will be produced in the near future. The two following were considered representative of those used in these schools.

1. Program One (General).

   a. Aims and Objectives.

      (1) To promote education along the lines of personal health improvement and environmental sanitation.

      (2) To stimulate interest in a year-round health program.

   b. Attitudes.

      (1) Interested in personal and community health.

      (2) Enjoys a clean and beautiful environment.

      (3) Prefers a cheerful and healthy condition of home, school, and community life.

   c. Knowledge.

      (1) Knows the general status of negro health.

      (2) Knows the value of health knowledge and practice.

      (3) Knows how to vitalize health interest.

   d. Situations.

      Observing National Negro Health Week by:

      (1) Portraying health through plays, addresses, stories, and demonstrations, the miseries of ill health and the happiness resulting from good health.

      (2) Community sanitation.

      (3) Planting projects.

      (4) Seasonal sanitation.

      (5) Home sanitation.

---

C. Program Two

(An illustration of the year-round program for health knowledge and practice in schools for colored children.)

1. General Objectives.
   a. Formation of Essential Health Habits.
      (1) Develop those health habits that will secure and maintain physical and mental health to the highest possible degree.
      (2) Employing the laws of learning by:
         (a) Actual performance--doing the things talked about.
         (b) Doing the things repeatedly until habits are formed.
         (c) Satisfaction--Securing a pleasing reaction for health practice and displeasure in its neglect.
   b. Psychology of Approach in Health Instruction.
      (1) The Teacher's Attitude.
         (a) The teacher who realizes that she is teaching life--not subjects, and children--not facts, is likely to deal with her pupils sympathetically and effectively so that they will cultivate and realize their better selves.  
         (b) If the teacher is to be successful in teaching health, she must pay attention to her own personal habits, her appearance, and her attitudes.
         (c) Positive rather than negative methods in daily application of health truths.

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16 Margaret C. Munsen, Outline for Cleanliness Teaching School Service, (New York: Cleanliness Institute, 1931).
d. Specific Aims:

(Expressed in Habits, Attitudes, and Knowledge to be attained in the course of health instruction).

(1) Objectives

(a) Health Knowledge and Practice

(2) Habits.

(a) Practices health rules in common use.

(b) Maintains a personality sense that comes to one who feels physically and mentally fit.

(c) Always presenting an appearance that reflects self respect.

(d) Always conforms to established rules.

(e) Makes discriminating choice between cleanliness and things unclean.

(f) Manifests pride in the pursuit of physical and mental health.

(3) Attitudes;

(a) Enjoys positive health instruction.

(b) Conforms willingly but intelligently.

(c) Exercises self control and common sense in health situations.

(d) Is friendly toward medical supervision.

(e) Courage to face difficulties fearlessly and honestly.

(4) Knowledge:

(a) Knows the altruistic value of the best health attitudes.

(b) Knows the advantages of vaccination and immunization against disease.

(c) Is acquainted with a hierarchy of health rules.

(d) Knows something of elementary first aid.
(e) Believes in cleanliness.

(f) Knows the disadvantages that superstition incur.

(g) Is reasonably informed in biological science.

(h) Has a reasonable knowledge of dental health.

(i) Knows elementary dietetics.

d. Activities:

(1) Situations

(a) Daily health inspection.

(b) Extra-curricular activities.

(c) Curricular activities.

(d) The noon luncheon.

e. Methods:

(1) Pupils should have a clear understanding of what is expected.

(2) In the daily inspection, pupil self inspection is very profitable. A large mirror is indispensable for this purpose.

(3) Monitors may profitably be in direct charge of the inspection exercises. These exercises without embarrassment should become a part of the daily routine. Self-consciousness should never be in evidence.

(4) Extra-curricular activities lend themselves to health knowledge and practice. Such projects as the Blue Ribbon Health contests as inaugurated in the Terre Haute public schools are of most help when correlated with regular curricular activities. At the close of the year the school nurse awards ribbons to the pupils that have complied with certain specifications.
(5) Scouting has many health activities connected with it. It is especially helpful in attitude training and elementary first aid. No boy scout can become a second class scout without this knowledge.

(6) In the conduct of the noon luncheon, the teacher can impress the pupils by doing such things as: Wiping the tops of milk bottles so that children can see her do it; having children handle only articles of food which belong to them and never those belonging to others; seeing that those in charge demand proper table manners and proper service; requiring pupils to wash hands before coming to lunch room and upon leaving; and demand that the room, dishes, towels, pans, etc. are kept clean.
D. Questionnaire For Teachers.

There seemingly has been a growing interest in the health program over a period of years. It is the purpose of this questionnaire to determine in so far as possible whether this interest is abiding, if the outcomes justify the program in Health Education.

Please encircle your answers for the following questions:

1. Do you consider health the most important of the seven cardinal objectives of education?.............. Yes No
2. Do you devote time to health instruction?.............. Yes No
3. Is health stressed in teaching such subjects as:
   a. Physical education?................................. Yes No
   b. Art and manual projects?........................... Yes No
   c. Human life as portrayed in history and geography?................................. Yes No
   d. Science and nature study?........................ Yes No
   e. Mathematics as related to health habit records and scores?................................. Yes No
   f. Reading?............................................. Yes No
   g. English?............................................ Yes No
   h. Literature?......................................... Yes No
   i. Music?............................................. Yes No
4. Has the health program increased your interest in the health of children?......................... Yes No
5. Has it resulted in an ever present and growing diagnostic sense?................................. Yes No
6. Are you more consistently tactful in health situations than formerly?................................. Yes No
7. Do you try to cultivate exemplary health habits?.... Yes No
8. Are school room situations helpful in your health program? Yes No

9. Check the following that you consider most important as health problems:
   a. A choice of positions in relation to light.
   b. Securing proper relaxation.
   c. Proper conduct of the luncheon.
   d. Cases of illness.
   e. Knowledge of elementary first aid.
   f. Unfavorable weather.
   g. Pupil nonconformity.
   h. The need of cheer.

10. Check in the following list, the things that have contributed greatly to pupil health. Double check those that have contributed most.
    a. The teacher's good health.
    b. The teacher's disposition.
    c. Health plays and other extra-curricular activities.
    d. Observation of National Negro Health Week.
    e. Teacher inspection of pupils.
    f. Nurse inspection of pupils.
    g. Medical examinations.
    h. The noon luncheon.
    i. Vaccination and immunization.
    j. Dental health examinations.
    k. Dietetical instruction.
    l. A hierarchy of health rules.
    m. A comfortable school building.
    n. Pupil health knowledge.
11. Check in the following list, the best objectives for pupil health practice:

a. Personality sense.
b. Self respect.
c. Conversion of rules into habits.
d. Pupil discrimination between cleanliness and things unclean.
e. Habitual neatness and tidiness.
f. A friendly attitude toward medical supervision.
g. Positive health instruction.
h. Practice of the things taught.
i. Pride stimulation.
j. Pupil conformity.
k. Healthy pupils.
l. Self control and government in health situations.
### TABLE II

**A TABULATION OF THE QUESTIONNAIRE FOR TEACHERS**

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<th>Question</th>
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<td>1. Do you consider health the most important of the seven cardinal objectives of education?</td>
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<tr>
<td>2. Do you devote any time to health instruction?</td>
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<tr>
<td>3. Is health stressed in teaching such subjects as:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Physical education?</td>
<td>19</td>
<td>6</td>
</tr>
<tr>
<td>b. Art and manual projects?</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>c. Human life as portrayed in history and geography?</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td>d. Science and nature study?</td>
<td>17</td>
<td>8</td>
</tr>
<tr>
<td>e. Mathematics as related to health records and scores?</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>f. Reading?</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>g. English?</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>h. Literature?</td>
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<td>10</td>
</tr>
<tr>
<td>i. Music?</td>
<td>16</td>
<td>9</td>
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<tr>
<td>4. Has the health program increased your interest in the health of children?</td>
<td>24</td>
<td>1</td>
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<tr>
<td>5. Are you more consistently tactful in health situations than formerly?</td>
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<td>6. Do you try to cultivate exemplary health habits?</td>
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<tr>
<td>7. Are schoolroom situations helpful in your health programs?</td>
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<td>8. Check the following that you consider most important as health problems:</td>
<td></td>
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<tr>
<td></td>
<td>Choice of positions in relation to light</td>
<td>12</td>
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<tr>
<td>---</td>
<td>-----------------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>b.</td>
<td>Securing proper relaxation</td>
<td>14</td>
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<tr>
<td>c.</td>
<td>Proper conduct of the luncheon</td>
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</tr>
<tr>
<td>d.</td>
<td>Cases of illness</td>
<td>18</td>
</tr>
<tr>
<td>e.</td>
<td>Knowledge of elementary first aid</td>
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</tr>
<tr>
<td>f.</td>
<td>Unfavorable weather</td>
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<tr>
<td>g.</td>
<td>Pupil nonconformity</td>
<td>8</td>
</tr>
<tr>
<td>h.</td>
<td>The need of cheer</td>
<td>16</td>
</tr>
</tbody>
</table>

9. Check in the following list, the things that have contributed greatly to pupil health. Double check those that have contributed most:

| a. | The teacher's good health                | 12 8 |
| b. | The teacher's disposition                | 8 8  |
| c. | Health plays and other extra-curricular activities | 12 4 |
| d. | Observation of National Negro Health Week | 12 3 |
| e. | Teacher inspection of pupils             | 9 8  |
| f. | Nurse inspection of pupils               | 8 16 |
| g. | Medical examinations                     | 9 16 |
| h. | The noon luncheon                        | 9 15 |
| i. | Vaccination and immunization             | 7 18 |
| j. | Dental health examinations               | 9 16 |
| k. | Dietetical instruction                   | 10 12|
| l. | A hierarchy of health rules              | 6 2  |
| m. | A comfortable school building            | 6 12 |
11. Check the following list, thus indicating the best objectives for pupil health practice:

a. Personality sense ............... 5  
b. Self respect .................... 15  
c. Conversions of rules into habits .................... 25  
d. Pupil discrimination between cleanliness and things unclean ............. 20  
e. Habitual neatness and tidiness ............. 20  
f. A friendly attitude toward medical supervision ............. 14  
g. Positive health instruction ............. 9  
h. Practice of things taught ............. 21  
i. Pride stimulation .................... 19  
j. Pupil conformity .................... 7  
k. Healthy pupils ............. 15  
l. Self control and government in health situations ............. 10  

Index for the above Questionnaire

<table>
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<th>Key Letter</th>
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<td>E .......................</td>
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<td>F .......................</td>
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<td>N .......................</td>
<td>2</td>
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<td>F .......................</td>
<td>9</td>
</tr>
<tr>
<td>B .......................</td>
<td>10</td>
</tr>
</tbody>
</table>
E. The Teacher's Questionnaire Summarized

The area from which these data were secured was the same as that covered by the family interviews. Twenty-five questionnaires were sent to the teachers in these areas surveyed, and each responded, having answered all of the questions asked. The tabulations of these responses from the teachers indicate their interest in health education and apparently suggest the value of such teaching.

According to the tabulations all twenty-five teachers answering the queries propounded devoted some time to health instruction and twenty considered such knowledge the most worth while of the seven cardinal points in modern education. In our judgment it seems as if these teachers recognize the fact that health holds first place in our system of education. Apparently the correctness of this assumption needs no argument.

There was a diversity of opinion as to where health instruction should be given. Nineteen of the group believed that physical education was the most favorable subject to present health knowledge. Ten teachers believed that health facts could be profitably presented in manual projects and arts. There were eleven who thought that history and geography portraying human life supplemented health instruction. A large group, seventeen in number, related health teaching to science and nature study. Fourteen reported the use of mathematics in keeping the scores and records of school children's physical and mental condition.
Fifteen teachers favored English, including reading and literature, as most valuable in the cultivation of health habits, ideals, attitudes, and practices. This result was pleasing to the investigator, since the ideals embodied in these subjects have impressed teachers with the most valuable mental and physical health ideals. This encourages the hope that the same ideals may be likewise impressed on the lives of the students in these schools.

Twenty-four reported that the health program had increased their interest in the health of children. Eighteen said that these programs had helped them to develop a growing ability to recognize signs of health and illness in the children. Twenty-three of the teachers felt that they had grown more consistently tactful in situations in which physical and mental welfare of the pupils should be promoted.

The teachers were asked to check the most important health problems in a given list. They were to note only those in which their own health knowledge had been exercised profitably. In the following paragraph the results are noted.

It was shown that according to the judgment of eighteen teachers, cases of illness, was one of the most important health problems listed. Knowledge of elementary first aid was a close second, being selected as one of the problems of most importance by twenty-five teachers. Fourteen teachers believed that securing the proper relaxation was a vital problem, and twelve indicated a choice of positions in relation to light as an essential consideration. Proper conduct of the luncheon was also checked by twelve teachers. Sixteen indicated the importance of the need
for cheer. Three considered unfavorable weather a health problem.

The teachers were asked also to mark in a given series the things that had contributed greatly to pupil health and to double check those that had contributed most. Twelve of the twenty-five judged that their own good health had aided greatly in inspiring the pupils to improve their health. Eight teachers double checked that their own good health was the greatest factor in promoting health interest among the children. Eight teachers considered the teacher's disposition as an important contribution to pupil health. There were eight teachers who seemed to think that the teacher's habitual frame of mind had most weight in pupil health development. Pupil health knowledge was regarded as important by eight teachers and as very important by eleven. Six other teachers valued health knowledge tests. The home background item was checked by one and double marked by twenty-four.

The following paragraphs point out the objectives which were considered best for pupil health practice:

Five teachers considered personality sense worth while. Fifteen were impressed by self respect as an objective of first importance. The fact that the conversion of health rules into habits found favor with all twenty-five teachers seemed to testify to their sincere interest in health instruction in this respect.

Twenty thought that pupil health practice should accomplish pupil discrimination between cleanliness and things unclean. Twenty teachers also felt that habitual neatness and tidiness
should be achieved through health practice. Probably realizing the importance of a friendly attitude toward medical supervision on the part of both pupils and parents, fourteen indicated this as a valuable object for pupil health practice.

There were six other objectives presented in the questionnaire for teachers in the schools for colored children. In view of the fact that this type of instruction is sometimes reduced to a little more than the memorizing of health rules and slogans and is often incidentally lacking in positive qualities, positive health instruction was included. Nine teachers selected this as an important objective. Practice of things taught appealed to twenty-one, nineteen concluded that pride stimulation was a very important aim. Seven teachers thought mental health as reflected in pupil conformity, a very good objective and the general health of pupils attracted the attention of fifteen. Self-control and common sense in health situations was indicated as a very important purpose by ten teachers.

Twelve rated health plays and other extra-curricular activities as very helpful in health instruction and four rated them as most helpful. Observation of National Negro Health Week as an aid to the furthering of health knowledge was indicated by twelve and double checked by three. Nine thought that teacher inspection of pupils had contributed greatly to pupil health, and eight teachers thought it had contributed most. Nurse's inspection of pupils was regarded by eight others as helpful and by sixteen as very helpful.
In some of the schools provisions are made for a noon luncheon. This becomes a contribution to health instruction in many ways. In the interest of health, careful attention must be given to the menu from day to day. Training in attitudes of cleanliness and orderliness is also stressed. Nine teachers had employed the noon luncheon as an aid to health instruction while fifteen indicated their belief that it had contributed in a large way.

Nine responses gave medical examinations a mark of approval and sixteen thought it a most valuable means for promoting health interest. One of the teachers emphasized emphatically that there could be no more profitable instruction pertaining to health than reference to the value of vaccination and immunization. Eighteen teachers gave this first place in importance. Dental health inspection was highly regarded by sixteen. The point of dietetical instruction found favor with ten teachers and was considered of great value by two.

As an aid to health instruction a hierarchy of health habits was stressed by six teachers.
III. CONCLUSIONS

In the writer's judgment the foregoing study suggests the following conclusions:

1. The attitudes of teachers in the schools for colored children and of the parents in their communities are wholesome toward health instruction and its administration.

2. The effects of health instruction are shown by the improvement of the general health of children, as shown by the fact that they are neater, cleaner, and happier from year to year.

3. There has been much improvement in the knowledge and practice of sanitation and of the prevention of communicable diseases in these areas.

4. The attitude of the colored people toward preventive medicine compares favorably with that of the white race.

5. Fear and superstition in respect to causes of disease is vanishing from the minds of colored people and respect for intelligent use of preventive medicine is in abundant evidence.

6. Teachers have an opportunity to uplift pupils by health knowledge and practice in their schools.

7. Evidently colored people are demanding, and rightly so, teachers who are free from defects that will interfere with their exemplary conduct of the school and its educational functions.
8. Intelligent use of intra and extra-curriculum activities is being made for the promotion of health.

9. Health Programs in the schools for colored children seem to be as comprehensive and inclusive as those in other schools.

10. Colored people are beginning to appreciate the value of modern immunology in the preventive of diseases.

11. Teachers and parents recognize health as the most important cardinal objective of education.

12. The colored people recognize the need of sex education or sex hygiene.

13. Health is integrated with all subjects taught.

14. The outlook for the application of health knowledge and practice in these communities in promising and will, it seems, result in a healthier and nobler citizenship.

15. Health is one of the common factors that will unify the activities in the areas surveyed.
IV. APPENDIX

A. Bibliography


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