

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

In this study the researcher used a descriptive comparative design to explore the factors influencing the success in implementing health promoting schools (HPSs) in the Chiang Mai province, Thailand. The study was conducted in five government primary schools that passed the standard assessment criteria of the HPS at the gold level and five schools that did not pass the standard assessment criteria in Chiang Mai in 2003. Data were obtained by using in-depth interview, focus group discussions, observation, and documentation methods of data collection. Data of the gold-level health promoting schools were based upon in-depth interviews with 50 stakeholders (five principals/directors, 15 teachers, 10 parents, five cooks, five janitors, five community leaders, five health personnel) and a focus group of 148 school children. Data of the comparative schools were obtained from in-depth interviews with 50 stakeholders (five principal/director, 15 teachers, 10 parents, five cooks, five janitors, five community leaders, five health personnel) and a focus group of 147 school children.

Results of the study could be concluded as follows:

1. Factors influencing the similarities and differences of implementing the ten components of health promoting school.

- 1.1 Factors influencing the similarities of implementing the ten components of health promoting schools.

- a. Orientation of HPS project. Administrators and school health teachers from both groups of schools received orientation from education and health organizations to implement HPS project.
- b. HPS became a national policy. HPS was a national policy and the schools should follow to promote health of school children and people in the community.
- c. Utilization of school communication channels to disseminate health information. All schools disseminated health information to school children, parents, school personnel, and community members by announcing at the morning assembly, meeting, and conducting information board.
- d. Ability of resource exploration from inside and outside community. Administrators and teachers from both groups of school had ability to seek support from people and organizations inside and outside the community.
- e. Coverage of health promotion activities in school. Both groups of schools had conducted health promotion activities to promote health.
- f. Relationships among the directors or principals, teachers, and community members. Administrators and teachers from both groups of school created good relationship with community members.
- g. Concern of environmental health. Administrators and teachers from both groups of school concerned about environmental health.
- h. Support from health and educational organizations. All schools received support from health and educational organizations.
- i. Integration of health content in school curriculum. All schools integrated health contents in teaching-learning activities.

j. Coverage of school lunch services. All schools provided school lunch services for all school children.

k. Full support from administrators about exercise, sport, and recreation in the school. The administrators of all schools provided full support for exercise, sport, and recreation

l. Provision of counseling as follows the guidelines. All schools provided guidance and counseling for school children by following the guidelines of educational organizations.

m. Availability of a health services system. Teachers and school children of all schools received health services from health centers and district hospitals.

1.2 Factors influencing the differences of implementing the ten components of health promoting school.

a. Creation the awareness of personnel by conducting a special training session about health promotion and HPS. Some HPSs conducted special training for teachers and school personnel to understand the concept of health promotion and HPS. One HPS sent the group of teachers to attend special training on health promotion and the teachers developed health promotion in school curriculum.

b. Creation the awareness of personnel by setting a specific HPS committee. The HPSs established specific HPS committee that could strengthen on planning, implementing, and evaluating health problems. The teachers agreed to implement HPS project.

- c. Establishment of commitment among stakeholders by setting up a specific HPS policy. The HPSs has set specific policy on health promoting school and the teachers might follow.
- d. Dissemination of clearly policy. Administrators of HPSs announced clearly to implement HPS project. The teachers, school children, parents, and community members accepted and participated to implement HPS.
- e. Active involvement of community members of policy dissemination, planning, implementing, and evaluating processes. The HPSs encouraged school children, parents, health personnel, and community members to participate in planning, implementing, and evaluating health problems.
- f. Assignment of twining project's coordinator. The administrators of HPSs assigned two teachers to responsible for each project. The teachers could help each other and replace when one teacher leave or retire.
- g. Creation of health promotion environment. Most of HPSs created the place for health promotion such as fitness park, stone walkway.
- h. Management skills of administrators and teachers. Administrators and teachers in HPSs could manage the budget to promote health promotion activities and environment.
- i. Effective management of school health services. School health teachers in HPSs could manage basic health services for school children and collaborated with health personnel to provide health services effectively.
- j. Establishment of health promotion curriculum in school. An example of one HPS established a new curriculum of health promotion in school. All

teachers participated to develop the curriculum and taught about the theme of health promotion in their responsible classes.

k. Participation of private organizations in health education. The HPSs could create networking of NGO to provide education and training about nutrition and exercise for school children.

1. Integration of school lunch services in teaching system. Most of HPSs integrated school services in teaching system. For example, the teachers assigned school children to analyzed the nutrients of food, the teachers taught school children to plant vegetables that safety from pesticide and brought the vegetables to cook for school lunch.

2. Factors influencing the success in implementing health promoting school.

a. Creation the awareness of personnel through interactive training about health promotion and HPS and setting a specific HPS committee. The HPSs conducted special training for teachers, school personnel, and school children to understand the concept of health promotion and HPS. Later, all HPSs established specific HPS committee to identify, plan, implement, and evaluate health activities in schools.

b. Establishment of commitment among stakeholders by setting up HPS policy and disseminating policy through entire population. The administrators and teachers in HPSs strengthened the policy of HPS. The administrators occasionally announced the policy and clearly announced what they do to promote health. The school children and community members participated in disseminating HPS policy to the community.

c. Creation of networking through full participation of stakeholders.

The HPSs encouraged participation of school children, parents, community members, health personnel, in all processes of identifying health problems, planning, implementing, and evaluating processes. Moreover, the HPSs collaborated with NGO to provide education and training to promote health of school children.

d. Effective communication in school. The teachers in HPSs discussed both informal and formal occasion about the implementation of HPS. The teachers understood and participated in health promotion activities.

e. Effective management such as assignment of twining project's coordinator, linkage between learning and teaching and health promotion activities, creation of health promotion environment, creation of specific curriculum on health promotion, provision of health services and health data record. The administrators and teachers could manage limited budget to serve school children for lunch, scholarly, teaching materials. They could manage budget to improve clean and safety environment. Most of HPSs assigned twining project's coordinator for HPS and health-related projects. The teachers could help and replace in implementing health promotion activities. The examples of linkage between learning and teaching and health promotion were clearly evidence in HPS as follows: linkage between food and nutrition in the curriculum and food provision in school, linkage between recycling paper from garbage and garbage disposal, linkage between physical education and provision of intra and extra activities exercise, linkage between the advantages of local herbs and usage of herbs to promote health. Most of HPSs built fitness park, health park, and mathematics park to promote health of school children, teachers, school personnel, and community members. One HPS set specific curriculum on

health promotion and taught the whole school children. Most of school health teachers in HPSs could manage and provide basic health services for school children and recorded complete health data of school children and utilized as baseline information for identifying and planning health activities.

f. Leadership of administrators and responsible teachers. The administrators and teachers in HPSs could convince another teachers, school children, parents, and community members to participate in school health promotion activities.

Recommendations

Recommendations to Related Organizations

1. Support of human resources in school. Related organizations should consider providing support for a staff of specialists in the schools such as financial officers and school health nurses. One of the problems found in this study was that teachers could not fully develop the teaching learning activities because of their forced role of performing administrative duties. Another obstacle was the school health teachers' lack of knowledge, skills and experiences about health, preventing them from fully providing the students with proper healthcare.

2. Continue support for health programs. Agencies related to and in charge of the health programs should participate in the coordination and integration of the programs as well as support the program implementation on a continuous basis.

3. Create awareness of personnel. The Ministry of Public Health and Ministry of Education should conduct training through create awareness of health personnel and teachers in implementing health promoting school continuously.

4. Potential development of staff. The Ministry of Public Health and Ministry of Education should consider promoting the gold-level health promoting schools to be a coach or advisor for other schools, and having them become the local health network. Public forums should be established for schools to exchange their experiences on implementing the health promoting school.

Recommendations to Educational Institutions

1. The researchers or instructors from educational institutions should collaborate with teachers, community members, and health personnel to conduct the follow up studies of the result of HPS project in school. The studies include the follow up of physical, mental, emotional and social health of students and their health promoting behaviors in each school on a continuous basis. Further studies to compare HPS should concern about timing to start implementing HPS project because the result from this study showed that the success schools had started earlier than CS.

2. Educational institutions responsible in producing the public health and education staff should develop the curriculum to create a knowledge and attitude of health building for students so they will be a good role model of health for students and people in the society.

Recommendations to Schools

1. Encourage more participation of community members. People in the community should be encouraged to have more participation in the health promoting schools beginning with the problems of analyzing, planning, implementing and evaluating.
2. Development of a health database in schools. All of the schools should develop the health database under the same standard so that when teachers record and utilize the database they can understand it easily and use it conveniently.

Contribution to Nursing

For this study, the researcher found that the teachers, school children, parents, community members, and health personnel, as well as policy, budget, and materials were needed to be better supported for the successful implementation of the Health Promoting Schools. It took time and required organizational and systematic change in implementing the health promoting school. The study also found that school's physical and social environment were a major impact on health. Although this environment is difficult to change, community health nurses who work at health centers or district hospitals play an important role in encouraging directors or principals, teachers, and community members to create an environment of health. Community health nurses should be able to convey the concept of the health promoting school and established collaboration with teachers, community members, and health professionals so they can identify the health problems of school children and then plan, implement, and evaluate health promotion activities. Also, technical

and materials support from the nurses are useful in imparting confidence in the teachers and school children about their knowledge of health. Seeking feedback from teachers, parents, school children, and community members is a useful way of gathering rich information in assessing and managing health promoting schools. Furthermore, the supervision of nurses is useful for guiding the implementation. There is a need for better and continuous quality of education about health promotion in the health and educational institutes. The findings was also showed the need of school health nurses to provide health services for teachers, school staff, and school children, as well as a need for a consultant who would assist in guiding and managing the health promoting school.

Limitation of the Study

The findings of this study must be used carefully and not to generalize for the larger population of school children, since this study was primarily focused in the governmental primary schools in Chiang Mai province, Thailand. The experience of and background of the participants may differ from private primary schools and governmental schools in other parts of Thailand. Therefore, the information from this study may only be suitably applied for the specific group of schools in Thailand.