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Physical distress in children with learning difficulties

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PHYSICAL DISTRESS IN CHILDREN
WITH LEARNING DIFFICULTIES

By

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CHAPTER I

PART I: INTRODUCTION

Evidence suggests that there may be certain signs and symptoms that arise which give clues to impending problems of the child in the course of personality development. The child may display these signs at school, and if recognized, necessary and appropriate steps can be initiated to assist the child. A greater understanding of the adjustment crisis of children in these formative years can be observed in the classroom since this is one of the first areas where the child is grouped with his peers as well as having new relationships with adults other than his family.

Some questions in the author's mind which motivated her to explore possible signs and symptoms that might indicate difficulty in adjusting on the part of the child were:

1. How does the child exhibit any trouble that he may be experiencing?
2. Does the child see these difficulties as a problem?
And if so,
3. How does he express them, i.e., does he verbalize them, does he visit the school nurse, etc.?

A review of the literature as well as discussion groups on disturbed children indicated that under-achievement in classroom work of school-age children could be considered a sign that might lead to the child who is having some difficulty. This consideration was also noted

in observation of hospitalized disturbed children who displayed learning difficulties in school prior to their treatment. In clinics which diagnose and treat pre-delinquent and delinquent boys and girls, underachievement in learning was frequently evident upon referral.

Physical symptoms were also another factor involved with children or adults whenever undue stress occurred. There were other factors, for example, behavior problems, but for the purpose of this study the focus will be limited to learning problems and physical symptoms.

This study is seen as having value to nurses, particularly those caring for children in schools, communities, residential centers, etc., where the nurse is having contact with children who are having learning difficulties.

The children of these settings should expect to receive help for their physical discomfort from the nurse. Some authorities, including Bettelheim and Sylvester, believe that "a somatic symptom reflects an attempt on the part of the child to deal with interpersonal anxiety in a more constructive fashion than completely turning away from the problem."¹

1. Bruno Bettelheim and Esmy Sylvester, "Physical Symptoms in Emotionally Disturbed Children," The Psychoanalytic Study of the Child, III/IV (1949), p.354.

From the writer's observation no child who is demonstrating a learning problem in school is free from interpersonal anxiety over such difficulty. (If the prevalence of physical symptoms is found with children who have learning problems the nurse does have a natural entrée into helping these children with both of these problems.)

In order to consider the questions so stated previously the following inquiries will be made:

1. Who are the children who exhibit difficulty in the learning processes?
2. Do they express physical symptoms?
3. Do they have contact with the school nurse?
4. Does the child perceive himself as having difficulty in school?

PART II: THE APPROACH TO THE PROBLEM

Step 1. A pilot study was done in a city school system to collect information (1) concerning the learning problems of children of a sixth grade as determined by the teacher and (2) the frequency and reasons of visits to the school nurse made by these children. The findings of this study were not completed as the nurse had no record of the children's visits. Some of the procedural difficulties which arose from this attempt to collect information were administrative permission from the proper authorities, a question of confidentiality of the report, and the selection of participants for the study.

The results from this pilot study were mainly that of determining how to record more detailed information sought from the teacher and the school nurse.

Step 2. For the main study three assistant superintendents of different school systems were approached. Consideration was given to the possibility that a year's study of the individual student's records might indicate some change regarding achievement. This plan was determined impractical as each school system (1) marked individual subjects by comments only and (2) periodic report cards (usually a three month period) were given to the children.

As a result of this information it was determined to continue with the original plan outlined in the pilot study, with corrective measures indicated for the collection of pertinent data.

Step 3. The school system chosen was in a suburban area of Boston, Massachusetts, which has an active guidance and counseling program.

Permission was granted for the study to be done by an Assistant School Superintendent for Pupil Personnel Services and Special Education. Consultation was arranged with a School Principal and three teachers of a selected grammar school.

The three teachers selected for the study asked questions related to the purpose of the study as well as to their own participation. All agreed to provide information requested by the writer.

Collaboration with the school nurse had to be arranged through the Public School Health Department which is separate from the school system. The study was accepted during an interview with the Public Health Nursing Supervisor, a faculty advisor and the writer. An explanation of the problem was given and the methodology was reviewed as to the material that could be obtained, the extent of the school nurse's time that would be required as well as the selection of a school in which there was a nurse who would be available in terms of the study requirements.

The School Nurse in this setting is employed by the City Health Department which is under contract to the Department of Education. She attends this particular school approximately two days a week with occasional visits when so called or by appointment by the official of this school. She is responsible first to the Public Health Nursing Supervisor of Health Department and secondly, to the Principal of the school, with whom she consults about the health of the students. The nurse, at the time of this study had been associated with this particular school for approximately nine months.

The selection of a fifth grade was made by recommendation of a faculty advisor with consideration of this being a non-transitional period of a school child. Grade five is a period in school in which there is no crucial change in subject content or building orientation.

The areas to be examined for possible relationships are:

1. The children's contact with the school nurse: the children's expression of physical symptoms to the interviewer.
2. The absenteeism: the contact with the school nurse.
3. The absenteeism: the expression of physical symptoms to the interviewer.
4. The absenteeism of the male population: the absenteeism of the female population.
5. The awareness of school difficulties: the contact with the school nurse.
6. The awareness of school difficulties: the expression of physical symptoms to the interviewer.
7. The specific learning problems as described by the teachers: the contact with the school nurse: the expression of physical symptoms to the interviewer.

In order to gather data to bear on these relationships the following sources of information are to be utilized:

1. From the teachers:
 - (a) a definition of a learning problem.
 - (b) the number and identification of the children with learning problems.
 - (c) the specific learning problems of each child.
 - (d) the sex of these children.

2. From the attendance records:

- (a) the absenteeism.
- (b) the age.

3. From the school nurse:

- (a) the contact with the nurse of each of these children.
- (b) the reasons for contact with the nurse.

4. From the interview with each child:

- (a) the verbalization of physical symptoms.
- (b) the verbalization of the awareness of difficulty in school.

Statement of the problem: This study is aimed at determining the prevalence of physical distress in children with learning problems.

CHAPTER II

REVIEW OF LITERATURE

There is no evidence that this particular area has been studied in relation to nursing in the review of literature. For this study three areas of writing will be discussed.

1. SCHOOL HEALTH SERVICES AND THE SCHOOL NURSE

Books concerned with school health services by Grant, Schlesinger, Wheatley and Hallock all speak on the promotion of mental health and promotion of mental development. Grant says:

"Our schools today have the opportunity unequalled in their history to promote the health and well being of children and young people."²

.....

"When adjustment is too difficult, emotional disturbances and behavior problems arise. These problems reveal themselves in a variety of ways, depending upon the individual and upon the situation in which he finds himself."³

Schlesinger, in his chapter on "Promotion of Mental Health," states:

"Child Health Services intended for the so-called primary prevention of emotional difficulties are generally understood as these services rendered before pronounced deviation from normal emotional development have called attention to the child."⁴

2. Ruth E. Grant, Health Teachings in Schools (W.B. Saunders, Philadelphia and London, 1958), p.1.

3. Ibid., p.50.

4. Edward Schlesinger, Health Services for the Child (McGraw-Hill Book Company, Inc., New York, Toronto, London, 1953), p.114.

Wheatley and Hallock describe physical conditions and environmental influences as factors influencing mental growth.⁵ They also describe the emotional needs of children in the following statements:

- "1. Every child needs the feeling of security that comes from being loved, being wanted, being understood.
2. Every child needs to achieve enough success in dealing with the things and persons in his environment to build up a strong sense of personal worth, and
3. Every child needs to acquire the ability to make necessary compromises with life."⁶

Irwin, Humphrey, and Johnson, in their chapter on "Health Guidance in Schools," consider the purpose of health guidance as "to be one avenue of approach in helping to achieve educational objectives,.... health guidance will be most specifically concerned with problems of physical, mental and emotional growth."⁷

On school health appraisal they state:

"- The term health appraisal has been adopted in late years to indicate that phase of the school health program which attempts to determine the total health status of the child through use of such means as health histories; observations, screening and medical, dental and psychological examinations. The information secured through the total appraisal of the school child helps the teachers, nurses, physicians and others to recommend and understand the needs of the individual. Also the various appraisal procedures are frequently used as important learning experience for pupils."⁸

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5. George Wheatley, and Grace T. Hallock, Health Observation of School Children (McGraw-Hill Book Company, Inc., New York, Toronto, London, 1951), p.66.
 6. Ibid., pp.80-81.
 7. W. Irwin, J. Humphrey, and W. Johnson, Methods and Materials in School Health Education (The C.V. Mosbey Company, St. Louis, 1956), pp.55-67.
 8. Ibid., p.23.

Bardon and Kaplan, in their article, cite a dilemma posed upon the school nurse by the popularization and emphasis on mental health and illness. They state also:

"Primarily, it is believed she (the nurse) can do most by continuing to do her regular tasks with the added awareness that everything she does works for or against improved mental health of the school community."⁹

Kvaraceus and Ulrich with the collaboration of McCormack and Kelly offer guidelines to help the teachers in the classroom with difficulties of children. One of the guidelines is:

"The services of the school nurse who has established a helpful and positive image in the youngster's mind are used strategically in dealing with the family of a norm-violating youngster, who often entertains a hostile and negative attitude toward other school helpers."¹⁰

Thompson, in a discussion with others about children with problems in the schools of New York City, found that:

"The actual case-finding becomes the task of any discipline working with children, the teachers, the school doctor, the school nurse, the recreation worker. Teachers are never far

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9. Jack Bardon and Mildred Kaplan, "Mental Health and the School Nurse," *The Journal of School Health*, XXXI (April, 1961), pp.112-114.
 10. William Kvaraceus, William E. Ulrich with collaboration of John H. McCormack, Jr., and Helen J. Kelly, *Delinquent Behavior (Juvenile Delinquency Project)*, William C. Kvaraceus, Director, National Education Association of the United States, 1201 16th Street, N.W., Washington, D.C., 1959), p.36.

wrong in their judgment that a child needs help. In assessing a child's school adjustment, the teacher's first concern is naturally, the child's scholastic achievement. Indeed, most of the children referred (no matter what prompted the referral) are not doing well in their school work."¹¹.

In summary of this section of the review the emphasis has been on the mental health aspects of the school health services with consideration of the participation of the school nurse. The nurse, along with the teachers and others, is in a position to observe and contribute to the total health of the school children.

2. ON LEARNING PROBLEMS OF SCHOOL CHILDREN.

Hyman S. Lippman, in his chapter, "Emotional Problems Presented by a Child in the School Setting," states that:

"School failure may play an important part in the child's development a lack of confidence, feeling of inadequacy, and need to rebel. It may precipitate an increased rejection of him in the home, ridicule from parents and siblings which provide impetus to punish others. Many of our most severe delinquencies are nurtured by a deep feeling of inadequacy and failure which at least in part owe their origin in early school failure."¹².

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11. Jean A. Thompson, "Psychiatric Disorders in School Children," The Journal of School Health, XXXI (April, 1961), pp. 114-116.
12. Grace Lee (ed.), Helping the Troubled School Child (National Association of Social Workers, New York, 1959), p. 149.

Rubenstein, Falick, Levitt, and Ekstein, in a symposium concerning learning problems, stated that:

"As a complex phenomenon, learning impotence within the school and social setting can be seen as an expression of total personality distortion, stultifying development and interfering seriously with all relationships. The learning difficulty, however, is the most marked symptom and the school provides the arena for conflict expression."¹³.

In the same symposium Waldfogel, Tessman and Hahn stated:

".... It is well known that other emotional disturbances often find their central expression in the school, appearing as behavior difficulties, learning problems, and the like. This gives the school tremendous potential - which has hardly been tapped - for the early detection and prevention of emotional disorders, and places it in a strategic position in any comprehensive program of mental health."¹⁴.

In a study of seven boys and their families by Sperry, Staver, Reiner and Ulrich they found that "the symptom of school failure served to secure dependent satisfaction from the parents."¹⁵.

Waggenheim views the work of Sperry, et al in her association of learning problems and childhood diseases.

"Sperry et al (Staver and Mann - Destructive Fantasies in Certain Learning Difficulties) contend that illness or

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13. B. A. Rubenstein, M. L. Falick, M. Levitt, and R. Ekstein, "Learning Impotence - A Suggested Diagnostic Category", American Journal of Orthopsychiatry, XXIX (April, 1959), p. 315.
 14. S. Waldfogel, E. Tessman, and P. Hahn, "A Program for Early Intervention in School Phobia," American Journal of Orthopsychiatry, XXIX (April, 1959), p.332.
 15. B. Sperry, N. Staver, B. Reiner, and D. Ulrich, "Renunciation and Denial in Learning Difficulties," American Journal of Orthopsychiatry, XXVIII (January, 1958), p. 111.

injury to the child may serve to emphasize his fantasy of destroying or being destroyed, and that to defend himself against such fantasy, the child needs not to learn."¹⁶.

Baldwin, in speaking of intelligence testing of school children, states:

"There are always children, however, who do not conform to the prediction made for them by various intelligence tests. One common variety of misfit is the child who shows up well in an intelligence test but does very poor schoolwork in spite of it. He is an underachiever, the one who does not live up to the potentialities indicated by the test results. Very often such a child is found to be failing for emotional reasons."¹⁷.

Kvaraceus, in the section of Differences in School Factors in his book on Delinquency, stated:

"The delinquent as a group differ markedly from their non-delinquent counterpart in their negative attitude toward school, in their very low school performance, in their limited educational and vocational goals, in their unsatisfactory school behavior, and in their repeated truancies. There is no disagreement on these points among various research reports."¹⁸.

The Glueck studies on Delinquency also revealed that:

"Despite the essential similarity of the two groups in age and intelligence quotients, and taking into account the greater irregularity in school attendance of the delinquents, their school achievements were far below those of the non-delinquents."¹⁹.

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16. Lillian Waggenheim, "Learning Problems Associated with Childhood Diseases Contracted at Age Two," American Journal of Orthopsychiatry, XXIX (January, 1959), p. 107.
17. Alfred L. Baldwin, Behavior Development in Children (The Dryden Press, New York, 1955), p. 283.
18. William G. Kvaraceus, The Community and the Delinquent (World Book Company, Yonkers-on-Hudson, New York, 1954), p.108.
19. Sheldon and Eleanor Glueck, Unraveling Juvenile Delinquency (Published for the Commonwealth Fund by Harvard University Press, Cambridge, Massachusetts, 1951), p. 140.

Klein in his paper speaks of school distress symptomology and says:

"The symptoms associated with school distress range from the physical expressed anticipatory anxiety symptoms such as morning nausea, vomiting, diarrhea, abdominal cramps, great difficulty in getting up in the morning which often vanishes magically on holidays, to disorders of learning and behavior in the classroom, and finally to the avoidance of school called truancy.....

"The anxiety about school can be conveniently separated into a fear of the teacher, a fear of the pupils, and a fear of the school work with expectation of failure,"²⁰.

The summary of this section of the review emphasizes the potentiality of the school as an area in which early detection and prevention of emotional disorders and delinquency tendencies of children can be made. Learning problems repeatedly were described as a symptom of discomfort and maladjustment of school-age children.

20. Esmaral Klein, "The Reluctance to Go to School," The Psychoanalytic Study of the Child, I (1945), p. 263.

3. ON PHYSICAL SYMPTOMS

Lapouse and Monk in conclusion to their study of a group of hospitalized children with emotional problems state that "for further analysis it will be interesting to observe the correlation between fears and worries and the presence of somatic complaints."²¹

Pearson says:

"The most common disorder of the use of learning is an inhibition of the function. Freud states that 'inhibition is the field of occupation' (and learning is the occupation of the child), 'which so often becomes a matter of treatment as an isolated symptom, is evidenced in diminished pleasure in work, or in its poor execution, or in such reactive manifestations as fatigue (vertigo, vomiting) if the subject forces himself to go on working.'²²

Bettelheim and Sylvester, from their work with emotionally disturbed children, state:

"When the child's need for free and flexible expression of tension is interfered with, the result is frequently a deviation of personality development.... Similarly, symptom formation becomes necessary in older children when the pattern of distribution of tension at which they have arrived do not provide them with adequate tools for mastering specific life situations."²³

In their summary they make the statement:

"It may be said that the purpose of this paper is to show that the appearance and disappearance of physical symptoms in emotionally disturbed children represent characteristic steps in the integrative process of their emotional adjustment."²⁴

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21. Rena Lapouse and Mary Monk, "Fears and Worries in a Representative Sample of Children," American Journal of Orthopsychiatry, XXIX (October, 1959), p.803.
22. Gerald H.J. Pearson, Psychoanalysis and the Education of the Child (W.W. Norton and Company, Inc., New York, 1954), p. 44.
23. Op. Cit., p. 356.
24. Ibid., p. 360.

Liss in his paper on learning disabilities says that ".... many of the learning blocks fall into (1) psychosomatic disturbances and (2) affect disturbances which lead to and are a part of a functional psychic disability."²⁵

In his discussion of "The Failing Student," Liss states that:

"Learning is basically a psycho-physiological process whose end products have roots in the physiology of the individual Therefore, to investigate patterns of learning, we must search through the biological factors as well as the emotional factors in learning, the phenomenon of the individual's growth."²⁶

Wheatley and Hallock describe psychosomatic mechanisms in the following statements:

"Sometimes are mechanisms used by the child to get satisfaction for some need inadequately met during earlier periods of his life, or to express resentment against his parents, or to punish himself for harboring hostile feelings.... A child may have a reading difficulty, for example, because he associates his personal difficulties with the teacher, with the subject matter of what he is required to read or because he wants to annoy his parents who have shown that they are anxious for him to learn to read."²⁷

25. Edward Liss, "Motivation in Learning," The Psychoanalytic Study of the Child, I (1955), p. 113.

26. Edward Liss, "The Failing Student," American Journal of Orthopsychiatry, II (October, 1941), pp. 712-717.

27. Op. Cit., p. 115.

Gardner finds that the school phobic child demonstrates physical symptoms:

"At the Judge Baker over two years ago, we became interested in the school phobic child, the child who exhibits fear of going to school and demonstrates this fear with accompanying severe physical symptoms in morning nausea, vomiting, abdominal pains, etc. It was ascertained that in each year for a period of many years we usually had from 15-25 such cases - with clear-cut symptomology."²⁸

Arnold Gesell, in his chapter, "The Doctrine of Development in Child Guidance," concludes:

"To understand any child, whether normal or handicapped, we must understand his ways of growth. These ways of growth are the sum and substance of his psychosomatic constitution. Only as we become aware of these ways of growth, can we plan adequate procedures of child guidance."²⁹

In the summary of this section of the review it is clear that the writers, who were quoted, all consider the expression of physical symptoms accompanying stress situations of children. It is through this understanding and the awareness of such symptomology that the child can be helped.

In the overall summarization all of these writings added to the conceptualization of an existing relationship between physical distress and learning difficulty. However, the writer did not find any organized studies which utilized sampling as a methodology in developing these concepts.

28. George E. Gardner, "Clinical Research in a Child Psychiatric Setting," American Journal of Orthopsychiatry, XXVI (April, 1956), p. 333.

29. Larson G. Lowrey and Victoria Sloane, Orthopsychiatry 1923-1948, Retrospect and Prospect (American Orthopsychiatric Association, Inc., 1948), p. 216.

CHAPTER III

METHODOLOGY

Four steps were planned for the collection of the data.

1. A worksheet was provided for the teachers. (Refer to Appendix "A"). The author requested (a) the definition of a learning problem, (b) a list of the students in each class whom the teachers considered to have a learning problem and (c) specification of each child's learning problem.

2. The attendance register of each student was reviewed. Although the writer was informed that the reason for the absences was not recorded, the purpose was to look at the pattern of attendance of these particular children with the possibility that this may reflect how the child feels toward school as well as the physical discomfort of each child. From the register the birthdates were also acquired.

3. For the nurse, worksheets entitled, "Nurse Contact with Students #1 and #2 were submitted. Worksheet #1 contained the names of each student selected by the teachers. Questions were designed to determine 1. if the nurse knew the student, 2. how she knew them, i.e., by routine or other contact, and 3. the reason for the contact. (Refer to Appendix "B"). The nurse was instructed to check the items listed after each name with a letter "X" which indicated the reasons for her contacts with these children. If the contacts were a referral from the teacher it was recommended that the area be marked with a letter "T". Worksheet

#2 was initiated for any added comments the nurse wished to make concerning any child.

4. An interview with each child was arranged with the writer who identified herself as a nurse to the child by informing him and also by wearing a Public Health Nurse's uniform. This was done to associate the writer with the School Nurse as well as provide a familiar environment. The interviews were held in the office of the School Nurse when it was available, otherwise a teacher's room was assigned.

The questions were listed on a worksheet and numbered one through thirteen. They were as follows:

1. Do you know the school nurse?
2. Have you visited the school nurse?
3. Do you like school?
4. Are you having any difficulty in school?
 - a) If so, what is the difficulty?
 - b) When did the difficulty start?
5. What is your favorite school subject?
6. What subject do you like the least?
7. Are you absent frequently from school?
8. Do you get sick often?
 - a) If so, what was the matter with you?
9. Do you visit your family doctor often?
 - a) If so, why do you visit the doctor?

10. Were you ill recently?

a) If so, what was the matter with you?

11. Did the nurse help you?

12. Do you think the nurse could help you?

13. How do you think the nurse could help you?

For the purpose of this study questions #4, #8, and #8a will be used.

Each child was interviewed individually. The investigator took the privilege of questioning the children indirectly and did not follow the questions in order. This was done to establish a rapport with each child and to promote a relaxed atmosphere in which the child could relate more freely. The material was noted upon recall immediately following the interview as no notes were taken while the child was present to help relieve any possible anxiety the child may be experiencing.

CHAPTER IV

PRESENTATION AND DISCUSSION OF DATA

SECTION A

1. From the teachers:

(a) The following are the definitions of a learning problem as were requested. They are quoted directly from the worksheet.

Teacher #1. "A learning problem is a child, who for some reason, does not work to his full potential. This can involve attitudes, as a slow maturing process, a basic weakness in acquiring of a secure basis required for success in the progressively more difficult phases in a subject, his social relationships, and in his emotional and physical development."

Teacher #2. "I define a learning problem child as one who has the capacity to learn, yet, because of one or more factors, usually more, is not achieving academically in relation to his ability."

Teacher #3. "To me, a learning problem is characterized by the mental age of a child which affects his acquisition of information. If a child has a low level of intelligence it is difficult for him to learn and progress beyond a certain level. The educability of the child indicates how far he is able to progress (achieve). This child is different, to me, from the child who is an achievement problem. This child is capable, has average or above intelligence, but because of some emotional or physical problem progress and achievement are not equal to the child's chronological age or grade placement."

Teachers #1 and #2 seem to agree that a child with a learning problem is one who does not produce to his full potential. Teacher #3 thinks of a child with a learning problem as a retarded child. However, in her selection for this study she chose children with achievement problems of her classroom. For the purpose of this study the writer will

use the terms, "achievement problem," "learning problem" and "learning difficulties," synonymously.

(b) Table one illustrates the number of children with learning problems, designated by the teachers of these three fifth grades, in relation to the total class population.

TABLE 1

THE NUMBER OF CHILDREN WITH LEARNING PROBLEMS
TO THE TOTAL CLASS POPULATION

Teacher	Children with Learning Problems	Total Class Population
#1	6	22
#2	4	25
#3	9	25
Totals	19	72

(c) The teachers were requested to list what the learning problem was of each of the children. The information received gave the teachers' interpretation of the reasons for the learning problem rather than any specific area of underachievement. The writer, therefore, utilized this data by categorizing the reasons for the remarks made by the teacher.

Table two identifies the children by number, one through nineteen (1-19), the sex of each child and the corresponding reason or reasons for their learning difficulty as designated by the teacher.

TABLE 2

CHILD IDENTIFICATION, SEX AND REASON FOR LEARNING
PROBLEM AS DESIGNATED BY THE TEACHERS

Child Number	Sex	Reason for Learning Problem
1.	M	frequent absences - physical symptoms family difficulty - poor attention
2.	F	physical growth - frequent absences physical symptoms
3.	F	poor attention
4.	F	physical growth - immature attitude
5.	M	physical symptoms - dreamer discipline problem
6.	F	poor effort - poor attention
7.	F	physical symptoms
8.	M	poor effort - discipline problem
9.	M	family difficulty - physical growth dreamer
10.	M	poor effort - discipline problem physical growth - family difficulty
11.	F	poor effort
12.	M	discipline problem - poor application
13.	M	physical growth - discipline problem immature attitude
14.	M	physical symptoms
15.	F	physical symptoms
16.	F	frequent absences - physical symptoms
17.	M	poor application - poor effort
18.	F	poor effort
19.	M	dreamer - physical symptoms family difficulty - physical growth

The following table illustrates the reasons for the learning problems listed by the teachers with their frequency of mention and the reasons listed for their learning problem.

TABLE 3

THE TOTAL NUMBER OF REASONS USED BY TEACHERS
FOR DESCRIBING CHILDREN OF EACH SEX AS
HAVING LEARNING PROBLEMS

Reason for Learning Problem	Male	Female	Total Frequency
Frequent absences	1	2	3
Physical symptoms	4	4	8
Family difficulty	4	0	4
Poor attention	1	2	3
Physical growth	4	2	6
Immature attitude	1	1	2
Dresser	3	0	3
Discipline problem	5	0	5
Poor effort	3	3	6
Poor application	2	0	2
Totals	28	14	42

Physical symptoms appeared most frequently as a reason for a learning problem with the total of eight.

Physical growth and poor effort were the second highest reasons described with the total of six.

It appears that the teachers described the males of this group with more reasons than the females. The following table illustrates the

number of children of each sex with the total of the reasons for learning problems. In the parenthesis of the blocks containing the number of reasons for each sex is the expected frequency.

TABLE 4

THE FREQUENCY OF REASONS FOR LEARNING PROBLEMS OF THIS GROUP OF CHILDREN OF EACH SEX WITH THE EXPECTED FREQUENCY

	MALES (22.1)	FEMALES (19.9)
Frequency of Reasons	28	14

$$\chi^2 = 2.78 \quad (p < .10).$$

This suggests a trend in this data that the teachers used more reasons for the classification of males with learning problems than females.

From the classification of reasons for learning problems it appears that there are two different groups of reasons listed by the teachers: 1) those considered by the writer as directly concerned with classroom behavior and 2) those considered by the writer as occurring outside the classroom. The first group includes: poor attention, immature attitude, dreamer, discipline problem, poor effort and poor application. The second group includes: frequent absences, physical symptoms, family difficulty and physical growth. The following tables illustrate the frequency of reasons of these two groups of the children by sex with the expected frequency in parenthesis.

TABLE 5

THE FREQUENCY OF REASONS CONCERNED WITH CLASSROOM BEHAVIOR
OF THIS GROUP OF CHILDREN BY SEX WITH THE
EXPECTED FREQUENCY

	Males (11.05)	Females (9.95)	Total
Reasons concerned with Classroom Behavior	15	6	21

TABLE 6

THE FREQUENCY OF REASONS CONSIDERED TO OCCUR OUTSIDE THE
CLASSROOM OF THIS GROUP OF CHILDREN BY SEX WITH THE
EXPECTED FREQUENCY

	Males (11.05)	Females (9.95)	Total
Reasons occurring outside the Classroom	13	8	21

The tables indicate that the males have the greater frequency of reasons listed in both of these groups. The tabulation of the reasons concerned with classroom behavior has $\chi^2 = 2.27$ ($p. < .15$) which might be considered a trend for the males of this group to have more reasons attributable to classroom performance than the females. There was no difference found in the other grouping.

(d) Table seven gives the description of the total population of the three grades, the sex, the presence and absence of learning problems of the children.

TABLE 7
DESCRIPTION OF THE POPULATION OF CHILDREN OF THREE FIFTH
GRADES BY SEX, CLASS AND PRESENCE AND ABSENCE
OF LEARNING PROBLEMS

		Class 1	Class 2	Class 3	Totals
MALES	With Learning Problem	2	4	4	10
	No Learning Problem	10	12	11	33
FEMALES	With Learning Problem	4	0	5	9
	No Learning Problem	6	9	5	20
Totals		22	25	25	72

The greater number of children described as having learning problems appeared in the female group in which nine out of a possible twenty-nine were selected, whereas ten out of forty-three males were selected.

The following table shows the relationship between the presence and absence of learning problems and the sex of these children.

TABLE 8
THE RELATIONSHIP BETWEEN THE PRESENCE AND ABSENCE OF
LEARNING PROBLEMS AND THE SEX OF THE CHILDREN

	Males	Females	Totals
Children with Learning Problem	10	9	19
Children with no Learning Problem	33	20	53
Totals	43	29	72

There was no significant frequency distribution noted between the two sexes in relation to the children who were described by the teachers as having a learning problem to those who were described as having no learning problem. This was tabulated by the χ^2 test for two independent samples.

2. From the attendance record:

(a) From September 14, 1960 to May 5, 1961 the total number of school days, as listed in the attendance register was 139.5 days. This was a total of thirty-two (32) weeks. The school had two periods. The first period was from September 14, 1960 to January 28, 1961 which had a total of 79.5 school days. The second period which was covered partially by the writer extended from January 30, 1961 to May 5, 1961 with a total of 60 days.

Table nine illustrates by months the age of each child upon the entrance to the fifth grade and the pattern of attendance of this particular group of children. Child #7 was transferred to another school after the first school period.

TABLE 9
THE AGE AND ATTENDANCE RECORD OF THIS GROUP OF CHILDREN

Child	Age by Mos.	Period 1		Period 2		Total	
		Days Present	Days Absent	Days Present	Days Absent	Days Present	Days Absent
1	130	59.5	20.0	56.5	3.5	116.0	23.5
2	116	67.5	12.0	49.0	11.0	116.5	23.0
3	118	78.0	1.5	52.0	8.0	130.0	9.5
4	116	77.0	2.5	54.0	6.0	131.0	8.5
5	131	75.5	4.0	57.0	3.0	132.5	7.0
6	123	78.5	1.0	59.0	1.0	137.5	2.0
7	126	69.5	10.0	.....	.....	.....	.....
8	120	77.5	2.0	59.0	1.0	136.5	3.0
9	132	73.0	6.5	54.0	6.0	129.0	12.5
10	127	74.5	5.0	54.0	6.0	128.5	11.0
11	126	77.0	2.5	59.0	1.0	136.0	3.5
12	136	77.5	2.0	60.0	0.0	137.5	2.0
13	116	74.0	5.5	51.5	8.5	125.5	14.0
14	122	79.5	0.0	59.0	1.0	138.5	1.0
15	124	57.0	22.5	51.0	9.0	108.0	31.5
16	116	69.5	10.0	51.0	9.0	120.5	19.0
17	125	78.5	1.0	56.0	4.0	134.5	5.0
18	131	77.5	2.0	55.0	5.0	132.5	7.0
19	120	77.5	2.0	56.0	4.0	133.5	6.0

The average days of absences in this group of children was 10.2 days. The days of absences ranged from 31.5 days to 1 day. The Standard Deviation of the total days absent of this group was 8.63.

(b) The oldest child in this group was 136 months of age, the youngest children were 116 months of age. There was a difference of twenty months between these two ages.

The average age in months of this group was 125 months. The Standard Deviation was 6.2 months.

3. From the school nurse:

(a) and (b) Table ten lists the child identification number and the reasons for contact with the school nurse.

TABLE 10

THE REASONS FOR ROUTINE AND OTHER CONTACT OF THESE
CHILDREN WITH THE SCHOOL NURSE

Child	Routine Contact	Other Contact
1	.....	Absenteeism
2	.....	.....
3	Dental	.....
4	.....	.....
5.	.....	.....
6	Immunisations	.....
7	.....	.....
8	.....	.....
9	.....	Colds
10	Physical examination	Guidance
11	.....	Injury
12	.....	.....
13	.....	Temperature elevation and stomach trouble
14	Immunisations	.....
15	Audio and visual examinations	.....
16	Dental	.....
17	.....	.....
18	Dental	.....
19	Dental	.....

Seven (7) of the children were known to the nurse by routine contact, four (4) were known by other contact and one (1) was known by a routine and other contact. The remaining seven (7) children had no contact with the nurse.

Four of the children with other contact with the nurse were males.

The only other comments noted by the nurse on Worksheet #2 were the parents' refusal of dental care for children #3, #18 and #19.

4. From the interview with each child the following responses were obtained. Questions four, eight and eight (a) were used for the purpose of this study. For a listing of other questions and responses of each child refer to the tables in Appendix "C".

(a) Table eleven gives the results of the answers given by each child to questions eight and eight (a) which were designed to get the child's expression of physical symptoms.

TABLE 11

RESPONSES OF EACH CHILD TO QUESTION 8: ARE YOU SICK
OFTEN? a) IF SO, WHAT WAS THE MATTER WITH YOU?

Child	Yes	No	Occasionally	Reason
1	X.....			Colds and tonsillectomy
2	X.....			Sore throats
3	X.....			Teeth trouble
4	X.....			Colds and laryngitis
5			X.....	Colds
6		X.....		
7	-	-	-	-
8			X.....	Sore throat and stomach trouble
9	X.....			Colds and sore throats
10		X.....		
11	X.....			Colds and stomach trouble
12		X.....		
13	X.....			Headaches and stomach trouble
14		X.....		(Accidents)
15	X.....			Colds and sore throats
16	X.....			Ear trouble and vomiting
17	X.....			Virus and colds
18		X.....		
19	X.....			Colds
Totals	11	5	2	.

(b) Table twelve illustrates the responses of each child to question four which was designed to determine the awareness of difficulty in school.

TABLE 12

RESPONSES OF EACH CHILD TO QUESTION 4: ARE YOU
HAVING ANY DIFFICULTY IN SCHOOL?

Child	Yes	No
1	X	
2		X
3	X	
4	X	
5		X
6		X
7	-	-
8	X	
9	X	
10	X	
11	X	
12	X	
13	X	
14	X	
15		X
16	X	
17	X	
18	X	
19	X	
Totals	14	4

Three of the four children who denied having difficulty in school were females.

SECTION B

1. The child's contact with the school nurse: their expression of physical symptoms.

To determine this association reference was made to tables seven, eight and nine. The following table thirteen relates to the number of children who had contact with the school nurse and expressed physical symptoms to the interviewer. (Child #7 was not included in this count for the reason cited previously.)

TABLE 13

NUMBER OF CHILDREN IN THIS GROUP WHO DID OR DID NOT HAVE CONTACT WITH THE SCHOOL NURSE AND DID OR DID NOT EXPRESS PHYSICAL SYMPTOMS TO THE INTERVIEWER

	Routine Contact	Other Contact	Routine and Other Contact	No Contact	Totals
Expressed Physical Symptoms	4	4		5	13
No Symptoms Expressed	3		1	1	5
Totals	7	4	1	6	18

The majority of this group of children did have contact with the school nurse, and did express physical symptoms to the interviewer. This finding is not statistically significant.

2. The absenteeism of this group of children: their contact with the school nurse.

The following table fourteen refers to the average number of days absent for the children who had contact with the school nurse and those that had no contact with the school nurse. Reference was made to tables seven and eight for the figures.

TABLE 14

THE AVERAGE DAYS OF ABSENTEEISM OF THIS TOTAL GROUP OF CHILDREN WHO DID OR DID NOT HAVE CONTACT WITH THE SCHOOL NURSE

	Nurse Contact	No Nurse Contact
Average Days Absent	11.2	8.1

The $t = .72$ ($p. < .05$) which indicates that there is essentially no difference calculated in this association.

3. The absenteeism of this children group: their expression of physical symptoms to the interviewer.

Reference is made to tables seven and nine to determine the average number of days of absence of this group of children and the number of those children who did or did not express physical symptoms to the interviewer.

TABLE 15

THE AVERAGE DAYS OF ABSENTEEISM OF THIS TOTAL GROUP OF CHILDREN WHO DID AND DID NOT EXPRESS PHYSICAL SYMPTOMS TO THE INTERVIEWER

	Expressed Physical Symptoms	No Expressed Physical Symptoms
Average Days Absent	10.4	4.6

The t test showed that $t = 1.82$ ($p. < .10$). The difference is significantly great to report a trend from this data that the children who expressed physical symptoms had a higher absentee rate.

4. The absenteeism of the males population: the absenteeism of the female population of this group of children.

The following table illustrates the average days of absence of the total number of males and females of this group of children with their Standard Deviation of difference. Reference was made to tables two and seven for these figures.

TABLE 16

THE AVERAGE DAYS OF ABSENTEEISM OF THIS TOTAL GROUP OF CHILDREN BY SEX WITH THE STANDARD DEVIATION

	Males	Females
Average Days Absenteeism	7.95	13.00
Number in Group	10.00	8.00
Standard Deviation	6.6	10.4

The t test showed that $t = 1.42$ ($p < .20$). This may suggest that there is some trend in this group of children in which the males have a lower absence rate than the females.

5. The awareness of school difficulty: contact with the school nurse.

The following table seventeen illustrated the number of school children of this group who did or did not verbalize awareness of school difficulty as to their contact with the school nurse. Reference is made to tables eight and ten.

TABLE 17

NUMBER OF THIS TOTAL GROUP OF CHILDREN WHO DID OR DID NOT VERBALIZE AWARENESS OF SCHOOL DIFFICULTY AND THEIR CONTACT WITH THE SCHOOL NURSE

	With School Difficulty	No School Difficulty	Totals
Nurse Contact	10	2	12
No Nurse Contact	4	2	6
Totals	14	4	18

There are no significant findings in this category. From the observation of this table it appears that the majority of the group of children who expressed awareness of school difficulty did have contact with the school nurse. This observation might indicate that children who are aware of school difficulty have contact with the school nurse.

6. The awareness of school difficulty: expression of physical symptoms to the interviewer.

The following table illustrates the number of children who verbalized awareness of school difficulty and the number of this group who did or did not express physical symptoms. Reference is made to tables nine and ten.

TABLE 18

THE NUMBER OF THIS GROUP OF CHILDREN WHO VERBALIZED AWARENESS OF SCHOOL DIFFICULTY AND DID OR DID NOT EXPRESS PHYSICAL SYMPTOMS TO THE INTERVIEWER

	With School Difficulty	No School Difficulty	Totals
Physical Symptoms	10	3	13
No Physical Symptoms	4	1	5
Totals	14	4	18

The majority of these children who verbalized awareness of school difficulty expressed physical symptoms to the interviewer.

7. Specific learning problems as described by the teachers: contact with the school nurse: expression of physical symptoms to the interviewer.

The following table nineteen illustrates the reasons for the learning problems as indicated from the teachers' worksheet, the nurse contact of these students and the children who expressed physical symptoms to the interviewer. (Child #7 was not included in this group for reason cited previously.)

TABLE 19

THE REASONS FOR LEARNING PROBLEM DESCRIBED BY THE TEACHERS,
THE CHILDREN'S CONTACT WITH THE SCHOOL NURSE AND
EXPRESSION OF PHYSICAL SYMPTOMS TO THE INTERVIEWER

Reason	Child	Nurse Contact	Expression of Physical Symptoms
Physical Symptoms	1	X	X
	2		X
	5		X
	14	X	
	15	X	X
	16	X	X
	19	X	X
Totals	7	5	6
Physical Growth	2		X
	4		X
	9	X	X
	10	X	
	13	X	X
	19	X	X
Totals	6	4	5
Poor Effort	6	X	
	8		X
	10	X	
	11	X	X
	17		X
	18	X	
Totals	6	4	3
Discipline Problem	5		X
	8		X
	10	X	
	12		
	13	X	X
Totals	5	2	3

TABLE 19 (cont.)

Reason	Child	Nurse Contact	Expression of Physical Symptoms
Frequent Absences	1 2 16	X X	X X X
Totals	3	2	3
Family Difficulty	1 9 10 19	X X X X	X X X
Totals	4	4	3
Poor Attention	1 3 6	X X X	X X
Totals	3	3	2
Immature Attitude	4 13	 X	X X
Totals	2	1	2
Dresser	5 9 19	 X X	X X X
Totals	3	2	3
Poor Application	12 17		X
Totals	2	0	1

Physical symptoms with physical growth and poor effort appeared most frequently in this study as a reason for a learning problem described by the teacher. For the purpose of this study physical symptoms and physical growth will be examined in relation to the other reasons specified.

The following table illustrates the number of children in this group who had the reasons for their learning problem described by the teacher as physical growth and physical symptoms compared to the total of the other reasons described, with the number of these children who had contact with the school nurse and who expressed physical symptoms to the interviewer.

TABLE 20

THE NUMBER OF CHILDREN WHO HAD THE DESCRIBED REASON FOR A LEARNING PROBLEM AS PHYSICAL GROWTH AND PHYSICAL SYMPTOMS; THE TOTAL NUMBER WITH OTHER DESCRIBED REASONS; THE NUMBER OF CHILDREN IN THESE TWO GROUPS WHO HAD CONTACT WITH THE SCHOOL NURSE AND EXPRESSED PHYSICAL SYMPTOMS TO THE INTERVIEWER

Reason	Nurse Contact		Expressed Physical Symptoms	
	Yes	No	Yes	No
Physical Symptoms & Physical Growth	9	4	11	2
Others	18	10	20	8

No significant findings could be determined. Observation of the average of these figures indicates to the writer that children with the two reasons of physical symptoms and physical growth had a slightly higher frequency of nurse contact and expression of physical symptoms to the interviewer than the total of the other reasons described by the teachers.

The following table illustrates the nurse contact and expression of physical symptoms of the children who had the described reasons for their learning problem as physical symptoms and physical growth.

TABLE 21

THE NUMBER OF CHILDREN WHO HAD THE DESCRIBED REASON FOR THEIR LEARNING PROBLEM AS PHYSICAL SYMPTOMS AND PHYSICAL GROWTH; THE NUMBER OF THESE CHILDREN WHO HAD CONTACT WITH THE SCHOOL NURSE AND EXPRESSED PHYSICAL SYMPTOMS TO THE INTERVIEWER

Reason for Learning Problem	Nurse Contact		Expressed Physical Symptoms	
	Yes	No	Yes	No
Physical Symptoms	5	2	6	1
Physical Growth	4	2	5	1
Totals	9	4	11	2

It appears that there was no great difference in the total of these figures other than the number of children with an expression of physical symptoms was slightly higher than the number of the nurse contact of the children in this particular group.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

This study was conducted in an elementary public school of a suburban town of Boston, Massachusetts. The school had three fifth grades from which children who were identified by the teachers as having learning problems were the sample of this study.

The study was aimed at determining the prevalence of physical distress in children with learning problems.

The methodology included the teachers' identification of the children with reference to specific learning problems of each child; the survey of the attendance record; the completion of a form by the school nurse aimed at determining the nature of the child-nurse contact and the interviewing of these children by the writer.

Conclusions.

1. Of the twenty-nine females enrolled in the three fifth grades nine were identified as having learning problems. This finding was not statistically significant.
2. Of the forty-three males enrolled in the three fifth grades ten were identified as having learning problems. This finding was not statistically significant.
3. A total of fourteen reasons were given by the teachers in explanation for the learning problem of the nine females in contrast to

to the total of twenty-eight reasons given for the learning problems of the ten males. This finding suggested a statistical significance.

$$\chi^2 = 2.78 \quad (p. < .10)$$

4. The male group had a greater frequency of reasons attributed to classroom performance. This finding approached a statistical significance. $\chi^2 = 2.27 \quad (p. < .15)$

5. Of the nineteen children twelve had at least one contact with the school nurse. This finding was not statistically significant.

6. Of the eighteen children interviewed by the writer, thirteen expressed physical symptoms. This finding was not statistically significant.

7. The pattern of absenteeism of children who had contact with the school nurse was similar to those not having contact with the school nurse. This finding was not statistically significant.

8. Those children who gave a history to the writer of having physical distress had a higher rate of absenteeism than those children who did not express physical distress. This finding was statistically significant. $t = 1.82 \quad (p. < .10)$

9. The rate of absenteeism of the male group was lower than that of the female group. This finding approached a statistical significance. $t = 1.42 \quad (p. < .20)$

10. Of the fourteen children who verbalized awareness of school difficulty ten had contact with the school nurse. This finding was not statistically significant.

11. Of the fourteen children who verbalized awareness of school difficulty ten expressed physical symptoms to the writer. This finding was not statistically significant.

12. Of the forty-two reasons for learning problems described by the teachers physical symptoms was mentioned eight times. Physical growth was mentioned six times. This finding was not statistically significant.

Recommendations

1. A study of school nurse-child contact of the total population of this fifth grade.

2. A study of the verbalization of physical symptoms of the total population of this fifth grade.

3. A study of the rate of absenteeism of children who are not identified by the teachers as having learning problems of this fifth grade.

4. A study of a larger sample of children to focus on the comparison of the number of males and females who have learning difficulties.

5. A study utilizing a larger sample of children to focus on the comparison of classroom behavior of males and females.

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APPENDIX

APPENDIX "C"

The following are the results of the responses of the children to the questions that were not handled in the main study.

TABLE 1

Q.1. DO YOU KNOW THE SCHOOL NURSE?

Name	Yes	No	By sight
1...			X
2...	X		
3...	X		
4...		X	
5...	X		
6...	X		
7...	-	-	-
8...	X		
9...			X
10...	X		
11...	X		
12...	X		
13...	X		
14...	X		
15...	X		
16...	X		
17...	X		
18...	X		
19...	X		
Totals	15	1	2

TABLE 2.

Q.2. HAVE YOU VISITED THE SCHOOL NURSE?

Name	Yes	No
1...		X
2...		X
3...		X
4...		X
5...	X	
6...		X
7...	-	-
8...		X
9...		X
10...	X	
11...	X	
12...		X
13...	X	
14...		X
15...		X
16...	X	
17...		X
18...		X
19...		X
Totals	5	13

TABLE 3.
Q.3. DO YOU LIKE SCHOOL?

Name	Yes	No	Sometimes	All right	Unknown
1...					X
2...	X				
3...				X	
4...		X			
5...	X				
6...			X		
7...	-	-	-	-	-
8...	X				
9....					X
10...	X				
11...	X				
12...				X	
13...			X		
14...	X				
15...	X				
16...	X				
17...	X				
18...	X				
19...		X			
Totals	10	2	2	2	2

TABLE 4.

Q. 4a. IF SO, WHAT IS THE DIFFICULTY (IN SCHOOL)?

Student	Reason
1...	All subjects
2...	None
3...	Arithmetic
4...	Social Studies
5...	None
6...	None
7...	-
8...	Arithmetic
9...	Reading and writing
10...	Arithmetic
11...	Reading
12...	Arithmetic
13...	Science
14...	Spelling, arithmetic and reading
15...	None
16...	Reading and writing
17...	Reading and writing
18...	Reading and spelling
19...	Writing and spelling

TABLE 5.

Q. 4b. WHEN DID THE DIFFICULTY START

Student	Time
1...	always
2...	none
3...	always
4...	first grade
5...	none
6...	none
7...	-
8...	fifth grade
9...	always
10...	fifth grade
11...	always
12...	always
13...	third grade
14...	fourth grade
15...	none
16...	always
17...	always
18...	always
19...	always

TABLE 6.

Q. 5. WHAT IS YOUR FAVORITE SCHOOL SUBJECT?

Student	Favorite Subject
1...	Drawing
2...	Arithmetic
3...	Reading
4...	None
5...	Arithmetic
6...	Drawing
7...	-
8...	Reading
9...	Arithmetic
10...	Spelling
11...	None
12...	Science
13...	Spelling
14...	Science
15...	Spelling
16...	Spelling
17...	Science
18...	Science
19...	None

TABLE 7.

Q. 6. WHAT SUBJECT DO YOU LIKE THE LEAST?

Student	Subject Least Liked
1...	Reading
2...	Social Studies and reading
3...	Arithmetic
4...	Social Studies
5...	None
6...	
7...	-
8...	Arithmetic
9...	Reading and writing
10...	Arithmetic
11...	Reading
12...	Arithmetic
13...	Science
14...	Spelling
15...	None
16...	Writing
17...	French
18...	Reading
19...	Spelling

TABLE 8.

Q. 7. ARE YOU ABSENT FREQUENTLY FROM SCHOOL?

Student	Yes	No
1...	X	
2...	X	
3...	X	
4...	X	
5...		X
6...		X
7...	-	-
8...		X
9...	X	
10...		X
11...		X
12...		X
13...	X	
14...		X
15...	X	
16...	X	
17...	X	
18...		X
19...		X
Totals	9	9

TABLE 9.

Q. 9. DO YOU VISIT YOUR FAMILY DOCTOR AND WHY?
 Q.9a. IF SO, WHY DO YOU VISIT THE DOCTOR?

Name	Yes	No	Reason
1...	X		Allergies
2...		X	
3...	X		Routine
4...		X	
5...		X	
6...		X	
7...	-	-	-
8...	X		Stomach trouble
9...		X	
10...	X		Eye trouble
11...		X	
12...		X	
13...	X		Congenital leg
14...		X	
15...		X	
16...	X		Ear and stomach trouble
17...		X	
18...	X		Teeth
19...		X	
Totals	7	11	

TABLE 10.

Q. 11. DID THE NURSE HELP YOU?

Student	Yes	No	No Answer
1...		X	
2...		X	
3...		X	
4...			X
5...			X
6...			X
7...	-	-	-
8...		X	
9...			X
10...	X		
11...			X
12...	X		
13.1.			X
14...		X	
15...			X
16...			X
17...			X
18...			X
19...		X	
Totals	2	6	10

TABLE 11.

Q. 12. DO YOU THINK THE NURSE COULD HELP YOU?

Name	Yes	No	Maybe	Don't Know	Unknown
1...		X			X
2...		X			
3...			X		
4...				X	
5...	X				
6...	X				
7...	-	-	-	-	-
8...		X			
9...				X	
10...	X				
11...	X				
12...				X	
13...	X				
14...		X			
15...	X				
16...	X				
17...	X				
18...					X
19...		X			
Totals	8	4	1	3	2

Q. 13. HOW DO YOU THINK THE NURSE CAN HELP YOU.

Students 6, 10 and 17 were the only children who answered this question.