

The Directions of Child Care Activity in Ukraine at the Beginning of the 20th Century

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Received October 23, 2014; Revised December 12, 2014; Accepted December 17, 2014

Abstract Human personality and health are believed to be the most significant values in modern world. At the same time many scientists note the uniqueness and importance of childhood in the process of human development, as it is in childhood when the foundations for further life are laid: the most active development of all personal qualities, physical and mental health occurs. Thus, it is necessary to take certain steps to maintain children's health and create conditions for their future successful life. From this point of view, it is useful to study the experience of child care steps taken in different countries of the world and during different historical periods. It would help to analyze advantages and disadvantages of certain measures and determine the possibilities of their use in modern conditions. This paper has been written on the basis of archive materials of the State Archive of Kharkiv Region and the State Archive of Odesa Region and reveals the directions of child care activity implemented by the government and social organizations in Ukraine at the beginning of the 20th century. These directions are patronage, children's feeding, lease of apartments for children, providing children with financial support, taking steps aimed at strengthening of children's health, support of the courts for juvenile offenders. It should be noted that the directions depend greatly on children's peculiarities, local living conditions and specific features of organization of educational process at children's establishments. That is why the realization of the directions can differ in certain situations.

Keywords: children, child care, nursing, children's establishments, health, Ukraine

Cite This Article: Svetlana Luparenko, "The Directions of Child Care Activity in Ukraine at the Beginning of the 20th Century." *American Journal of Nursing Research*, vol. 2, no. 4 (2014): 68-73. doi: 10.12691/ajnr-2-4-3.

1. Introduction

Nowadays human personality is considered to be the greatest value, and a lot of efforts are made in order to maintain people's health and improve their living conditions. Childhood is an initial period of human life, and this period determines and influences all physical, mental, cognitive and other processes which emerge in childhood and develop during other periods of human life. That is why it is important to create conditions and to take steps in order to make children healthy and happy, ensure their full development and possibilities to realize their ambitions.

It should be noted that different steps to maintain children's health were taken in different periods of historical development. The beginning of the 20th century is known to be a period of great amount of homeless and sick children in many countries of the world and in Ukraine, in particular. That is why the government and social organizations had to take certain steps to save children's lives. These directions were connected with children's health maintenance, their financial support, material support and protection. As an amount of children who needed care and protection was significant, not only government but social organizations and private initiatives were engaged in child care activity.

1.1. The Low Level of Children's Health

The necessity of implementation of child care activity directions was caused by the fact that there were a lot of poor, homeless and sick children that time. According to the archive materials, a lot of children at the beginning of the 20th century had poor health and a high level of morbidity. For instance, 91% of children had anemia, 57.4% – nervous diseases, 37.9% – scrofula, tuberculosis, rheumatism and syphilis, 35.7% – exhaustion, 33.9% – respiratory diseases, 23.8% – diseases of the digestive system, 17.4% – skin diseases, 7.4% – hearing impairment. Besides, children often had curvature of spine, tonsillitis and rachitis. Most children had headaches and swollen lymph glands or some diseases at the same time. 6-14% of children lagged significantly behind accepted norms of physical development. [1]

1.2. The Reasons for Children's Diseases

The low level of children's health was caused by a number of reasons. Firstly, there were significant weaknesses in organization of educational process which influenced children's health badly. They were excessive educational load and children's tiredness of it. School doctors noted that school education could worsen children's health as school and its regime caused

children's increased growth; besides, they often had hampered development of other organs. Numerous data of school monitoring designated that children's long staying at school could impact their health badly. Teacher and doctors, who worked with children, even determined some school diseases, namely: 1) dizziness, headaches, convulsive disease, general increase of nervousness and nervous exhaustion; 2) circulatory disorders in head, chest, stomach, violation of defecation, nosebleeds, eating disorders and anemia; 3) curvature of spine, wrong position of shoulders; 4) sight deterioration (short-sighting, etc.); 5) speech disorders (stuttering, etc.) [2].

Secondly, a lot of children had difficult living conditions in families (a low level of life in families, children's physical punishments by parents, incorrect organization of children's daily routine and regime of children's active work and rest), which caused children's constant malnutrition (most of children never had supper and only sometimes had dinner), lack of care for children. [2] For instance, school doctors wrote: "... a lot of children come to school being weak, sick, with physical defects, that is why they need treatment" [3]; "... students of public schools were mainly children of poor families, namely: families of clerks, craftsmen, servants, etc., and negative living conditions in their families increased school negative impact on children's health and development. Outside their schools children spend most of their time in small, dark flats, dirty yards and street. Besides bad hygienic conditions, children were influenced by their environment. Poverty, quarrels, swearing, beating and other kinds of rough treatment were in children's environment. Moreover, they had the same environment outside their home". [2] Unfortunately, in many families parents were not able to cure their children and diseases retarded children's success at school; some of parents even did not have wish to educate their children and had a low level of pedagogic culture.

Thirdly, children were very susceptible to different diseases which were peculiar to childhood (measles, scarlet fever, diphtheria, whooping cough, mumps, etc.). That caused the fact that children got ill easily (as they had weak body resistance) and disseminated these diseases to other children and their families [2].

Fourthly, social vulnerability of childhood (a great amount of homeless children, lack of educational establishments, children's insufficient occupation out of school, insufficient work with sick and disabled children, etc.) and children's low cultural and educational level were the characteristic features of the period investigated. They were caused by industry growth in cities (that was the reason for parents' leaving for cities and children's remaining without care), poor health of adults, their low level of moral and cultural development, lack of officials' understanding of children's needs and interests, bad living conditions (because of wars, crop failures, inadequate level of wages, bad hygienic conditions, etc.), absence of laws to protect childhood and motherhood. [4] All these factors led to great children's mortality and morbidity.

That is why at the beginning of the 20th century the government and many social organizations (Societies of Spread of Literacy among People, Frebel Societies of Preschool Education, Societies of Students' Support, Societies of Caring for Young Homeless Orphans, Societies of Physical Education and other charitable

societies) had to take significant steps to protect children and maintain their health. They aimed at providing children with financial support, material maintenance, strengthening of children's health, their patronage, feeding and protection.

1.3. Literature Review

We should admit that the problem of child care and nursing activity is important and pressing, and some scientists have studied different aspects of it. For example, V. Varyvdin and I. Klemantovich (2004) [5], Yu. Vasyilkova and T. Vasyilkova (2006) [6] investigated the management of the system of childhood social protection during the investigated period – they determined (not in details) some directions of child care activity implemented by government (children's feeding, providing children with financial support and patronage). L. Artyushkina (2002) and A. Polyanychko [7], G. Radchenko (2004) [8] studied the system of motherhood and childhood protection in Ukraine. O. Ionova (2012) [9], O. Lukashenko (2009) [10] investigated the problem of children's health maintenance. At the same time, some directions of child care activity (lease of apartments for children, support of the courts for juvenile offenders) implemented at the beginning of the 20th century have not been revealed in details in scientific literature. However the problem of the directions of child care activity, implemented by the government and social organizations in Ukraine at the beginning of the 20th century, has not been under careful consideration in scientific literature.

2. Main text

2.1. Aim

The aim of this study is to highlight the directions of child care activity (patronage, children's feeding, lease of apartments for children, providing children with financial support, taking steps aimed at strengthening of children's health, support of the courts for juvenile offenders) implemented by the government and social organizations in Ukraine at the beginning of the 20th century.

2.2. Methods

According to the aim, we have used such methods of the study as analysis and synthesis of scientific historical and modern medical and pedagogical literature to identify the reasons for children's poor health; analysis of legislative documents, archival materials of the State Archive of Kharkiv Region and the State Archive of Odesa Region for determining the directions of child care activities implemented by the government and social organizations in Ukraine during the period investigated. Most of the archive materials have not been wide-presented in scientific circulation before, so they are presented in this study for the first time.

2.3. The Essence of Child Care Activity

Child care activity includes all measures which are taken to improve their living conditions, maintain children's health (physical, mental, social, spiritual), create all conditions which are necessary for their life,

assist children's socialization and promote their full development. It should be noted that child care activity is implemented by families which bring up children, government, educational and cultural institutions (schools, colleges, etc.), social organizations and private initiatives. Child care activity is an integrated concept and focuses on children's health, their social vulnerability, social care and environmental factors which affect children's life.

2.4. The Directions of Child Care and Nursing Activity

At the beginning of the 20th century there were different directions of child care activity, namely: patronage, children's feeding, lease of apartments for children, providing children with financial support, taking steps aimed at strengthening of children's health, support of the courts for juvenile offenders.

2.4.1. Children's Patronage

Children's patronage means that homeless children were sent to town or village families which had to feed, educate and take care of them. Homeless babies were sent to families which had their own babies so that nursing mother could breastfeed both babies (her own and homeless babies). Sometimes these families got some money for their child care, but this financial support was not considerable, and the quantity of patronized children was not great [11,12,13].

2.4.2. Children's Feeding

The problem with children's feeding was really significant at the beginning of the 20th century, as most Ukrainian families were poor and could not provide their children with food, and children had to find it themselves. Moreover, a lot of problems with children's health were connected with their bad nutrition. That is why it was particularly important to support children's physical health and provide them with food. So, the government and social organizations established free canteens and food posts where children could have some food to eat. Besides, they organized lunches for students (free or half-free) at educational establishments. The problem with children's feeding was especially urgent after 1913-1914 as a result of decrease in children's social and economic living conditions because of World War I and unstable political situation in the country. That is why canteens and food posts were popular with children as a lot of them came to school being hungry or even exhausted [11-16].

2.4.3. Lease of Apartments for Children

As a lot of children did not get proper care and education in their families, they had to leave their home and look for a better life, which caused children's homelessness, so fight against homelessness arose. The government and social organization usually had special establishments for children (shelters, orphanages, etc.), but the amount of homeless and sick children were so great that these establishments were not enough to satisfy all needs in them. As a result, social organizations rented some apartments for children who could live there till these organizations found a constant shelter or orphanage for them [17].

2.4.4. Providing Children with Financial Support

As a rule, sick and homeless children were not wealthy: they did not have warm clothes and shoes (in winter children often did not attend schools as they did not have shoes for cold and nasty weather), books, copybooks, pencils, etc. That is why the government and social organizations provided material support by giving money (for instance, in 1914 the government started paying state allowance to children whose parents died in wars [5]), warm clothes, shoes, educational and domestic items, medicine, etc. At some schools social societies established special funds for providing children with financial support; money was raised due to teaching, medical staff and parents' deduction of certain interest from their salaries.

For the purpose of providing children with various kinds of support, on the 31st of August, 1914 the government published a circular about organization of care for children who remained without support and care because their parents went to war. According to this circular, local authorities established Central Committees which dealt with help for children who had orphaned by war. These committees had various sources of revenue, namely: officials' voluntary payments, private payments, income from organization of literature parties, concerts, fairs, etc. The Committees had to find out the financial conditions of children and their families, establish warehouses for saving donated things, attract people who wanted to take part in helping, manage school workshops where senior students manufactured different items, clothes, bed linen and underwear for children, establish shelters, nursery and primary schools for children. [18]

2.4.5. Steps Aimed at Strengthening of Children's Health

As the level of children's health was low and the rates of children's mortality and incidence were rather high, the government and social organizations took different steps aimed at strengthening of children's health.

Firstly, they provided children with hospital care free or for a small payment. For instance, the reports of the inspector of public schools in Kherson Region revealed the activity of medical staff at schools; thus, Doctor M. S. Bregman attended Odessa Jewish orphanage and provided dental assistance to orphans, spending a lot of time and efforts on them absolutely free [19].

Secondly, hospital and school doctors carried out children's medical examinations during which they investigated physical indicators of their development (height, circumference of chest, body building, peculiarities of children's nutrition, conditions of their eyes, ears, nose, mouth, throat, teeth, skin, glands, heart and lung, neatness of clothes and body), collected data about children's state of health, morbidity and mortality (general amount of children's who were examined by doctors, state of children's food service, rates of children's death, general amount of children who had certain diseases: short-sighting, curvature of spine, nosebleeds, neurological disorders, frequent headaches, infectious diseases, etc.) [20].

Thirdly, school doctors and teachers conducted a survey of classrooms which included their medical and sanitary supervision, construction of educational establishments and school furniture according to sanitary requirements (for instance, it meant classrooms

compliance with the relevant requirements for floor area, air volume, etc.), supervision of illumination (kerosene, gas, electric), heating (local, central), natural and artificial ventilation, latrines, the quantity of correctly and incorrectly furnished and equipped desks, reconstruction of classrooms for adapting them to educational purposes and sanitary and hygienic requirements for classrooms, identification of barriers which interfered establishment of educational institutions in certain buildings [20,21,22].

Fourthly, the government and social organizations provided schools and children with necessary teaching materials, equipment and school first aid kit [2].

Fifthly, school teachers and doctors interacted with children and their parents, giving them different lectures and talks on necessity to take measures aimed at strengthening of children's health. These strengthening meant children's strict adherence to daily routine, regulation of regime of their work, rest and sleep, improving child nutrition, etc. For instance, medical and teaching staff of Kharkiv schools noted: "Various steps were taken at schools to improve children's physical health. Teachers and doctors paid attention to the correct organization of daily activities, their start and end on time to prevent children's physical overstrain, feasibility of class work for students. Besides, they monitored children's sitting position, sufficiency of illumination and air to prevent curvature of spine, short-sighting and headaches (for this purpose they recommended to give children seats in different places of classrooms during school year), paid attention to providing children with necessary recreation and moving in the open air (children were encouraged to play various active games and go in for gymnastics according to their age and health), gave instructions about punishments (teachers avoided physical punishments). ... For preventing different children's diseases, teachers reminded their students about the necessity of neatness and accuracy, introduced the basic rules of health maintenance using books and paintings" [16].

Sixthly, the government and social organizations established children's summer camps where the weakest children from poor families had opportunities to strengthen their health and gain strength for further intensive and unimpeded education. These camps had various tasks, namely: children's direct acquaintance with nature, development of skills to protect it, formation of love for nature and all living things and wish to take care of them, city children's acquaintance with rural lifestyle, agricultural work, peculiarities of children's native land, expansion of children's worldview, formation of their skills to interact, assist and communicate, raising children's cultural level. [2] Summer camps were free of charge or for a small fee. They worked all over Ukraine: in Kiev (since 1896), Zhitomyr, Yelysavetgrad, Kharkiv (since 1897), Katerynoslav, Mykolaiv (since 1902), Slavyansk (there was a therapeutic camp for children there), Yalta (there was a camp for weak and sick children aged 7-15), Odesa and other cities. [23] These camps were popular with children as a quantity of children, who recreated there, increased steadily. Children in camps seldom got ill and indicators of their physical development improved greatly [1,24].

Seventhly, according to the circular of the 8th of July, 1916 about organizing summer classes, the government

and social societies organized special classes for children-refugees at school and shelters during summer holidays in order to give children opportunities to strengthen their health and develop mentally [25].

2.4.6. Support of the Courts for Juvenile Offenders

A great quantity of homeless children caused a high level of juvenile delinquency: having nothing to eat, drink and put on, children had to steal food, clothes, shoes and other things in order to use or sell them to get some money. Most of crimes, committed by children, were caused by hunger, coldness and other physical needs. That is why adults did not treat juvenile offenders like adult criminal, so they wanted special courts for juvenile offenders to be established.

So, such courts were established in Odesa, Kharkov and Kiev and included various educational work of private societies and local authorities. The emergence of such courts was caused by the fact that many people often felt sorry for juvenile offenders and did not want them to be judged like adult criminals, as most of juvenile offenders continued committing crimes after imprisonment. That is why most people considered it to be better to punish juvenile offenders not in rigorous way: they gave talks, made juvenile offenders do public works or sent them to children's reformatory homes. Judges used any opportunities to absolve children (and they absolved about 45% of children's criminal cases) as they thought that children's imprisonment would not do good for them, but it would only push them to the way of real crimes. According to this, some scientists (Yu. Yaroshevich and others) offered to take into consideration children's peculiarities in the fight against juvenile delinquency, and it was of no sense to use adult methods of the fight (for instance, imprisonment) as it could exacerbate the problem. [4] That is why courts for juvenile offenders acted based on local conditions, people's requirements and laws; at these courts judges acted as lawyers, doctors and pedagogues. Unfortunately, such courts and work were not wide spread because of the absence of laws on motherhood and childhood protection.

2.5. The Realization of Directions of Child Care Activity

In order to realize all the directions, the government and social organizations used such sources as 6% payments from teachers' salaries, allocation of funds by social organizations and private individuals, government subsidies, doctors, church ministers and teachers' free work at educational establishments, etc. [19,26].

The directions of children's child care activity were realized through a rather wide network of children's social establishments, namely: orphanages and foundling homes (they were the main establishments for orphans at the beginning of the 20th century, but later they were closed because of a high level of children's mortality there – it was about 75% [27]), educational-reformatory shelters, children's centers, shelters for children-refugees, shelters for children whose mothers needed help because of military difficulties and their loss of breadwinner, nurseries-shelters in villages at the period of harvesting [11,12,13].

These establishments were subsisted for state and private funds and church assistance. Sometimes even peasants and students collected money and food for them and poor children. For instance, students of Kharkiv schools donated money for starving children. [6,21,28] Some of the establishments were self-supporting: they met their own needs and did not use state subsidies; in return, that needed constant children's involvement in production [7].

There were nursery and primary schools at some shelters, so children were not only provided with food, care and supervision, but they also were taught literacy, manual labor and natural study [26].

Children's social and educational establishments involved a large number of children in their activity. For instance, there were 14439 children of preschool and primary school age at shelters at the beginning of January, 1911. [7] But despite this, they were not able to take care of all children who needed care and nursing. That was because of the absence of required number of children's establishments, their financial neediness, state officials' ignoring needs of children and children's institutions.

3. Conclusions

The paper contributes to valuable insight into state officials, medical and teaching staff's understanding of the necessity and the essence of implementation of certain directions and measures for child care. These directions include patronage, children's feeding, lease of apartments for children, providing children with financial support, taking steps aimed at strengthening of children's health, support of the courts for juvenile offenders. Some of these directions (for instance, taking steps aimed at strengthening of children's health) proved their effectiveness with time – they really helped to reduce the rate of children's mortality and incidence and most of them are used in modern conditions. However, not all these directions can be effective under current conditions. For instance, such direction as patronage lost its popularity as often people who patronized children did it to their own benefit (sometimes even at the expense of children's health), and government tutelage became more important. At the same time, steps aimed at strengthening of children's health became very popular and do not lose their significance nowadays; but unfortunately sometimes these steps are implemented formally and that is why they are not always effective. The results of our work have shown that these directions depend greatly on local conditions of life, children's peculiarities, the specific features of organization of educational process at children's establishments, etc. That is why the realization of the directions can be different in different conditions. For this reason there are some topics for further research. They are: the peculiarities of practical realization of the directions of child care activity at different children's establishments (schools, orphanages, shelters) and with children of different ages (infantile, preschool and primary school ages); organization of interaction of families, teachers and doctors in child care activity; detailed analysis of reasons for emerging obstacles while implementing the directions of child care activity.

Acknowledgements

The author would like to acknowledge Dr. Helen Ionova for her guidance during the study, Dr. Svetlana Zolotuhina for her facilitating author's scientific work, officials of State Archive of Odessa Region for their assistance and provision of historic materials, S. Telepov, I. Luparenko, O. Popov, and E. Telepova for invaluable help in organizing author's scientific work.

Statement of Competing Interests

The author has no competing interests.

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