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A SURVEY OF HEALTH EDUCATION IN SELECTED
MONTANA HIGH SCHOOLS

by

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ABSTRACT

The general problem of the paper was to conduct a survey of health education in a selected number of Montana High Schools. The nature of health education in Montana is a relatively unexplored area and to the author's knowledge this was the first study of its kind attempted in this state.

A questionnaire was constructed to solicit the desired information. A number of the questions were adopted from the summary report of A Nationwide Study of Health Instruction in the Public Schools. The questionnaire attempted to answer the following general questions:

- (1) Is health education offered in Montana High Schools?
- (2) How are boys and girls grouped for health instruction?
- (3) Who teaches health education? (teacher's main emphasis)
- (4) What topics are covered in the health education program?

The questionnaire was mailed to 100 Montana High Schools selected at random. It was directed to the principal or the person on the staff best acquainted with the health education program. A total of 91 schools or 91% responded within four weeks. Of the 91 schools completing the questionnaire, 81 offered some type of health education in their curriculum while 10 schools offered no health instruction of any kind. Sixty-eight of the 81 schools required health education of their students while the remainder did not.

Twelve high schools offered health education as a separate subject. Sixty-eight high schools gave health instruction as a part of other course work. One school combined both methods.

Physical education was the most frequently mentioned subject area within which health education was offered. Forty-two schools listed physical education as the course in which health instruction took place. Biology was named five times as the second highest single subject that also included health instruction. Combinations of subjects accounted for the remainder of health education. Physical education was included in these combinations eleven times.

Boys and girls were grouped for health instruction in one of three ways: coeducational classes, separate classes, or a combination of both. Sixteen schools gave health instruction in coeducational classes and thirteen gave instruction to separate groups of boys and girls.

The health educators completing the questionnaire were also asked whether or not they felt the health education program in their particular school was sufficiently emphasized. Forty health educators felt that their program was sufficiently emphasized while thirty-eight did not.

CHAPTER I

INTRODUCTION

Healthful living, or lack of it, poses one of the greatest challenges to contemporary society. Modern man faces a multitude of health problems for which sound health habits and health knowledge are the best cures. These health habits are best established in the formative years of a child's life. It is the responsibility of the parents and school to establish the health patterns which the child will live by.

Oftentimes, health knowledge will follow health habits. The young child will brush his teeth every day only because he is told to do so and not because he is concerned with the condition of his teeth. However, this attitude changes once the child reaches adolescence. In this period of life the student wants to know why he is being asked or told to do certain things. The teenager, on the doorstep of maturity, is at a critical junction in his life and this is the period when the youngster can be successfully guided to a more enjoyable and healthy life or be pushed into a physiological or emotional breakdown.

A majority of teenagers experiment with alcoholic beverages before high school graduation. Most smoking begins before the age of 15. One million of today's school children will die of lung cancer before age 70 if present smoking and death patterns continue.¹

¹Scholastic Teacher, Vol. 86, No. 7 (March 18, 1965) page 4.

In 1964, there was an estimated 180,000 abortions performed on high school girls. Since 1956, Syphilis among teenagers has risen 230 percent. Over 500,000 teenagers a year contract venereal disease. In Washington D. C. alone there were over 1,100 pregnancies among unwed high school girls. Nearly 10 percent of unwed mothers are ages 15 to 19.²

These figures convey just a slight idea of the health problems faced by the teenager in our society. It is time that health educators stop and view the situation and come up with some type of alternative for the high school student.

Health is a very sensitive area for the teenager particularly in the area of sex. The health educators of our country should not put themselves in the position of telling the student what is right and what is wrong; it is the family's moral code that is responsible for this aspect of health habits. Rather, the health educator must present information to the student and let the student decide for himself what his behavior will be.

Health education includes a multitude of areas which not only relate to the physical well being of the student but to his mental well being as well. Although health education rests primarily in knowledge of the areas of disease, physiology, nutrition, accident

²Jhan and June Robbins, "The Growing Need for Sex Education", Good Housekeeping, Vol. 161 (November 1965) page 94.

prevention, mental health, preparation for marriage, and others, the success of a health education program cannot always be measured in terms of how much the student knows but rather in how he applies his knowledge. Consequently, the health teacher himself must act as a catalyst for motivation of sound health practice by the student.

Historically, healthful living has always been a major aim of education. Until recently this objective has been given more lip service than implementation in the school curriculum. In Montana, for example, there is still no specific law or regulation requiring health education in state accredited schools.³

This survey was initiated in order to determine what the State of Montana was doing in Health Education in the senior high schools.

The seriousness of health problems, generally speaking, is less than in other more populated areas of the nation. However, this is not mentioned as an excuse for laxity in health education in Montana but rather to point out the fact that Montana has an excellent chance to introduce preventive measures to problems that have plagued many states.

The results of the study should be interpreted on both the state and local levels. Each community should view its own health

³Charles A. Bucher, Administration of School and College Health and Physical Education Programs. C. V. Mosby Co. (Saint Louis, 1967) page 214.

education program with a critical eye to improvement.

"In the school is offered unparalleled opportunity for acquiring health knowledge, forming health attitudes, and establishing health practices. Ignorance about health remains widespread, even among otherwise well-informed and well-educated persons. Superstition and misinformation are by no means confined to the illiterate or those with a limited education."⁴

Statement of the Problem

The general problem of this paper was to conduct a survey of health education in a selected number of Montana Senior High Schools. Another, but less important objective, was to determine the background or training the instructor might have had in health education. Specifically, an attempt was made to find out just how much health education was offered and how extensive the course work was.

Definitions

(1) Health Education - In this study, health education refers to any effort on the part of the high schools considered to promote knowledge and practice of both the physical and emotional well being of the student. This attempt must be within some type of structured academic course work.

Delimitations

This survey was limited to 100 high schools in the State of

⁴American Association of School Administrators, Health in Schools. A.A.C.A. (Washington, 1942) page 11.

Montana and was further limited to the academic year of 1968-69.

Justification of Study

To the author's knowledge, no research of any type has been done in the field of health education in Montana High Schools. Therefore, the author and the staff of the Physical Education Department of Montana State University felt that it was essential some attempt at research be made in this area immediately.

In order to live a healthy and happy life in contemporary society, certain basic health knowledge is essential. It is the duty of the health educator to impart his knowledge of health to the youth of today. Schneider speaks of the high school when he says:

"This is the period of adolescence, a period of transition from childhood to maturity. It marks the approach of the maximum level of mental growth. Pupils at this period are capable of intellectual performance that lacks only the advantage of adult experience. On the doorstep of maturity, the youth begins to experience changes of physiological and psychological nature which, as part of a total gradual, developmental process, bring with them health guidance and instruction needs of a new kind."⁵

Certainly, we as health educators, must feel some responsibility to insure that health instruction must be adequate in this critical period of the student's life.

⁵Robert E. Schneider, Methods and Materials of Health Education (Philadelphia: W. B. Saunders Company, 1964) page 99.

"We know that great strides can be taken to improve total health; yet this can only be done as individuals develop sound health habits and attitudes which, in turn, are based on sound health knowledge. -- The school and home are where individual responsibility for health is developed, and both must work and plan to meet the challenge."⁶

The author feels that this survey might be a first step in improving health education in Montana High Schools if it needs to be improved. Another reason for this survey is to up-date the health education programs in the colleges and universities of Montana. At the present time, the health education instructors in the universities have little knowledge of what is being taught in the high schools. Consequently, their own health classes may be a repetition of what was covered in high school or may even be missing important areas completely. Perhaps this survey may show whether or not a health major should be offered at the college level in order to provide qualified instructors for the high schools. At present, no college or university in Montana offers a health major.

"The school's share in developing the individual's responsibility for his own health poses a strong challenge."⁷

The author hopes this survey will in some way help the schools meet this challenge by showing where the strengths and weaknesses of the health education programs are.

⁶Leslie W. Irwin and Cyrus Mayshark, Health Education in Secondary Schools (Saint Louis: The C. V. Mosby Company, 1964) page 18.

⁷Ibid.

Research Method

A. Design

A questionnaire was designed to solicit the desired information for several reasons: (1) It was impossible and impractical for the author to personally interview all 100 high schools, (2) the questionnaire was easily constructed to obtain the desired information, (3) the questionnaire was a rapid and efficient method of gathering the data.

The questionnaire attempted to obtain information considered important by the Department of Physical Education at Montana State University. A number of the questions were adopted from the summary report of A Nationwide Study of Health Instruction in the Public Schools.⁸

B. Questions

This survey attempted to answer the following questions:

- (1) Is health education offered in Montana High Schools?
- (2) How are boys and girls grouped for health instruction?
- (3) How much time, in terms of frequency of class periods and length of class periods, is spent on health education?
- (4) Who teaches health education? (teacher's major area)
- (5) What preparation does the teacher have in health education?

⁸Elena M. Sliepcevich, Nationwide Study of Health Instruction in the Public Schools (Washington D. C. Library of Congress, 1964).

(6) What topics are covered in the health education program?

Population

The population was 100 Montana High Schools selected at random.

Data Collection

The questionnaire method was used. The questions were very objective involving only a check mark on the part of the recipient. This questionnaire was directed to the principals of the selected high schools. They were asked to fill out the questionnaires themselves or forward them to a member of their staff who was best acquainted with the health education program.

Along with the questionnaire was a letter of explanation, and a stamped self-addressed envelope. A request was made to return the questionnaire within one week after receiving it.

A follow-up letter was mailed in order to insure a large amount of returns. An additional questionnaire was included in this letter.

Results of Data

The results of the questionnaire were tabulated on an easily readable chart. After it was tabulated it was analyzed and summarized in tables.

CHAPTER II

SURVEY OF RELATED LITERATURE

To the author's knowledge, no study similar to this one has been attempted in the state of Montana. However, other studies on both the national and state levels proved to be of value in formulating the guide lines for this survey.

Probably the most comprehensive health education survey was A Nationwide Study of Health Instruction in the Public Schools. This survey was initiated in order to get a clear picture of what exactly was being done in the elementary, junior high and senior high schools throughout the United States.⁹

A Nationwide Study of Health Instruction in the Public Schools was conducted by the use of a questionnaire sent to those schools who agreed to participate. As a result of this survey it was found that 52.2 percent of the large, 43.1 percent of the medium, and 31.8 percent of the small school districts offered a separate course in health education. However, only 25 percent of the large, 37.5 percent of the medium, and 24.9 percent of the small high schools required health education.

Other highlights of A Nationwide Study of Health Instruction in the Public Schools included misconceptions that existed most

⁹Elena M. Sliepcevich, A Nationwide Study of Health Instruction in the Public Schools (Washington D. C. Library of Congress, 1964).

frequently among high school seniors. Some of the most common misconceptions were:

1. Commercial medicines are safe to purchase if the label clearly indicates the dose and contents, or if recommended by a pharmacist.
2. Legislation guarantees the reliability of any advertised medicine.
3. Chronic diseases can be transmitted from person to person.
4. The World Health Organization is a part of the International Red Cross.
5. Voluntary health agencies are supported by public funds and these groups have power to enforce necessary community health regulations.
6. Venereal disease can be inherited.

Another area in this study was "Strengths and Weaknesses on Health Content Areas." Some of the important findings in this area were:

1. Exercise, sleep, and relaxation; cleanliness and body care; and food were the three strongest areas of health behavior for students in grade 6 while dental health, mental health, and safety education were the weakest areas.
2. Over nine in ten sixth grade students indicated a tendency to repress feelings of unhappiness.
3. Students' knowledge and attitudes about health in the

ninth grade were considerably better than their health practices.

4. High school seniors excelled on questions related to stimulants and depressants, personal health, and mental health while their greatest deficiencies were in health areas concerned with nutrition, community health, chronic diseases and consumer health.

Accident prevention, cleanliness and grooming, dental health, food and nutrition and exercise and relaxation were the only five health topics emphasized by a majority of all three district groups in every grade from kindergarten to twelve. Posture and body mechanics, rest and sleep, vision and hearing, and communicable diseases were introduced in the fourth grade by a majority of districts and continued to be included as health content areas through grade 12. A majority of districts added boy-girl relationships, smoking, and structure and function of the human body in the seventh grade. Most districts introduced alcohol, drugs and narcotics, mental health and personal adjustment and weight control in the tenth grade.

Health instruction in the elementary school was given mainly by the classroom teacher without any outside assistance and was included in other subject areas and not as a separate unit in the curriculum.

In another health study, Hafen found that 100 percent of Nevada's large high schools required their students to take Health

Education. Eighty-three percent of the medium, 71 percent of the small and 92 percent of the very small required their students to take some type of health instruction at least one year in a three-year high school.¹⁰ This study also showed that Physical Education, Biology and Science were the subjects that health education was most frequently correlated with if not taught as a separate subject.

In the large Nevada high schools, over 66 percent of the health education teachers specialized in health education. It was found throughout Nevada that the physical education teacher was responsible for health instruction more frequently than any other teacher including the health education specialist.

In 1957, Austin County, Minnesota began a survey and evaluation of both health practice and health instruction in their public schools. It was found that although the elementary and secondary schools had some health education, there was no continuity to the program as a whole. The survey recommended that health education be placed in the curriculum as a separate area.¹¹

In 1953, a study was initiated in California Secondary Schools to determine how much health education was being taught and who was teaching it. Over half of the schools included in the study required

¹⁰Brent A. Hafen, An Evaluation of Health Education in Nevada Senior High Schools. Unpublished Master's Thesis, University of Utah, Salt Lake City, 1966.

¹¹A. B. Rosenfield, "Austin School Health Study" American Journal of Public Health. Vol. 52 (February, 1962) pages 290-296.

some type of health instruction. However, the survey reached the conclusion that:

- (1) Health instruction was poorly organized.
- (2) Health teachers did not have adequate training.
- (3) Administrators were disinterested.¹²

In 1952, Lantagne conducted a study of "Health Interests of 10,000 Secondary School Students." One of his most important findings was that only 10 percent of the students surveyed had had a separate course in health education.¹³

In 1958, Dearborn, using the College Health Knowledge Test, conducted a survey of the "Personal Health Knowledge of College Students Before Instruction." This study was done over a period of six years from 1951-1957. One of the main objectives was to discover areas in which instruction was needed. This study was carried on in both junior colleges and four-year colleges and universities. The mean achievement scores of only 44 percent in junior colleges and 54 percent in four-year colleges and universities "clearly demonstrated the need and responsibility to improve health instruction in high school."¹⁴

¹²Blanche Jessen Drury, "Present Practices in Health Instruction in California Secondary Schools" Research Quarterly, Vol. 24 (December, 1953) pages 392-400.

¹³Joseph E. Lantagne, "Health Interests of 10,000 Secondary Students" Research Quarterly, Vol. 23 (October, 1952) pages 331-337.

¹⁴Terry Dearborn, "Personal Health Knowledge of College Students Before Instruction" Research Quarterly, Vol. 29 (May, 1958) pages 154-158.

Heflin and Pangle conducted a study of "Health Misconceptions of College Students" in 1966. One of the objectives of this study was to examine the role of recency of prior health instruction as a possible factor in reducing subsequent health misconceptions. They found that recency of instruction was no significant factor in reducing health misconceptions of the college student. This was based on the use of the Dearborn Health Knowledge Test.¹⁵

Also in 1966, Hurster and Spiesman conducted an evaluation of their required health course at Queens College. They discovered that of the units covered in the health course the students felt that the Mental Health and Family Life Units were the most essential to them.¹⁶

Hurster did an earlier study in 1963 on "The Conduct and Content of the Required Health Courses in Colleges and Universities." The study was actually made in the fall of 1962 and consisted of a survey "of current and proposed practices related to the required health courses offered by selected colleges and universities in the United States."

Of 116 questionnaires distributed to colleges and universities in 31 different states, 85 or 73 percent were returned. Sixty-one of

¹⁵Baily Heflin and Roy Pangle, "Health Misconceptions of College Students" The Journal of the American College Health Association, Vol. 14 (February, 1966) page 154.

¹⁶Madeline Hurster and Mildred Spiesman, "Evaluation of a Required Health Course" The Journal of the American College Health Association, Vol. 14 (February, 1966) page 199.

the 85 schools required a health course of the students. In 51, or 83.5 percent, of the schools offering such a course the physical education department conducted the course. Other departments helping with instruction included physiology, health, hygiene, and public health. In 32, or 52.4 percent of the 61 schools, the course met twice each week. Eighteen schools, or 29.5 percent, met three times per week. Health was taught in coeducational classes in 47, or 77 percent of the schools replying. The subject area most frequently included were mental health, family life, sex-education, exercise-fatigue recovery, nutrition, alcohol-narcotics-smoking, accident prevention, disease prevention, choosing your physician, and health insurance. An average of four class meetings was spent on each subject area.¹⁷

E. T. Bell conducted "An Analysis and Appraisal of Pre-Service Preparation in School Health Education" in 1956 which showed that over 60 percent of secondary school teachers and 100 percent of the administrators included in the study felt there was a great need for better health education preparation.¹⁸

Scholler completed a significant and interesting study on the

¹⁷Madeline Hurster, "The Conduct and Content of the Required Health Courses in Colleges and Universities" The Journal of the American College Health Association, Vol. 12 (December, 1963) page 228.

¹⁸E. T. Bell, "An Analysis and Appraisal of Pre-Service Preparation in School Health Education" Journal of School Health, Vol. 26 (1956) page 256.

"Health Interests and Needs of Pupils as a Basis for Teacher Preparation." This was an investigation by the author to determine the health needs and interests of secondary school students. The students showed the highest interest in the areas of mental health, mental illness, and personal care of the body. They showed the lowest interest in food needs of the body and the structure and function of the human body. In general, they indicated the highest interest in subject matter which dealt with their physical and emotional development.

This study also showed that parents felt their high school sons and daughters had the greatest need to learn about mental health, mental illness, harmful habit forming substances, and food needs of the body. The parents, like the students, were least concerned about the structure and function of the human body.

Health educators included in the study agreed that mental health, mental illness, and harmful habit-forming substances were the most important. They felt that medical advances for health and the structure and function of the human body were least important.¹⁹

¹⁹ Warren E. Schollar, "Health Interests and Needs of Pupils as a Basis for Teacher Preparation" Student Medicine, Vol. 9 (February, 1961) page 238.

CHAPTER III

ANALYSIS OF DATA

The survey of health education in selected Montana senior high schools was conducted by a questionnaire that was constructed by the author. The questionnaires were directed to the principals of the selected high schools or the person on the staff best acquainted with health education.

A total of 100 questionnaires along with a letter of explanation and a stamped self-addressed envelope were mailed, and of the original 100, eighty schools completed and returned the questionnaire within one week after receiving it. This left 20 schools who had not yet acknowledged the author's request to return the questionnaire within seven days. At the end of two weeks no further questionnaires had been received. Subsequently, the author composed and mailed a follow-up letter also enclosing another questionnaire and requesting that a reply be made as soon as possible. These letters and questionnaires were sent to the 20 schools who had not yet responded to the original contact. Of these 20 schools, eleven completed and returned the questionnaire within four days. No further replies were received. The final tabulation was a total of ninety-one schools (91%), out of 100, completing and returning the questionnaire.

Once the questionnaires were received they were tabulated by the author and his assistant. The responses to each question were scored on individually constructed answer sheets. The author's

assistant read the answers to each question on all 91 questionnaires while the author placed a mark under the proper response on the answer sheet. Only one question was tabulated at a time in order to leave as little margin for error as possible. All computations were checked twice by the author and his assistant.

As shown in Table I, of the ninety-one schools completing the questionnaire 81 or 89% offered some type of health education in their curriculum while eleven schools or 10% offered no health instruction of any kind.

TABLE I

NUMBER OF SCHOOLS RESPONDING TO QUESTIONNAIRE AND OFFERING
HEALTH EDUCATION IN THEIR CURRICULUM

Total Schools Contacted	Total Schools Responding	Health Education Offered	Health Education Not Offered
100	91	81	10

Of the ten schools that did not offer health education, five stated that this instruction was taken care of in junior high.

Question two (Table II) on the questionnaire asked if health education was required. Sixty-eight schools or 84.81% required health education of all students at some time during high school. Twelve or 14.81% of the schools that offered health did not require

it. One school did not answer the question.

TABLE II
NUMBER OF RESPONDING SCHOOLS REQUIRING
HEALTH EDUCATION OF ALL STUDENTS

Health Required	Offered But Not Required	Schools Not Answering Question	Schools Responding To Questionnaire
68	12	1	91

Question three was divided into two parts. The first question asked if health education was offered as a separate course or in conjunction with another subject. If health education was offered in conjunction with another subject the person filling out the questionnaire was asked to list the subject or subjects in which health education was included.

Twelve schools or 14.81% offered health education as a separate subject. Sixty-eight high schools or 84.81% offered health instruction within other course work. One school offered health instruction both as a separate subject and within other course work. (Table III)

Physical education was the most frequently mentioned subject within which health education was offered. Forty-two schools listed physical education, while biology was listed five times and science twice. Combinations of subjects accounted for the remainder of

health instruction in other subject areas. Physical education and biology together were listed by three schools. Physical education and science were mentioned five times as being the source of health instruction. Biology and home economics were listed three times, biology and science three, physical education and home economics one, home economics and science one, civil defense one, biology, home economics and physical education one, as a separate subject and with physical education one. Two schools stated that health education was covered in other areas but did not list which areas. This information is found in Table IV.

TABLE III

NUMBER OF SCHOOLS OFFERING HEALTH EDUCATION AS A SEPARATE
SUBJECT OR IN CONJUNCTION WITH OTHER COURSE WORK

Separate Subject	With Another Subject	Both	Total
12	68	1	81

TABLE IV

SUBJECTS IN WHICH HEALTH INSTRUCTION WAS COVERED AND NUMBER
OF SCHOOLS GIVING HEALTH INSTRUCTION IN EACH SUBJECT(S)

Physical Education	Biology	Physical Education and Science	Physical Education and Biology
42	5	5	3
Biology and Home Economics	Biology and Science	Separately and Physical Education	Physical Education & Home Economics
3	2	1	1
Home Economics and Science	Civil Defense	Biology, Home Economics & Physical Education	Health Education
1	1	1	12

Table V summarizes how boys and girls were grouped for health instruction. There were three possible methods: co-ed, separately, or both. Both meant that students were grouped in co-educational classes as well as separately.

Sixteen schools gave health instruction in only co-educational classes. Forty-nine schools offered health instruction only if boys and girls were separated. Thirteen schools gave health instruction in separate groups of boys and girls as well as co-educational classes. Three schools did not answer the question.

TABLE V

METHODS OF GROUPING BOYS AND GIRLS FOR HEALTH INSTRUCTION
AND NUMBER OF SCHOOLS USING EACH METHOD
TOTAL OF 81 SCHOOLS

Coed	Separately	Both	No Answer
16	49	13	3

As shown in Table VI, length of class periods in health education varied from 20 minutes every other day to sixty minutes every day. Seventeen schools had class periods between 45 and 49 minutes, twenty-nine schools held class between 50 and 54 minutes long, twenty-five had classes between 55 and 60 minutes long. One school stated that health instruction was offered twelve hours a

year. Four schools offered more than one class period for health education and these class periods were of different length. One school held class for 20 minutes every other day.

TABLE VI
NUMBER OF SCHOOLS USING DIFFERENT
LENGTH CLASS PERIODS

45-49 Minutes	50-54 Minutes	55-60 Minutes	Other
17	29	25	6

Four schools did not answer the question.

Question six dealt with the length of units in health education. Answers on this question varied greatly and results were inconclusive since most schools listed only how frequently their classes met and did not include the actual length of a unit.

Table VII illustrates the frequency of class meetings. These meetings varied from one day every two weeks to every day of the week. Fourteen schools held classes two times a week. Twenty schools met for class only one day per week. Seven schools met five times a week while five schools met every other day. One school met 23 times per semester, and one met for 16 hours per semester. Two schools met only once every two weeks. Length of sessions varied from three weeks to an entire year. Generally speaking, most schools gave less

than 20 hours of instruction per student per year. Several schools gave more. Twenty-eight schools did not answer the question.

TABLE VII
FREQUENCY OF CLASS MEETINGS IN HEALTH EDUCATION
OF 81 MONTANA SENIOR HIGH SCHOOLS

2 Times Per Week	One Day Week	Every Day	Every Other Day	Three Weeks Every Day
14	20	7	5	1
16 Hours Per Term	23 Sessions Per Term	30 Hours Per Term	Once Every Two Weeks	No Answer
2	1	1	2	28

Question seven asked who taught health education in each of the high schools. (See Table VIII for a summary of this data) Each school was asked to give the teacher's main emphasis. In other words, if the teacher's main area of emphasis was biology and he also taught health education either as a separate course or part of biology, he listed biology as his main area of emphasis.

The physical education teacher was used most frequently to give health instruction in the high school. A total of 48 schools listed the physical education teacher as the means of giving health

instruction. A full time health educator was present in only two of the 81 high schools where health education was offered. The science teacher was listed eight times as being the only instructor of health in the school.

Combinations of different teachers made up the rest of the health educators in the high schools. Even here the physical education teacher was listed in every combination. These combinations were as follows: physical education teacher and school nurse one, physical education teacher and science teacher 19, physical education teacher and biology teacher one, physical education teacher and home economics teacher one. Two schools did not answer the question.

TABLE VIII

TEACHERS AND COMBINATIONS OF TEACHERS GIVING HEALTH
INSTRUCTION IN 81 MONTANA SENIOR HIGH SCHOOLS

Physical Education Teacher	Science Teacher	Full Time Health Educator	Physical Education & School Nurse
48	8	2	1
Science and Physical Education	Physical Education and Biology		Physical Education & Home Economics
19	1		1

Determination of formal preparation in health instruction of the instructor was the objective of question eight and the results are found in Table IX. The specific question asked "Does the instructor have any formal preparation in health instruction?"

Seventy-three schools replied in the affirmative. In other words, seventy-three schools or 90% of the 81 schools with health instruction used instructors with some formal preparation in health education. Six schools or 7% of the schools stated that their health education instructors had had no formal preparation for health instruction. Two schools did not answer the question.

TABLE IX

NUMBER OF TEACHERS IN 81 MONTANA SENIOR HIGH
SCHOOLS WITH AND WITHOUT PROFESSIONAL
PREPARATION IN HEALTH EDUCATION

With	Without	No Answer
73	1	2

Part II of question eight asked how many hours of preparation the instructor had had in health education. This question received almost no response from the schools. The answer space was left blank in over 90% of the returning questionnaires. The only conclusion that can be drawn from this is that the second part of question eight

was poorly constructed.

Health education was offered most frequently in grades 9 and 10 according to question nine which asked "What school year is health education offered?"

Most schools offered health education at least two years. Several different combinations were used as is evident in Table X. For those schools offering health education more than one year, grades nine and ten were the most popular combination. These two grades were listed as a combination 59 times. Four schools offered health education four years - grades 9, 10, 11, 12. One school offered health instruction in grades 10, 11 and 12 while another offered health in grades 9, 10 and 12.

For those schools who only offered health education one year, grade 10 was most circled ten times. Grade nine was circled three times. A total of three schools did not answer the question.

TABLE X

GRADES IN WHICH HEALTH EDUCATION IS OFFERED IN
78 MONTANA SENIOR HIGH SCHOOLS

Grades 9-10	Grades 10-11-12	Grades 9-10-11-12
59	1	4
Grades 9-10-12	Grade 10	Grade 9
1	10	3

Question ten was very significant in terms of health education in Montana. This question asked the health educators filling out the questionnaire if they felt the health education program in their high school was sufficiently emphasized. Five of the ten schools who did not offer health education felt that health was not sufficiently emphasized. One school that did not offer health education still felt that health was sufficiently emphasized. Four of the ten schools not offering health education did not answer the question, probably because it was on the second page and they did not see it.

Table XI illustrates that out of the 81 schools that offered health education the opinions were fairly even. Forty educators felt that the health education program in their school was sufficiently emphasized while 37 felt that it was not. Three schools did not answer the question. One educator placed a question mark to show that he did not know whether his program was sufficiently emphasized or not.

TABLE XI

NUMBER OF HEALTH EDUCATORS IN 77 MONTANA SENIOR HIGH SCHOOLS
WHO FELT THE HEALTH EDUCATION PROGRAM IN THEIR SCHOOL
WAS OR WAS NOT SUFFICIENTLY EMPHASIZED

Was	Was Not
40	37

Throughout this study particular attention was paid to the guidelines of A Nationwide Study of Health Instruction in the Public Schools. Although much more detailed and extensive, the nationwide study was none-the-less the basis for the health education survey of Montana. Particular attention was paid to the subject areas of health that the nationwide study felt was important.

It was with the help of this study and the advice of health educators at Montana State University that the following areas were chosen as being extremely important in a high school health education program:

Accident prevention and first aid	Exercise, rest and sleep
Alcohol	Mental health and personal adjustment
Sex education	Parenthood and child care
Cleanliness and grooming	Physical changes in adolescence
Communicable diseases	Preparation for marriage
Dental health	Smoking
Reproduction	Nutrition
Drugs and narcotics	Structure and function of human body
Venereal disease	Consumer health
Vision and hearing	

It can readily be seen that health education not only pertains to the physical well being of the student but to his emotional well being as well. The World Health Organization defines health as "..... a state of complete physical, mental, and social well-being, not merely

the absence of disease or infirmity." A Nationwide Study of Health Instruction in the Public Schools says that "good health means more than a negative concept of freedom from disease."

The aforementioned subject areas were the basis for question eleven on the questionnaire.

All the subject areas were listed in question eleven and the questionnaire respondents were asked to place a plus mark (+) if they felt the topic was given major coverage in their health education program, a zero (0) if they felt it was given minor coverage, and to leave no mark if the subject was not covered at all. Although opinions were involved here it was possible to obtain a general picture of what health subjects the health educators in Montana felt were more important than others. Provision was also made in question eleven for any school to name any other subject matter which was covered in the health instruction program but was not on the given list. Several schools took advantage of this opportunity. (Results of question 11 are found in Table XII)

Unfortunately, some schools simply checked the subject areas which were covered in their programs and made no mention of major or minor coverage. These responses were tabulated under the heading of subject covered, but not specified.

As previously mentioned, 81 schools had health education programs. Of these 81 schools, seventy-four answered question eleven by some type of check mark in the proper blanks, one school completed the rest

of the questionnaire but left question eleven completely blank, one school offered only medical self-help and listed its program as such.

Accident prevention and first aid was first on the list in question eleven. Fifty-one health educators felt that accident prevention and first aid was given major consideration in their program. Five educators checked this subject as only being given minor coverage. A total of 16 schools checked accident prevention and first aid as a topic that was covered but these sixteen did not specify whether it was given major or minor coverage. Seven schools gave this subject no coverage of any kind.

Slightly over half of the schools gave alcohol major coverage in their health education curriculum. The exact count was 41 giving alcohol major coverage, seventeen gave a specified minor coverage. In this instance, eighteen schools checked alcohol as being a topic covered but did not specify if this coverage was emphasized or merely covered. Three schools did not include alcohol in their health program.

Sex education was the next of the 19 subjects listed for consideration. Other research has shown that this is a fairly rare subject topic emphasized in the secondary school curriculum in other states. The questionnaire seemed to indicate the same situation in Montana. Only 14 schools gave sex education major coverage. Twenty-four high schools gave sex education minor coverage. Twelve schools

gave sex education consideration but did not say whether or not this consideration was major or minor. Twenty-nine schools gave no sex education instruction.

Cleanliness and grooming proved to be more popular in terms of major coverage than sex education. Thirty-nine schools gave cleanliness and grooming a major coverage designation while seventeen gave it minor. Six schools did not cover cleanliness and grooming in their Health program. Seventeen schools gave time in their program to cleanliness and grooming, but no mention was made if this time emphasized this topic as major or minor type instruction.

Communicable diseases was next and was split very close between major and minor coverage. Twenty-nine schools checked communicable diseases for major coverage and twenty-two checked it for minor. Fourteen had coverage but did not specify what kind while 14 more did not cover communicable diseases in any manner.

Dental health followed communicable diseases and only 15 gave, what they felt, was major consideration to this health problem. However, 30 schools gave dental health minor coverage. Eight other schools covered dental health but again did not specify major or minor coverage. Twenty-six schools did not include dental health in their curriculum.

Reproduction was one of the topics that is among the least popular in the selected Montana senior high schools according to the returned questionnaires. Only nine schools gave reproduction major

coverage. Twenty-six high schools covered reproduction as a minor topic. Twelve schools did not specify the type of coverage. Thirty-two schools had no reproduction coverage in their curriculum.

One of the most neglected areas was venereal disease. Twenty-eight high schools give no mention of it in their health program. Fourteen schools gave major coverage to venereal disease, while 28 gave minor. Nine schools did not designate what coverage venereal disease was given even though it was included in their health education program.

Drugs and narcotics, an important problem faced by the younger generation, was given better consideration by the high school health educators. Almost half, or 38 schools, gave drugs and narcotics major coverage. Seventeen gave it minor. Fourteen others gave it at least minor and possibly major coverage. Only ten schools did not have drugs and narcotics in their health program.

Vision and hearing were very similar in popularity to dental health. Twenty-one schools had no unit on vision and hearing. Nineteen high schools had major units while twenty-eight had minor. Eleven had coverage of some type.

Exercise, rest and sleep were very popular areas. They were combined as one topic on the questionnaire. Thirty-four health educators checked this topic as being given major coverage. Nineteen had minor coverage while eighteen more had either major or minor coverage. Only eight schools did not include this important subject in their health curriculum.

Mental health and personal adjustment received less than average consideration from high school health educators. Twenty-seven schools did not have mental health and personal adjustment in their health program. Twenty-four schools checked it for minor coverage, eighteen for major, and ten did not specify.

Parenthood and child care was almost completely neglected in the state high school curriculum. Only four schools gave this subject major status. However, 25 did give it minor coverage. Five more gave coverage with no designation as to if this coverage was major or minor. Forty-five schools left it out of their health instruction completely.

Physical changes in adolescence was in the health education curriculum in 46 high schools with ten schools not specifying what type of coverage. Ten other schools gave major coverage and 26 minor. Thirty-three had no subject similar to this in their curriculum.

Preparation for marriage was included in the nationwide study as well as this study because of the increasingly alarming divorce rate in our country. Only five Montana high schools gave preparation for marriage major coverage. Twenty-eight considered it a minor topic and six more did not specify. Forty schools did not have any coverage of this important topic.

Smoking was almost identical to alcohol in terms of the total number of schools giving some type of attention to the subject. Seventy-four schools covered smoking in some manner. Forty-six schools, higher than any other single topic, gave smoking major

coverage. Eleven gave minor and 17 more gave at least minor coverage as well and possibly major. Only five did not include smoking in health instruction.

Nutrition was about average when compared to the rest of the topics in terms of those health educators considering it major or minor coverage. Twenty-seven gave nutrition major coverage, 21 gave it minor, 16 covered but did not specify, and 15 had no nutrition in their health curriculum.

Structure and function of the human body was given some type of coverage by sixty-one schools. About half of these 61 high schools or 30 gave major coverage. Eighteen gave minor coverage and 17 more did not specify. Only 13 did not include this subject in some phase of their curriculum.

The last subject on the list was consumer health. This topic received a weak response from Montana health educators. Seven schools gave consumer health major coverage. Twenty more schools gave this field minor coverage and five more did not specify. Not even half of the schools gave consideration to consumer health in their curriculum.

A provision was made on the questionnaire for schools to name any subjects in their health education curriculum that they were not given the chance to check. As was previously mentioned, several schools took advantage of this opportunity.

One school included degenerative diseases, muscular structure

of human body, epilepsy, cerebral palsy and respiratory diseases in their health instruction as minor coverage. This particular school had an outstanding program and was one of the state's larger high schools.

Also, previously mentioned was the fact that one school had only medical self-help. Another school included civil defense in its health curriculum as a minor coverage topic. (See Table XII for a summary of the coverage that topics received)

One high school the author contacted had just recently consolidated with another high school so it was not possible to determine any type of response. Counting this high school, 92 schools replied to 100 questionnaires mailed out.

Any conclusions that may be drawn as a result of this research project would be more conclusive if the response had been 100%, but a 91% response, as was the case here, can be very beneficial. On the whole, the author was pleased with the total returns.

Recommendations toward improvement of health education (Chapter IV) in Montana will be based on the data received on the questionnaire and conclusion drawn from this data.

TABLE XII

NUMBER OF SCHOOLS GIVING HEALTH TOPICS MAJOR COVERAGE, MINOR COVERAGE,
NO COVERAGE, OR NOT SPECIFYING THE TYPE OF COVERAGE

	Major	Minor	None	Covered But Not Specific
1. Accident Prevention and First Aid	51	5	7	16
2. Alcohol	41	17	3	18
3. Sex Education	14	24	29	12
4. Cleanliness and Grooming	39	17	6	17
5. Communicable Diseases	29	22	14	14
6. Dental Health	15	30	26	8
7. Reproduction	9	26	32	12
8. Drugs and Narcotics	38	17	10	14
9. Venereal Disease	14	28	28	9
10. Vision and Hearing	19	28	21	11
11. Exercise, Rest and Sleep	34	19	8	18
12. Mental Health and Personal Adjustment	18	24	27	10
13. Parenthood and Child care	4	25	45	5
14. Physical Changes in Adolescence	10	26	33	10
15. Preparation for Marriage	5	28	40	6
16. Smoking	46	11	5	17
17. Nutrition	27	21	15	16
18. Structure and Function of Human Body	30	18	13	17
19. Consumer Health	7	20	47	5

One school offered only medical self help. Another school covered degenerative diseases, muscular structure of human, epilepsy, cerebral palsy, and respiratory disease. One school did not answer the question.

CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

An effort was made in Chapter I to state the general problem of the survey, to delimit the problem, to indicate the methods used in the study, and to list the general questions that were to be answered. Chapter II dealt with a review of studies that were similar to the one proposed in Chapter I. The data received on the questionnaire was presented and interpreted in Chapter III. It is the purpose of Chapter IV to summarize findings, draw conclusions and give recommendations.

Statement of Problem

The general problem of the paper was to conduct a survey of health education in 100 Montana Senior High Schools selected at random. More specifically the survey attempted to answer the following general questions:

- (1) Is health education offered in Montana Senior High Schools?
- (2) How are boys and girls grouped for health instruction?
- (3) How much time, in terms of frequency of class periods and length of class periods, is spent on health education?
- (4) Who teaches health education? (teacher's major area)
- (5) What preparation does the teacher have in health education?
- (6) What topics are covered in the health education program?

A questionnaire was designed to obtain this information. The

questionnaire approach was used because it was the most direct method of gaining the desired information. The questionnaire was not meant to make an evaluation of any school's health education program but was constructed only to acquire a survey of health education in the selected high schools. Ninety-one schools replied to the questionnaire so the response was adequate to draw conclusions.

Summary of Findings

QUESTION 1 - Is health education offered in Montana Senior High Schools?

This question was definitely answered. Of the 91 schools replying to the questionnaire, 81 offered health education of some kind while ten others did not.

QUESTION 2 - How are boys and girls grouped for health instruction?

This question also received better than average response from the respondents. There were three different methods of grouping students: separately, coed, or a combination of the two. Sixteen schools grouped their students in coed classes, 49 grouped sexes differently, while 13 schools used both methods. Three schools did not answer the question.

QUESTION 3 - How much time, in terms of frequency of class periods and length of class periods, is spent on health education?

Responses to this question were vague probably because the questions trying to ascertain the desired information were poorly

constructed. The length of class sessions as well as frequency of meetings were easily determined from the questionnaire, but it was not possible to determine the length of any health education unit. Length of class periods varied from 20 to 60 minutes. Frequency of class meetings varied from once every two weeks to every day of the week.

QUESTION 4 - Who teaches health education? (teacher's main emphasis)

There were seven different teachers or combinations of teachers that taught health in the high schools. There were only two schools that had full time health educators on the staff while 48 schools had their health education topics taught by the physical education teacher. Nineteen schools used a combination of the science teacher and physical education for their health education courses while the science teacher alone was used 8 times. The combinations of physical education and biology, physical education and the school nurse, and physical education and home economics, were each used one time. It was interesting to note that the physical education teacher was in all but 2 of the seven categories.

QUESTION 5 - What preparation does the teacher have in health education?

The results of this question, except in a few cases, were very inconclusive. Many answered the question by saying they had an under-graduate major in physical education which is not the same

thing as health. Many left the question blank. The only conclusion that can be drawn here is that the questions pertaining to this subject on the questionnaire were poorly constructed. The question on the questionnaire should have just asked if the instructor had had a major or minor in health in college.

QUESTION 6 - What topics are covered in the health education program?

Nineteen topics were listed on the questionnaire to be checked by the schools as to how these topics were covered in the health education curriculum. Provision was also made for the schools to list any topics they included in their health curriculum but were not listed on the questionnaire.

If the schools felt they gave major coverage to a topic they were asked to mark + in the blank. If they gave the topic minor coverage they were asked to place 0 in the blank. If they gave the topic no coverage they were asked to leave the answer space blank. Some schools checked the blank but did not designate whether or not the topic coverage was major or minor. These answers were tabulated under the column "covered but not specific." (For results of this data see Table XII.)

Topics of health education listed on the questionnaire were:

Accident prevention and first aid	Exercise, rest and sleep
Alcohol	Mental Health and Personal Adjustment
Sex Education	Parenthood and child care

Cleanliness and grooming	Physical changes in Adolescence
Communicable diseases	Preparation for marriage
Dental Health	Smoking
Reproduction	Nutrition
Drugs and Narcotics	Structure and function of human body
Veneral Disease	Consumer Health
Vision and Hearing	

Strengths

Immediate strengths in Montana high school health education can be seen in the fact that 89% of the 91 schools responding to the questionnaire offered some type of health instruction. This shows that the majority of the schools contacted in this survey are not completely ignoring health education.

Weaknesses

Obvious weaknesses are evident in the fact that the large majority of schools offered health education within other course work so it is not getting the attention it deserves. A second weakness lies in the inadequate health background of the instructors. Only two schools have full time health educators. The rest have teachers with major emphasis in areas other than health. This does not mean to suggest that health educators in these schools are incompetent. All probably do an adequate job considering their health background and some probably do an outstanding job, but all facts considered this would tend to be an exception rather than the rule.

Conclusions

A careful analysis of data returned in the questionnaire reveals the following significant conclusions:

- (1) The questionnaire is an efficient method of gathering data on health education, although some of the questions on this questionnaire were poorly constructed. The response of the schools to the questionnaire was good.
- (2) Results of the survey show that at least 81% of the 100 high school contacted offered some type of health education.
- (3) Health education is not extensive because health is almost always offered within the framework of another subject.
- (4) There was no significant difference in the health topics offered in a small school and those offered in the large schools.
- (5) A small majority of health instructors felt that their health programs were sufficiently emphasized.
- (6) Most health educators in the selected high schools had inadequate preparation in health and health instruction methods.
- (7) Generally speaking not enough emphasis is placed on health education in the selected high schools.
 - a. Controversial subjects such as sex education, reproduction, physical changes in adolescence, and parent-

hood and child care are avoided by most schools as far as major coverage is concerned.

- b. Generally speaking, problem topics such as those mentioned above, which pose the most significant problems for youth, are not sufficiently emphasized.
- c. Consumer health is another topic that is not popular in health education programs even though leading health experts feel it is very important.

Recommendations

- (1) A more thorough study should be conducted in the future with emphasis on extent of individual topic coverage.
- (2) Place increased attention to controversial topics such as sex education, venereal disease and parenthood and child care.
- (3) Conduct statewide workshops for health education teachers in health content and methods of health instruction.
- (4) Communities should regularly review and change their health education curriculum to meet current demands and problems.
- (5) The state legislature should pass legislation requiring health education as a separate subject in the high school curriculum.
- (6) Local school districts should hold parent workshops to keep parents up to date on the school's health program

as well as make them aware of contemporary social health problems.

- (7) Schools should provide more time in the curriculum for health instruction.
- (8) All potential teachers and administrators should be required to take health courses in undergraduate school since at the present time it is not practical nor financially feasible for every high school to hire a professional health educator.
- (9) School districts should make good use of local health boards, community health organizations and local doctors and nurses to enhance the value and efficiency of their health program.

Means states three needs of professional preparation which are applicable to the health education situation in Montana:

- 1. The need exists for the establishment of minimum standards in college and university health education preparation programs designed to facilitate accreditation or certification as well as give a basis for self improvement.
- 2. Further attempts should be made to include some health education in the professional preparation of school administrators and more health education for teachers.
- 3. The selection and recruitment of capable students for

health education is an increasingly pressing problem.

The development of student scholarship programs and

health education career publicity is imperative.²⁰

It would be unfair to place the blame for the defects in Montana health education entirely on the high school teachers and administrators. They have a very understandable reluctance to place a separate course of health education in an already overburdened curriculum. This reluctance will cease only when state law requires such a course.

The state colleges and universities are also to blame for the health education problems in Montana high schools. There is no health course requirement in methods for those students desiring to be elementary and secondary school educators. As a result they are often forced to teach health with little or no background.

This is particularly true of the physical education major. There is a popular misconception that a college or university graduate with a degree in physical education automatically makes him qualified to teach health education as well. Until this misconception is cleared up, many high school education programs will suffer.

One suggestion to improve health instruction in both high schools and colleges is to administer a health knowledge test to all incoming freshmen or sophomores. It would be a simple matter to analyze test results and determine what health areas the students

²⁰Richard K. Means, "University and College Leadership in School Health Education" Student Medicine, Vol. 10, No. 2 (December, 1961) page 178.

are strong in and in what areas they are weak. In this way it would be possible to decide what topics to emphasize or not emphasize in the health education program.

Probably the best immediate suggestion would be to hold state-wide workshops in health education for those persons teaching health in the high school. This would be the only practical method of updating the current Montana high school health educator's knowledge.

In 1942, the American Association of School Administrators listed six basic areas of responsibility for school health programs. If all high school administrators and teachers in Montana would be cognizant of these areas and attempt to fulfill the responsibilities in each area then health problems would be rapidly eliminated.

They are:

- (1) A healthful environment must be provided.
- (2) A health guidance program is essential.
- (3) Emergency health conditions demand immediate care.
- (4) Accurate health information should be taught.
- (5) Sound health habits and attitudes need to be established.
- (6) The exceptional child requires a modified school program.²¹

Health education in Montana is certainly not as bad as it could be nor is it as good. Blessed with a small population and no teeming cities such as those in the midwest and on the east coast, Montana is

²¹American Association of School Administrators, Health in Schools. A.A.C.A. (Washington D. C., 1942) page 12.

largely isolated from the problems that threaten the destruction of normal life in these areas. Unfortunately history has shown that isolation will not stop progress or problems. This is a time when Montanans must act to protect their interests and those of their children. Certainly health education may hold the key to the future happiness of the people of this state.

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LITERATURE CITED

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APPENDIX

Montana State University

Bozeman, Montana 59715

Tel. 406-587-3121

Department of Physical Education

October 19, 1968

Principals
Senior High Schools,
State of Montana

Dear Sir:

The attached questionnaire can be completed in a very short time by yourself, or the person on your staff best acquainted with health education in your school. The information gained will not in any way be used as an evaluation of your program, but is intended merely to obtain a summary of practices in Montana Senior High Schools. No names will be used, so it is not necessary to sign the questionnaire.

It would be appreciated if the questionnaire could be completed and returned within one week of the above date. Your cooperation is sincerely appreciated.

Sincerely,

Charles Hundley
Graduate Student
Physical Education

Dr. Gary Evans
Coordinator of
Graduate Studies in
Physical Education

CH:GE/mb
Enc.



Department of Physical Education

November 8, 1968

Principals
Senior High Schools
State of Montana

Dear Sir:

Recently you received a letter asking you to complete a short questionnaire concerning the health education program in your high school. Perhaps the questionnaire was misplaced or was not even included in the letter you received from us. In any case, enclosed is another questionnaire which can be filled out by you or the person on your staff best acquainted with health education.

We would appreciate your completing this questionnaire and returning it as soon as possible. Your response is very important as we are trying to survey health education practices in a select number of Montana High Schools and a large number of questionnaire returns is essential in order to draw any sound conclusions. This questionnaire will not be used in any way as an evaluation of your program. If you have already mailed the questionnaire please disregard this letter.

Again we convey our thanks to you for helping make this study a success.

Sincerely,

Charles D. Hundley
Graduate Student
Physical Education

Dr. Gary Evans
Coordinator of Graduate Studies
in Physical Education

CH:GE/mb

Encl.

Name of high school _____ Circle grades included

9 10 11 12

Total enrollment _____

1. Is any type of health education offered in your high school?

Yes _____

No _____

2. Is this health education required?

Yes _____

No _____

3. Is health education offered as a separate course, or in conjunction with another subject?

Separate Course _____

With Another Subject _____ (what subject?) _____

4. How are boys and girls grouped for health instruction?

Coed _____

Separately _____

5. How long are class periods in health education?

45 minutes _____

50 minutes _____

60 minutes _____

Other _____

6. How long are units in health education? (i.e. 6 weeks - two times a week)

7. Who teaches health education?

Science teacher _____

Physical Education teacher _____

Full-time health education teacher _____

Other (please name teacher's main emphasis) _____

8. Does the instructor have any formal preparation in health education?

Yes _____

No _____

If yes, how many hours _____

9. What school years is health education offered? (circle)

9 10 11 12

10. Do you believe the health education program in your school is sufficiently emphasized?

Yes _____

No _____

11. Check any of the following areas that are covered in health classes. Place + if the topic is given major coverage. Place 0 if the topic is given minor coverage. If given no coverage leave blank.

_____ Accident prevention and first aid

_____ Alcohol

_____ Sex education

_____ Cleanliness and grooming

_____ Communicable diseases

_____ Dental health

_____ Reproduction

_____ Exercise, rest, sleep

_____ Mental health and personal adjustment

_____ Parenthood and child care

_____ Physical changes in adolescence

_____ Preparation for marriage

_____ Smoking

_____ Drugs and Narcotics

_____ Venereal disease

_____ Vision and hearing

_____ Nutrition

_____ Structure and function
of human body

_____ Consumer health

_____ Other (list)